

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Auditor Information

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Company Name: CR PREA Audits, LLC	
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Telephone: 970-250-5719	Date of Facility Visit: June 26, 27 and 28, 2018

Agency Information

Name of Agency: Hilltop House		Governing Authority or Parent Agency (If Applicable):	
Physical Address: 1050 Avenida Del Sol		City, State, Zip: Durango, CO	
Mailing Address: Same as the physical address		City, State, Zip: Same as above	
Telephone: 970-247-1342		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Agency mission: It is the responsibility of all staff members to remain familiar with all policies in this policy and procedure manual. The policies contained herein must be reviewed at a minimum of once every 6 months. This review shall be documented on the policy and procedure review sheet. No staff has the ability to neither change nor override any policy of Southwest Colorado Community Corrections Centers, Inc. / Hilltop House.

Agency Website with PREA Information: Hilltop House does not have a website

Agency Chief Executive Officer

Name: John Schmier	Title: Director/CEO
Email: hilltophouse@mydurango.net	Telephone: 970-247-1342 ext. 13

Agency-Wide PREA Coordinator

Name: John Schmier	Title: Director/CEO
Email: hilltophouse@mydurango.net	Telephone: 970-247-1342 ext. 13
PREA Coordinator Reports to: Southwest Colorado Community Corrections Center Inc. (SWCCCC)	Number of Compliance Managers who report to the PREA Coordinator 0

Facility Information

Name of Facility: Hilltop House Community Corrections

Physical Address: 1050 Avenida Del Sol Durango, Colorado 81301

Mailing Address (if different than above): Same as above

Telephone Number: 970-247-1342

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type:

<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
<input type="checkbox"/> Other community correctional facility		

Facility Mission: It is the responsibility of all staff members to remain familiar with all policies in this policy and procedure manual. The policies contained herein must be reviewed at a minimum of once every 6 months. This review shall be documented on the policy and procedure review sheet. No staff has the ability to neither change nor override any policy of Southwest Colorado Community Corrections Centers, Inc. / Hilltop House
OUR PURPOSE: Our purpose is to enhance community safety and well-being through the provision of compassionate, ethical and respectful services that reflect excellence, accountability and emphasize responsible growth.

Facility Website with PREA Information: <https://hilltophousedurango.weebly.com>.

Have there been any internal or external audits of and/or accreditations by any other organization?

Yes No There was a previous PREA audit in 2015 and Colorado Department of Public Safety Division of Criminal Justice Report of Limited Scope Audit Finding and Recommendations in April 2015.

Director

Name: John Schmier

Title: Director/CEO

Email: hilltophouse@mydurango.net

Telephone: 970-247-1342 ext. 13

Facility PREA Compliance Manager

Name: None

Title: Not Applicable

Email: Not Applicable

Telephone: Not Applicable

Facility Health Service Administrator

Name: None

Title: Not Applicable

Email: Not Applicable

Telephone: Not Applicable

Facility Characteristics

Designated Facility Capacity: 54

Current Population of Facility: 54

Number of residents admitted to facility during the past 12 months

92

Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:

10 – parolees

Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:		90
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:		90
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:		0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18 and up	<input type="checkbox"/> Juveniles
		<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:		8 months/18 months for total time supervised
Facility Security Level:		Minimum
Resident Custody Levels:		Minimum
Number of staff currently employed by the facility who may have contact with residents:		22
Number of staff hired by the facility during the past 12 months who may have contact with residents:		8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:		0
Physical Plant		
Number of Buildings: 2 (1 facility / 1 administration bldg.)		Number of Single Cell Housing Units: 0
Number of Multiple Occupancy Cell Housing Units:		2 - four person rooms
Number of Open Bay/Dorm Housing Units:		2
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):		
Hilltop House has a 23 camera surveillance system. Cameras are located within the facility and also on the exterior of the facility. The camera footage can be seen in the control room at the facility. Upper-level staff also have access to viewing the camera footage at their desk. They system allows for zoom in, single screen and audio. Additionally, the video is maintained for 90 days.		
Hilltop House also uses lapel cameras during headcounts. The Director randomly reviews and maintains video footage. The video footage is maintained for 90 days.		
Medical		
Type of Medical Facility:		Community Hospital – Mercy Regional Medical Center (SANE program) 1010 Three Springs Blvd. Durango, Colorado 81301 970-247-4311
Forensic sexual assault medical exams are conducted at:		Mercy Regional Medical Center (SANE program)
Other		
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:		1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:		0

Audit Findings

Audit Narrative

NOTE: This audit and subsequent reports were originally initiated by primary auditor LaCole Archuletta. During the audit process, Ms. Archuletta recused herself due to being assigned to conduct work for DOJ/PREA Resource Center. Ms. Archuletta, initial primary auditor and Dave Cotten, a PREA certified auditor, agreed for Mr. Cotten to assume the role as primary auditor for this audit. Upon consultation with the PREA Resource Center, Mr. Cotten will be the auditor of record for this audit and associated reports. Instances in the report referring to the “auditor” prior to December 15, 2018 refer to Ms. Archuletta, all others refer to Mr. Cotten.

Hilltop House is a community corrections facility located in Durango, Colorado. The mission of Hilltop House is to enhance community safety and well-being through the provision of compassionate, ethical and respectful services that reflect excellence, accountability and emphasize responsible growth. Hilltop House has both male and female residents. The facility’s capacity is 54 residents. There are 22 staff members employed at Hilltop House.

On May 14, 2018, the PREA coordinator who is also the Director, posted several notices of the upcoming on-site audit in the facility and in the administration building in areas for residents and staff. A note in the staff log was also made. Photos of the audit notification posting were sent by email and on the flash drive.

On May 16, 2018, a flash drive with the Pre-Audit Questionnaire (PAQ) and associated documentation was received. Upon receiving of the PAQ, a review of the PAQ, facility policies and documents were conducted before the on-site audit.

On May 20, 2018, an email was sent to the Colorado Coalition against Sexual Assault (CCASA) and to Just Detention International (JDI) notifying these organization of the upcoming PREA audit and asking if they had received any reports of sexual abuse or sexual harassment to gain insight into relevant conditions at Hilltop House prior to the on-site audit.

On May 31, 2018, the auditor reviewed the Mercy Regional Medical Center webpage and contacted the hospital. The medical center does have a sexual assault nurse examiner program. When asked if I could talk to a nurse examiner, I was referred to medical records.

Hilltop House refers to residents in the facility as “clients”. Therefore, language taken directly from a policy will use the term “client”.

On June 6, 2018, a second email was sent to CCASA and JDI asking if they had received any reports of sexual abuse or sexual harassment about or from Hilltop House

On June 8, 2018, CCASA responded that they have not had any reports of sexual abuse at Hilltop House.

On June 11, 2018, the auditor contacted the Director/PREA coordinator requesting additional documents and clarification of processes.

The documents provided by Hilltop House Director/PREA coordinator were reviewed and information entered into the PREA compliance tool prior to the on-site audit.

On June 26 – 28, 2018, the on-site audit was conducted by lead auditor La Cole Archuletta and assistant auditor, Dave Cotten. Hilltop House has one housing unit comprised of twenty-seven rooms, two and four-bed rooms and one with a single bedroom, for a total capacity of 54 beds. There are four showers. The building is equipped with video monitoring cameras to supplement rounds by security staff. There are a maintenance storage building and an administrative building where staff offices are located.

On June 26, 2018, the Director who is also the facility PREA coordinator, auditor and auditor assistant, who is also a PREA certified auditor, met and toured the administrative building and then the facility. The tour of the administrative building included all staff offices, a meeting area, kitchen, copier area, resident outpatient area, resident computer area, storage room, restrooms, and basement. A tour of the facility included viewing each resident room, the control room, kitchen, kitchen storage area, laundry, all restrooms, mop closet, day rooms. Male and female showers were assessed for views opposite gender staff would have when entering the restrooms. The facility was assessed for blind spots. The outside areas near the facility where residents are allowed and maintenance storage building area near the administrative building were toured.

Where cameras were located were reviewed during and after the tour. PREA posters and information were observed throughout the facility. PREA reporting numbers were displayed by the telephone. The auditors tried the phone numbers and discovered that residents need to pay to make a phone call. The toll-free number (877-363-8477) could not be dialed, an error message was received, and the local phone number (970-247-5400) for reporting and emotional support could not be accessed without paying \$.50. The director immediately began working to allow resident's access to the reporting and emotional support numbers so that these phone numbers are free to the residents. The phone numbers could not be immediately changed due to a misuse investigation. However, before the interim report was finished, the phone numbers were made available and are at no cost to the residents to call.

During the tour, recommendations for reducing blind spots in a mop room and moving hooks closer to showers in restrooms so residents have the opportunity to dry off and change clothing without having to get out of the shower, limiting opposite gender staff from and other residents from viewing them during dressing and undressing. Recommendations for changing two shower curtains to allow staff to see the resident and to ensure only one resident is in the shower and to frost the middle section glass shower to allow residents to shower without the staff of the opposite gender viewing breasts and genital areas.

Other recommendations during the tour included providing information for family/friends/attorneys/or other third-parties on how to report sexual abuse or sexual harassment at the entrance of the facility and keeping inactive records confidential in the basement in the administrative area. Details regarding the inactive records, showers, and phones are included under those standards.

Notification of the on-site PREA audit was observed in the administration and facility area. However, only one poster was observed in the facility. The Director said that more had been posted. According to random residents, there had been more audit notification posters but on the day of the audit, only one remained.

Hilltop House residents are required to use community medical and mental health treatment and services and to attend education or program classes in the community. These services and programs are not provided at Hilltop House.

On June 26, 2018, a resident roster was used to randomly select residents to interview. On June 26 – 27, 2018, a total of 17 random residents were interviewed. Required targeted resident interviews included 1 resident who reported sexual abuse, but it was later determined that the resident has not reported sexual abuse and 1 resident who identified as being lesbian, gay, or bi-sexual. There were no residents who were transgender or intersex, physically disabled, blind, deaf, or hard of hearing, limited English proficient, or had a cognitive disability. A total of 19 resident interviews were conducted.

On the day of the initial audit, Hilltop House had a total of 54 residents. (6 female and 48 male)

On June 27, 2018, the auditor called the Sexual Assault Nurse Examiner (SANE) coordinator at Mercy Hospital. A message was left asking for a return call. On July 3, 2018, she returned the call and was interviewed.

On June 27, 2018, a staff roster was used to randomly select staff to interview. On June 27 – 28, 2018, a total of 12 random staff were interviewed. Additional, specialized staff interviews were interviewed. The interviews consisted of 4 first responder staff, 3 intake staff, 3 staff members who perform screening for risk of victimization and abusiveness, 2 agency contract administrator interviews, 1 designated staff member charged with monitoring retaliation, 1 staff member on the sexual abuse incident review team, 2 agency head interviews, 1 warden/director interview, 1 PREA coordinator and 1 investigative staff for conducting administrative investigations were interviewed. A total of 31 staff interviews were conducted. (1 volunteer interview was also conducted on an individual who conducted an AA meeting at the facility, but it was later determined he did not meet the definition of a volunteer in the PREA standards.)

Interviews were conducted on all shift with facility administration and staff.

The shifts for Hilltop House are:

Day Shift: 4:00 a.m. – 2:30 p.m.

Swing Shift: 1:00 p.m. – 11:30 p.m.

Graveyard Shift: 11:00 p.m. – 8:30 a.m.

There are a total of 22 staff employed at Hilltop House, 0 contractors, and 0 volunteers. The Director has the responsibility for many of the PREA responsibilities and was interviewed for several of the specialized interview questions. The Southwest Colorado Community Corrections Center Inc. board of directors has oversight over Hilltop House and the Director reports to the chairman of the board.

Hilltop House does not have medical, mental health practitioners or medical or mental health contractors at the facility.

Hilltop House does not conduct cross-gender strip or visual cavity searches, therefore no staff members were interviewed for conducting these types of searches.

Additionally, there have not been any reports of sexual abuse in the past 12 months or since the last PREA audit in August 2015.

On June 27, 2018, the Director of the Sexual Assault Services Organization was interviewed.

On July 3, 2018, the auditor interviewed the SANE coordinator with Mercy Medical Center over the phone.

On July 10, 2018, the auditor interviewed the interpreter for Spanish speaking residents that Hilltop House staff can contact. This interview was conducted over the telephone.

On July 10, 2018, the auditor interviewed a case manager by phone for monitoring retaliation. The Sexual Assault on a Client Policy states that case management and facility administrators will monitor clients who make reports or cooperate with investigations.

After the on-site audit, the auditor requested additional information from the Hilltop House director and the director immediately began provided updated policies or documentation that he was working to achieve compliance in the areas identified as not being in compliance with a PREA standard. Refer to the specifics in the document as they are identified under those specific PREA standards.

Number of Standards Exceeded: 0

Number of Standards Met: 36

115.211, 115.213, 115.215, 115.216, 115.217, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.266, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289

Number of Standards Not Met: 0

Number of Standards Not Applicable: 3

115.212, 115.218, 115.235

Summary of Corrective Action (if any)

The Interim Compliance Report reflected that there were 29 standards,

115.211, 115.215, 115.216, 115.217, 115.221, 115.222, 115.231, 115.232, 115.233, 115.241, 115.242, 115.251, 115.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.267, 115.271, 115.276, 115.277, 115.278, 115.282, 115.286, 115.287, 115.288, 115.289

that were in non-compliance at the Hilltop House Community Corrections. Therefore, a required correction action period not to exceed 180 days began on August 12, 2018. The non-compliant standards needed to be completed by January 24, 2019 to allow the auditor time to finalize the audit report. The noted 29 standards were found to be in compliance on February 4, 2019.

DECEMBER 15, 2018—The original primary auditor for this audit and author of the interim report removed herself from the audit process as she began employment with the PREA Resource Center shortly after completing the interim report. The secondary auditor, Dave Cotten, a DOJ certified auditor, assumed the duties of primary auditor. Mr. Cotten will complete the review of corrective actions taken and complete the final report within the established time frames.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The agency has a written policy, Response to Sexual Assault on a Client (PREA). Its purpose is to adopt the Prison Rape Elimination Act of 2003 by supporting the elimination, reduction, prevention and reporting of nonconsensual sex, abusive sexual contact and staff sexual misconduct within the correctional system. It is the policy of Hilltop House to ensure that any form of sexual activity between clients or between clients and staff/volunteers/contract employees, regardless of consensual status, is strictly prohibited. Additionally, the policy includes a definition for sexual abuse which includes sexually abusive contact, sexually abusive penetration, indecent exposure, voyeurism, and sexual harassment. However, the definitions are not as detailed as the PREA standards definitions.

According to the policy, indecent exposure can only be committed by a staff member in the presence of a resident. If a resident were to commit indecent exposure to another resident is not included.

The policy also does not state that it has “zero-tolerance towards all forms of sexual abuse and sexual harassment.”

In the Investigating Sexual Assault Policy, it states that “All reports of sexual misconduct must be considered credible and promptly investigated criminally and/or administratively”. The term sexual misconduct is used. Additionally, there is not a definition of sexual misconduct.

The policy outlines reporting and actions taken for sexual abuse reports, medical services and mental health care provided and prevention procedures. However, the policy does not include its approach to detecting sexual abuse and sexual harassment.

Recommend adding “detecting” and what the facility does to detect sexual abuse and sexual harassment such as its use of video monitoring, making random headcounts, and conducting PREA staffing plans.

Other policies use the term sexual abuse and sexual harassment. For consistency and compliance with the PREA standards definition, use the same terms throughout all agency policies. Also, define all terms used such as sexual abuse, sexual harassment, sexual assault, and sexual misconduct so staff, residents, and the public understand the difference between the terms used.

Required Corrective Action:

1. The standard requires that an agency/facility have a written policy mandating zero tolerance towards all forms of sexual abuse and sexual harassment.
2. Add “zero-tolerance towards all forms of sexual assault, sexual abuse and, sexual harassment” to Response to Sexual Assault on a Client Policy.
3. Define all terms used such as sexual abuse, sexual harassment, sexual assault, and sexual misconduct so staff, residents, and the public understand the difference between the terms used.
4. Update Response to Sexual Assault on a Client Policy, Investigating Sexual Assault Policy and any

other applicable policy to include the updated definitions of sexual abuse and sexual harassment.
5. Update Hilltop House sexual abuse and sexual harassment definitions in Response to Sexual Assault on a Client Policy to include the elements in the PREA standards definitions. For best practice, add definitions to - Response to Sexual Assault/Misconduct (Investigation) Policy.

Action taken: All elements identified in the above corrective action have been added to the SWCCCC policy statement regarding PREA and/or investigating sexual assault policy.

Both policies were provided and placed with supporting documentation.
Based on the above “actions taken” the facility now meets this standard.

Subsection (b). The facility has an agency-wide PREA coordinator. The position and the requirements of the position are not in policy. The requirements of the director are outlined in the policy. The different duties between director and PREA coordinator are not identified. It is strongly recommended that the duties be separated whenever possible in policy.

The PREA coordinator is the facility director. This position is the facility head and also performs specialized PREA functions. He monitors residents and staff for retaliation, is responsible for conducting and reviewing staffing plans, incident reviews, investigates administrative reports, and hires and promotes staff, and ensures staff receive training. In an interview with the director regarding his PREA coordinator duties, he said the position does not have enough time to complete all the PREA coordinator duties.

The position of a PREA compliance manager is identified on a brochure that is handed out to residents at intake. There wasn't a compliance manager when the audit was conducted. Recommend removing the compliance manager's name and position from the brochure.

The job description for the director states that the position will “coordinate all facility PREA compliance, audits, etc.” It does not specifically identify all the duties and responsibilities that the PREA coordinator needs to perform. Or best practice, add a comprehensive list of the PREA coordinator duties to the job description.

Additionally, the organization chart shows the director position and that the position reports to the Southwest Colorado Community Corrections Center Inc. Board of Directors. It does not identify the director as the PREA coordinator for Hilltop House. Recommend adding the general duties and responsibilities of the PREA coordinator in the Response to Sexual Assault on a Client (PREA) Policy and Investigating Sexual Assault Policy.

Required correction action:

1. Identify how the PREA coordinator can have enough time to complete the required duties and responsibilities.

Action taken: Facility Director provided a response in letter format to the auditor addressing the amount of time allotted to him to perform PREA Coordinator/Manager duties.

The word “Manager” was removed from the client PREA brochure.

Organization chart now reflects the position of Director/CES (PREA Coordinator)
Director/CEO position description now includes specific PREA Coordinator duties.

Above listed documents were provided and placed with supporting documentation.
Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon:
Response to Sexual Assault on a Client (PREA) Policy
Federal standards PREA sexual abuse and sexual harassment definitions
Investigating Sexual Assault Policy
Interview with Director/PREA coordinator
Organization Chart
Director Position Description for Hilltop House Community Corrections
PREA resident education material
Pre-Audit Questionnaire

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)
- Not Applicable**

Instructions for Overall Compliance Determination Narrative

Subsection (a). This standard is Not Applicable. The facility does not contract with private agencies or other entities for the confinement of residents. The Director/PREA coordinator provided a memo stating that the facility does not contract with any facility for the confinement of its residents. Residents are received from the Colorado Department of Corrections and Judicial Districts in the state of Colorado. Additionally, the Director/PREA coordinator stated during an interview that the facility does not contract with any agency or entity for the confinement of their residents.

Subsection (b). This standard is Not Applicable. There were no new contracts or contract renewals for private facility contract monitoring. The facility does not contract with private agencies or other entities for the confinement of their residents.

Subsection (c). This standard is Not Applicable. The facility has not entered into a contract with a private agency or other entity for the confinement of its residents. The facility does not contract with another entity for the confinement of its residents. A memo was included that states that Hilltop House does not contract with any facility for the confinement of its residents. Additionally, during an interview with the Director/PREA coordinator, he states that the facility does not contract with any entity for the confinement of its residents.

Evidence Relied Upon:
 Pre-Audit Questionnaire
 Memo from Director
 Interview with Director

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the

composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No

- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House has conducted a staffing plan in 2016 and 2017. The staffing plan is completed and reviewed by the director. The staffing plan determines adequate staffing by reviewing and considering the existing staffing pattern, number of staffing vacancies, the amount of overtime accrued by the facility and the number of cameras in each housing unit.

During an interview, the director stated that he develops a staffing plan and reviews staffing patterns for

adequate levels of staffing on each shift and security protocols are supplemented by video monitoring to protect residents against sexual abuse. The director/PREA coordinator said that the case manager supervisor and correctional officer supervisor also attend the staffing plans.

The director develops an annual written facility staffing plan that reviews staffing, video monitoring, the physical layout of the facility, and race and ethnicity of the resident population, and the prevalence of substantiated and unsubstantiated incidents of sexual abuse. The PREA staffing plan includes the staff's schedule and the physical layout of the facility.

It is recommended that the written assessment also include blind spots, such as areas where staff or residents or residents could be isolated or not seen on camera.

The staffing plan does not mention the composition of the residents except the resident's race or ethnicity. The composition does not include the resident's room assignment or their risk of sexual vulnerability or sexual aggression. Agencies must reassess, determine, and document whether adjustments are needed to the staffing plan, prevailing staffing patterns or the facility's deployment of video monitoring systems and other monitoring technologies and the resources the facility has available to commit to ensure adequate staffing levels. When developing the staffing plan, include adequate staffing for the facility's current and potential population of specialized residents that may require more intensive or specialized staffing including female residents, LGBTI residents, residents with medical or mental health needs, disabled residents, and limited English proficient populations to ensure their safety.

Corrective Action

1. Attach all documents reviewed during the staffing plan and if there are changes or requests such as budgetary requests or request for an increase in staff.
2. Identify individuals and titles who attend the staffing plan meeting or any subsequent meetings
3. Include in the composition of the resident population their room assignments, program assignments, each resident's assessment for risk of sexual aggressive or sexual vulnerability levels, and any other relevant factors such as but not limited to specialized staffing needs for female residents, LGBTI residents, disabled residents and limited English proficient residents to prevent, reduce, detect and respond to incidents of sexual abuse and sexual harassment are reviewed and documented in the PREA staffing plan.

Action taken: Director provided a letter to the auditor addressing each corrective action above to include items considered in the staffing plan, individuals and their respective positions attending the planning meeting and a statement on what clients have been identified as specialized persons as related to PREA.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Subsection (b). According to the director during an interview, there have not been any deviations from the PREA staffing plan. He said that the only deviation could be in having adequate staff, but Staffing Pattern Policy requires that at a minimum, two security staff to be on shift at all times so they have not deviated from their staffing requirement. The Staffing Pattern Policy requires that the facility would document and justify any deviation from the plan.

For best practice, recommend adding to the policy that if there are deviations from the PREA staffing plan that it is documented.

Subsection (c). The director determined and documented whether adjustments are needed to the staffing plan, staffing patterns, facility's deployment of video monitoring systems and resources the facility has available to ensuring adequate staffing levels. Hilltop House will work to increase

staff longevity to avoid turnover and consider a policy change that requires a month notice for any personal time off requests to ensure the facility does not have staffing deficiencies. The facility has not had any sexual abuse reports in the past 12 months. However, it is recommended that PREA staffing plan includes all upper and mid-level staff, and include in the plan if there are blind spots, the sexual vulnerability and sexual aggressiveness levels of residents and review their room assignment and housing area and any other relevant factors to prevent, reduce, detect and respond to incidents of sexual abuse and sexual harassment.

Evidence Relied Upon:
2016 and 2017 PREA Staffing Plans
Interview with Director
Staffing Patterns Policy
Shift Roster
Camera location map
Pre-Audit Questionnaire

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
 Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing

clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Client Pat Searches Policy states that cross-gender strip or cross-gender visual body cavity searches are prohibited except in exigent circumstances. During an interview, the Director said there has not been a cross-gender strip at Hilltop House. He said that cross-gender strip searches or cross-gender visual body cavity searches are prohibited. However, the policy stated that Hilltop House staff are prohibited except in exigent circumstances. He said that was added to comply with the PREA standards even though they do not conduct them. On June 12, 2018, the Client Pat Searches Policy was updated to state that "cross-gender strip searches or visual cavity searches are prohibited." The policy was changed to reflect what the facility actually does.

During interviews with residents and staff, it was verified that cross-gender visual body cavity searches and cross-gender strip searches are not conducted and there have not been any conducted on residents.

Subsection (b). Client Pat Search Policy states that that pat searches shall be conducted by staff of the same sex as the client being searched. The Director stated during his interview that pat searches are only conducted by the same sex as the client and there has not been any cross-gender pat-down searches of female residents.

During interviews with residents and staff, it was confirmed that there have not been any cross-gender pat-down searches.

Subsection (c). The facility has not had a cross-gender strip searches or cross-gender visual body cavity searches. However, Client Pat Search Policy allows cross-gender strip searches and cross-gender visual body cavity searches under exigent circumstances. During an interview, the Director/PREA coordinator there has not been a cross-gender strip at Hilltop House. He said that cross-gender strip searches or cross-gender visual body cavity searches are prohibited. However, the policy states that they are prohibited except in exigent circumstances. He said that was added to comply with the PREA standards even though they do not conduct them. On June 12, 2018, the Client Pat Searches Policy was updated to state that “cross-gender strip searches or visual cavity searches are prohibited.”

During interviews with staff and residents, it was confirmed that cross-gender pat-down searches of residents are prohibited and are not conducted.

Subsection (d). Hilltop House requires staff to announce their presence when entering a restroom by knocking on the door. Accessing Client Private Areas Policy requires, prior to entering any restroom the staff member will:

a. knock loudly on the door.

b, announce through a partially opened door that they are there and what the purpose of the interruption is.

If staff have reasonable suspicion of a rule violation or if there is reason to be concerned about a client’s safety then the staff member does not need to knock on the door and the incident is to be documented explaining the events leading to the entrance and any disruptions in the client’s privacy in the staff log.

Accessing Client Private Areas Policy also states that clients will be required to lock their bedrooms when they are changing their clothing. When a staff member encounters a locked door the staff member will evaluate the need to knock on the door against the need for potential disturbances of the client based upon their individual awareness of the status of the clients occupying the room. No knock is indicated if the staff has reasonable suspicion of a rule violation or if there is a reason to be concerned about a client’s safety. If this happens, then staff are required to document the events leading to the entrance and any disruption in the client’s privacy in the staff log.

Random Headcount and Facility Walkthroughs Policy requires that when staff completes a headcount in rooms of the opposite sex clients, staff shall not enter the room when the client is not clearly verifiable (i.e. face covered, back turned away from staff). In these cases, another staff on duty shall be alerted and both staff members shall be present (one in the room, one in the doorway with the door open) to verify the client.

During interviews with staff and residents, it was learned that staff knock but opposite-gender staff do not announcement their presence when entering a shower or resident’s room where they may be showering, performing bodily functions or changing clothing. The PREA Resource Center Frequently Asked Questions (FAQ) states: “[1] In lockups and community confinement facilities, and in juvenile facilities that do not have discrete housing units, opposite-gender staff are only required to “announce their presence when entering an area where” detainees and residents “are likely to be showering, performing bodily functions, or changing clothing.” 28 C.F.R. §§ 115.115(c), 115.215(d), and 115.315(d).”

Corrective Action

1. Develop policy and procedures to allow residents to shower, perform bodily functions, and change clothing without opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.

Add PREA standard 115.215 (d) to policy. Staff members of the opposite gender will announce their

presences by stating “male/female entering the area” before entering restrooms, bedroom or any other areas where residents may be showering, performing bodily functions or changing their clothing.

2. Train staff on the policy and procedures

3. Educate residents on the policy and procedures

4. Develop a method to inform new residents of the policy requirements when a staff of the opposite gender are entering restrooms or housing areas where residents may be showering, performing bodily functions or changing their clothing.

Resolution of Corrective Action

1. On July 5, 2018, Hilltop House updated the Random Headcounts & Facility Walkthroughs Policy. It now states that “When completing a headcount in rooms or bathrooms of opposite sex Client’s, the staff member shall knock on the door and announce “female-headcount” or “male-headcount.”

To avoid waking clients at night the staff may use subdued tones and knock.

2. On July 5, 2018, Hilltop House Director went over the new policy requirements with staff. A training roster was provided.

Subsection (e). The facility does not search or physically examine transgender or intersex residents for the sole purpose of determining the resident’s genital status. Client Pat Search Policy requires that no staff member shall search or physically examine a transgender or intersex client for the sole purpose of determining the resident’s genital status. During staff interviews the staff were knowledgeable about not physically examining transgender or intersex residents for the sole purpose of determining the resident’s genital status. However, the staff members were not aware of the PREA standard requirement. For best practice PREA standard 115.215 (e) needs to be added to policy. “The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. “

Corrective Action:

1. Staff were not aware of this standard it needs to be added to policy to make staff aware of the standard’s requirements.

Add PREA standard (e) to policy. “The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident’s genital status. If the resident’s genital status is unknown, it may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner. “

Subsection (f). The pat-search training includes pat searching opposite gender residents, which is prohibited by the Hilltop House’s policy. The pat search video does not state that cross-gender pat down searches are prohibited. The instructor tells female staff to search the groin area that is where males can hide contraband. For female staff member searches, the instructor told female staff to use a closed fist and thumb to search the middle and outside of the breast. The instructor told male staff not to linger. Open hand for men and thumb for women. Information about being professional is mentioned. The PREA standard states that cross-gender pat searches of female residents prohibited except for exigent circumstance in standard 115. 215 (b). This information was not conveyed in the training.

Pat search training rosters for security staff were provided.

In an interview with the Hilltop House director, he said that cross-gender pat searches are prohibited. The Client Pat Search Policy was updated to state that cross-gender pat searches are prohibited.

Hilltop House does not train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible,

consistent with security needs.

Corrective Action

1. Train all staff who are required to conduct pat searches on conducting pat-searches of transgender residents.

Require staff to complete the PREA Resource Center cross-gender and transgender pat search training which can be located at:

<https://www.prearesourcecenter.org/file/3328/guidance-cross-gender-and-transgender-pat-searches>

2. Provide verification that staff have received the training.

Action taken: A memo was distributed to all staff directing the staff to complete cross-gender/trans-gender pat search training presented on-line by thought the PREA Resource Center.

On 1/23/19 staff training certificates were provided.

Above listed documents were provided and placed with supporting documentation.

Based on the above "actions taken" the facility now meets this standard.

Evidence Relied Upon:

Pat search training video

Pat search training roster

Interviews with staff

Client Pat Search Policy

Revised Client Pat Search Policy

Interview with Director/PREA coordinator

Interviews with residents

Accessing Client Private Areas Policy

Random Headcounts and Facility Walkthroughs Policy

Observation while on site

Pre-Audit Questionnaire

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal

opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (If "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The resident PREA video contains both verbal and written information. According to the Director, staff are available to read the written PREA education material to residents who have low vision.

The resident PREA video is audio so that hard of hearing residents can hear as well as see the written information.

While Hilltop House has PREA education available on a video in English and Spanish, the agency needs to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Hilltop House staff need to be able to effectively communicate and ensure that residents who are deaf or hard of hearing, blind or have low vision, intellectual disabilities, psychiatric disabilities, speech disabilities or other types of disability can understand and benefit from the PREA education information and policy and procedures.

During interviews with staff, they were not aware of a process or of an organization that could provide interpreters for residents who were deaf, hard of hearing, blind or have low vision, intellectual disabled, or had a psychiatric disability or speech disability.

Hilltop House does not have a process to provide residents with interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary for residents with disabilities. The agency also does not currently have written materials in formats or through methods that ensure effective communication with residents with disabilities including residents who have intellectual disabilities or limited reading skills, or how are blind or have low vision. The Director said he would enlarge the print on the PREA education material or have staff read the material to the resident.

The resident PREA education video is audio which allows residents who are blind or have low vision to have access to the information. The brochures/pamphlets are provided in a written format which may not be accessible to blind residents. The Director said that the case manager could read the brochures/pamphlets or enlarge the print of the documents. These formats are not currently available or required in policy or procedure.

The director and staff interviewed said that they have not received a resident with a disability requiring the use of PREA education in a different format.

Corrective Action

1. Add PREA standard and process for how and when to provide residents with a disability PREA education and documents in a format they understand

Ensure that any written materials are provided in formats or by methods of communication that are accessible to inmates with disabilities, including those with limited reading skills, or who are blind or low vision; or deaf or heard of hearing.

2. Provide verification that PREA education is in large print and readily available to residents with low vision.
3. Provide verification that PREA education can be provided to residents who are disabled, have limited reading skills if/when needed so all residents have an equal opportunity to participate in or benefit from the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.
4. Develop a process to determine if residents who are deaf, hard of hearing, blind or have low vision, intellectual disability, or had a psychiatric disabled or speech disability need PREA education in a format they can understand.
5. Provided documentation that staff have been trained on new policy and/or procedures
6. Provide verification that the sexual abuse risk and vulnerability assessment can be translated by an interpreter for deaf residents.

Action taken: Language from the standard has been added to the policy specifically addressing number 1 above. An email memo requesting services from Tele-language and Tele-language's response was provided. Policy includes contacts for speaking translation and sign language if needed. Hilltop administration elected to use Tele-language for all translation and not use on-site staff to translate. A notice was provided to all staff and residents informing them of this practice. An in-house training was provided to staff to cover this as well.

Subsection (b). The resident PREA video is available to residents in Spanish. There is one pamphlet in Spanish. The remaining PREA education material also needs to be available to residents in Spanish.

Residents who are Spanish speaking can have access to staff or an interpreter. Hilltop House has two on-site Spanish speaking staff as well as access to an individual who they can contact to come in to interpret.

The individual Hilltop House can contact to come into the facility to translate or interpret for Spanish speaking residents does not have a contract with Hilltop House, additionally, she has not received PREA training. The last time she was contacted for Spanish interpretation was over 2 or 3 years ago and it was to communicate with the victim of a resident, not for a resident at Hilltop House.

While Hilltop House has PREA education available on a video in English and Spanish, the agency needs to ensure that residents have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. The PREA education is not available in languages other than Spanish and a process to ask residents about receiving PREA education in a different format to ensure they understand the information is not available.

A Spanish brochure is available, but it different than the documents provided to residents at intake.

There were no PREA posters in Spanish. There is a sign in English and Spanish regarding using the laundry machines.

There were brochures for emotional support at Sexual Assault Services Organization available in Spanish.

During interviews with staff, they were not aware of a process or organization that could provide interpreters for residents who spoke another language other than Spanish. Staff said that Spanish has been the only language that residents speak other than English and it was their second language. To date, they have not had to use an interpreter.

While Hilltop House has PREA education available on a video in English and Spanish, the agency needs to ensure that others residents who are limited English proficient (LEP) have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Hilltop House staff need to be able to effectively communicate and ensure that residents who are LEP can understand and benefit from the PREA education information and policy and procedures.

Corrective Action

1. Add PREA standard 115.215 to policy and develop a process for how and when staff is to determine if residents need to be provided PREA education in another language. Provided documentation that staff have been trained on new policy and procedures
2. Provide a contract or a memorandum of understanding with individuals or organization(s) who can provide interpretation for LEP residents.
3. If an outside interpreter will be contracted to interpret or translate on-site for Spanish speaking residents, require the interpreter to attend and successfully complete contractor requirements; background check and PREA training. Then provide verification of completion of the requirements.
4. Ensure that all resident PREA education (brochures and PREA intake documents) and Client Handbook regarding PREA are available in Spanish.
5. Provide verification that the sexual abuse risk and vulnerability assessment can be translated by an interpreter in Spanish or other languages.
6. Add a couple PREA posters that are in Spanish
7. Provide verification in a memo that staff interpreters/translators are proficient in Spanish.

Action taken: Language from the standard has been added to the policy specifically addressing number 1 above. An email memo requesting services from Tele-language and Tele-language's response was provided. Hilltop administration elected to use Tele-language for all translation and not use on-site staff to translate. A notice was provided to all staff and residents informing them of this practice.

Subsection (c). The requirements of this standard are not in policy. Staff have not been trained on the use of resident interpreters. Some staff knew that there were interpreters for Spanish speaking residents. Some knew that it would not be appropriate to use another resident to interpret so that a resident's safety would not be compromised, and some staff thought of people they knew who could interpret for a resident.

A policy, procedure, and process for enlisting the services of an interpreter need to be available for staff to follow.

Hilltop House needs to provide a policy and then train their staff to refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations.

Corrective Action

1. Add standard 115.215 (c) to policy. For this requirement add that "staff shall refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations."
2. Provide documentation that staff have received policy and procedure for not relying on resident interpreters/readers/or using resident to assist except in limited circumstances and those circumstances will be documented.

Action taken: #1 above was added to policy and provided to auditor. A PREA update training was provided by the director. This training included #2 above.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Evidence Relied Upon
Pre-Audit Questionnaire
PREA brochures/pamphlets
PREA brochure in Spanish
Memo from Director/PREA coordinator
Resident PREA education documents
Resident PREA education video
List of staff interpreters
Memo with Spanish interpreter name
Interview with staff
PREA Posters
SASO brochures

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a

former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). According to the Director, Hilltop House prohibits the hiring or promotion of anyone who may have contact with residents who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.

All potential employees are asked to complete an employment application and a Criminal History/Warrant/Arrest Search Request Division of Criminal Justice (DCJ) Office of Community Corrections form. The DCJ form asks potential applicants or employees if they have ever been arrested, plead guilty or been convicted of a crime. After the DCJ form is completed by the potential employee, the Director enters the information into an electronic form and submits it to the DCJ Office of Community Corrections. Within 24 hours the agency receives a response that denotes either record clear or there is an arrest record.

On the Hilltop House employment application for new hires if they have been convicted of a felony or misdemeanor which resulted in imprisonment and if they were ever dismissed from a job. There are also two questions applicants have to answer:

Have there been substantiated claims of sexual misconduct against you from a former employee, employer, volunteer, client or contract worker?

Have you ever been accused of sexual misconduct by a current or former employee, employer, volunteer, client or contract worker in your work history?

Additionally, new employees must clear an E-Verify check which is completed by the Director or his designee before a start date is given.

Qualifications for Employment Policy states that applicants with a documented record of engaging in sexual abuse are not eligible for employment at Hilltop House under the Prison Rape Elimination Act. The policy does not state that staff shall not be promoted and shall not enlist the services of any contractor who may have contact with residents, who—

(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);

(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.

Hilltop House does not conduct a criminal record check on promotions or require promotional applicants to complete an application or form that asks the questions required in standard 115.217 (a) prior to promoting an employee. The Director said that it is a small facility and he would know if someone had been convicted of sexual abuse/assault in the community.

There is not a form or process for enlisting the services of a contractor. According to the Director, Hilltop House does not use contractors. The facility does not hire contractors to provide services to residents. However, the director wanted to keep contractors in policy in case he needs to use them in the future.

Corrective Action

1. Add to the employment hiring and promotion process that Hilltop House shall not **promote** anyone who may have contact with residents, and shall not **enlist the services of any contractor** who may have contact with residents who:
 - (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);
 - (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a) (2) of this section.
2. Sexual misconduct is used in the application. Add sexual abuse and define it in the application.
3. Add the following question to the employment application: Have you been convicted of or civilly or administratively adjudicated for engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

Action taken: Policy and formal application was adjusted to reflect compliance with #1 through 3 above.

A Sexual Abuse and Sexual Harassment staff acknowledgement form was provided for each current employee and is now part of the application/hiring process for new employees.

Subsection (b). Hilltop House considers incidents of sexual harassment in determining whether to promote anyone. Sexual Harassment Policy requires that any documented violations of sexual harassment by an employee be considered when making determinations for promotions. In an interview with the Director, he said that incidents of sexual harassment are considered prior to hiring or promoting anyone.

Qualifications for Employment Policy requires that any incident of sexual harassment must be considered and staffed with the Director or his designee prior to offering any applicant a position in which he/she may have contact with clients.

Contractors are not mentioned in the policy. According to the Director, Hilltop House does not use contractors, but he said he wants to include them in policy in case he needs to hire a contractor. Therefore, they need to be added the policy.

Corrective Action

1. Add to policy that the agency shall consider any incident of sexual harassment in determining whether to hire or enlist the services of any contractor who may have contact with residents.
2. Develop a process to find out if there are any incidents of sexual harassment before hiring or enlisting the services of any contractors who may have contact with residents.

Action taken: Policy and formal application was adjusted to reflect compliance with #1 & 2 above.

Above listed documents were provided and placed with supporting documentation.

Based on the above "actions taken" the facility now meets this standard.

Subsection (c). Before hiring new employees, who may have contact with residents, a criminal background records check is conducted. According to the Director, Hilltop House prohibits the hiring all employees complete an employment application and the Applicant/Employee Information DCJ form After the Department of Public Safety Division of Criminal Justice (DCJ) form is completed by the potential employee, the Director enters the information into an electronic form and submits it to DCJ Office of Community Corrections. Within 24 hours Hilltop House receives a response that denotes either record clear or arrests record.

There is not a policy or process for the facility to make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. During an interview with the Director, he stated that the agency was not currently doing this.

Corrective Action

1. Develop a form and process before hiring new employees who may have contact with residents to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
2. Provide form and process for verification that the practice was implemented

Action taken: Policy and formal application was adjusted to reflect compliance with #1 & 2 above.

Subsection (d). There were no contractors at Hilltop House and no criminal background records checks were conducted. According to the Director, Hilltop House does not enlist the services of any contractor at this time. Additionally, the Director provided a memo that states that the facility does not have any contractors who provide services to residents. However, he wants to keep the requirement in policy in case he needs to hire a contractor in the future.

Subsection (e). The facility has a process in place where DCJ will complete a criminal background records check through the Colorado Crime Information Center on employees every five years. According to the Director, when a Hilltop House employee reaches their five-year employment anniversary, DCJ is emailed the employees name. Hilltop House then receives information from them with the results of the five-year background check. Documentation is maintained in the employee's personnel file.

Copies of several five-year criminal records checks on employees were reviewed.

After the on-site audit, the Director provided an example of a five-year background records check that was recently completed.

Subsection (f). Hilltop House requires all applicants to complete an application for employment. The application has questions regarding previous sexual misconduct. These questions include: Have there been any substantiated claims of sexual misconduct against you from a former employer, employee, volunteer, and client or contract worker? And, have you ever been accused of sexual misconduct by a current or former employer, employee, volunteer, client or contract worker in your work history? Hilltop House will update their employment application to include all the questions required in (a) of this standard.

The facility does not ask employees directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for promotions and in any interviews or written self-evaluations conducted as part of reviews of current employees. According to the Frequently Asked Questions (FAQ) for standard 115.217 "(f) If the agency does not use written applications, written self-evaluations, or conduct interviews under the circumstances indicated in standard 115.17(f), it has no obligation under

this standard to begin these practices. However, the agency does have the obligation to establish a continual affirmative duty to disclose misconduct. The agency must impose on employees the affirmative duty to report any misconduct described in standard 115.17(a) [i.e., paragraph (a) of the standard] at any time that it occurs.”

Employees sign a form acknowledging that they have received and read Hilltop House’s zero tolerance for any sexual assault/abuse, harassment or misconduct. The form did not impose upon employees a continuing affirmative duty to disclose any such misconduct. However, before the on-site audit, Hilltop House implemented a requirement that all employees received a form that requires employees to disclose any such misconduct.

Corrective Action

1. Require all employees to sign a form acknowledging that that have received and read Hilltop House zero-tolerance for sexual assault, sexual abuse, sexual harassment and sexual misconduct and that they have a continuing affirmative duty to disclose any such misconduct.
2. Provide documentation of each employee’s affirmative duty to disclose misconduct.

Action taken: Policy and formal application was adjusted to reflect compliance with #1 & 2 above. Staff acknowledgement forms [were] provided for each employee and provided to the auditor.

Subsection (g). It is the policy of “Hilltop House to ensure that any form of sexual activity between clients or between clients and staff/volunteers/contract employees, regardless of consensual status, is strictly prohibited. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination of employment.”

Subsection (h). In an interview with Hilltop House Director, he said that staff are required to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work. However, the requirement is not in policy and there is not a process

Corrective Action

1. Add to the policy who is required to provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer and what the process is for releasing that information.

Action taken: Policy was adjusted to reflect compliance with #1 above. The process includes any requests are forwarded to the director for determining the legal release of information.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon

Division of Criminal Justice Form - Applicant/Employee Information
Community Corrections Information & Billing Background Check Request
Application for Employment Form
Memo from Director/PREA coordinator
Interview with Director/PREA coordinator
Memo from Director regarding the hiring of contractors
Procedure: PREA 5-year background check for community corrections staff
Interview with Director/PREA coordinator
Reviewed samples of Colorado Department of Public Safety community corrections employee 5-year PREA records check.

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)
- Not Applicable**

Instructions for Overall Compliance Determination Narrative

Subsection (a). This standard is Not Applicable. A memo was reviewed that states that the facility has not acquired a new facility or made a substantial expansion to the existing facility since their initial PREA audit in 2015. Windows and siding were replaced in the facility and the facility and administration building were painted.

This was confirmed by the Director in an interview as well.

Subsection (b). This standard is Not Applicable. Hilltop House has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. However, the facility did add video monitoring systems, 4 cameras and 1 large DVR, to their current surveillance system.

Evidence Relied Upon
Pre-Audit Questionnaire
Memo from Director

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or

a qualified agency staff member? Yes No

- Has the agency documented its efforts to secure services from rape crisis centers?
 Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House is not responsible for investigating criminal allegations of sexual abuse. According to the Director, law enforcement, specifically Durango Police, are contacted for all allegations of sexual abuse and sexual harassment. When Hilltop House staff are notified of a sexual abuse allegation, they are required to follow a uniform evidence protocol. They are required to follow the Response to Sexual Assault Policy and use the checklist in the policy to maximize the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Response to Sexual Assault Policy requires all reports of sexual misconduct to be considered credible

and promptly investigated criminally and/or administratively. The Investigator is responsible for conducting and fully documenting the investigation in accordance with facility policy. For criminal investigations where a separate entity (i.e. Police Department or Sheriff's Office) is responsible for criminal investigations the investigating authority will be responsible for the following:

- a. Collecting all physical and documentary evidence, including the results of the SANE examinations.
- b. Identify the victim, perpetrator and witnesses
- c. Conduct interviews of the victim, witnesses and the perpetrator pursuant to Miranda
- d. Interviewing staff who are subject of an investigation pursuant to Garrity
- e. Using the "Evidence Beyond a reasonable doubt" standard of evidence
- f. Making a determination of probable cause and referring for prosecution

Recommend add that the Durango Police investigator is responsible for conducting and fully documenting the investigation in accordance with facility policy. Otherwise, it might be interpreted that criminal and administrative investigations are conducted differently. The policy needs to be clear for staff, residents and the public to know who to call and what agency is responsible for conducting criminal and administrative investigations on sexual abuse and sexual harassment allegations.

Also, recommend changing sexual misconduct to sexual assault/sexual abuse.

During interviews, most staff indicated some knowledge of evidence control and required protocols for obtaining usable physical evidence. It was obvious that they received training, but some struggled to remember which is understandable as they have never had to actually address these issues. It is strongly recommended that occasional drills be implemented to re-enforce the training and keep the requirements of how to respond to a sexual abuse report fresh so if a report is received they automatically know how to respond.

The term sexual assault, sexual abuse, and sexual misconduct are each used throughout the policy. Recommend defining the terms and using the appropriate term(s) throughout the policy.

Corrective Action

1. Update Respond to Sexual Assault/Misconduct (Investigation) Policy to outline the actual protocols Hilltop House is doing. According to the Director, Durango Police are contacted to investigate all reports of sexual abuse and sexual harassment.
2. Update Sexual Assault/Misconduct Investigation Policy to include sexual abuse or sexual abuse/sexual assault instead of sexual misconduct.
3. Add the administrative investigation process to policy
4. Add that process of reporting and investigating allegations of sexual abuse or sexual harassment involving or against the Director. Specifically, the report will be made to the Durango Police and the Southwest Colorado Community Correction Center (S.W.C.C.C.C.) Chairman of the Board of Directors and how the S.W.C.C.C.C. Chairman of the Board of Directors is to be notified.
5. Remove the "draft" from Sexual Assault/Misconduct Investigation Policy.

Action taken: Policy was adjusted to reflect compliance with #1 through 5 above.

Subsection (b). Hilltop House does not receive anyone under the age of 18. All residents are adults – 18 of age or older. Hilltop House Director stated that the facility contacts Durango Police to conduct sexual abuse investigations. If the report is determined not to be criminal, then he will conduct the administrative investigation unless the allegation involves him, then the S.W.C.C.C.C. chairman will conduct the administrative investigation.

Subsection (c). Hilltop House offers all residents who experience sexual abuse access to forensic

medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate. Residents are referred or transported to Mercy Hospital which has a Sexual Assault Nurse Examiner (SANE) program.

At the time of the on-site audit, Hilltop House did not have a Memorandum of Understanding (MOU) with Mercy Hospital – SANE program. However, the Director immediately contacted the SANE coordinator at Mercy Medical Hospital and began working on it.

Corrective Action

1. Develop and enter into a Memorandum of Understanding (MOU) with the Mercy Medical Center to provide residents with a forensic medical SANE exam without financial cost to residents.

Action taken: E-mails provided indicate SWCCCC/Hilltop is making attempts to enter into an MOU with Mercy Hospital. A copy of the proposed MOU was provided. The process is still on-going.

Subsection (d). Hilltop House has a Memorandum of Understanding (MOU) with Sexual Assault Service Organization (SASO), a rape crisis center in Durango, Colorado. The organization provides advocacy to victims of sexual assault as well as offers education and prevention programs. SASO can speak to survivors following a report of sexual abuse, or sexual harassment, confidentially in person or by phone. An advocate will also respond to the jail, accompany the survivor during the medical exam, if desired, provide immediate advocacy and support, inform the survivor of the right to have a victim advocate present during the medical forensic exam, investigative interviews and any possible court hearings, and also provide advocacy and crisis intervention to survivors via a hotline. This information is addressed in the MOU and was confirmed in an interview with the Director of SASO.

Subsection (e). The MOU with SASO states that a member of their organization will inform the survivor of the right to have a victim advocate present during the medical forensic exam, investigative interviews, and any possible court hearings. It also states that as requested by the survivor, an advocate from SASO will accompany and support the victim through the forensic medical examination process and investigatory interviews.

The MOU with the SASO also includes that it will provide emotional support, crisis intervention, information, and referrals free of charge to survivors of sexual abuse or sexual harassment. This information was also confirmed in an interview with the Director of SASO and as well as with the Director of Hilltop House.

Subsection (f). Hilltop House is not responsible for investigating allegations of sexual abuse. The agency has not requested that the investigating entity, Durango Police, follow the requirements of paragraphs (a) through (e) of this section.

The PRC PREA FAQ requires: Under standard 115.21, the agency (a private, federal, state, county, or other local entity) being audited must demonstrate to the auditor that it has attempted to gain compliance from an external entity that conducts criminal investigations of sexual abuse with requirements (a) through (e) of that standard—that is, the agency being audited must have requested that the external entity responsible for investigations comply with all those provisions described in (a) through (e) of standard 115.21.

Corrective Action

1. Hilltop House will need to request that the investigating agency, Durango Police and any other investigating agency who conducts sexual abuse or sexual harassment investigations, follow the requirements of paragraphs (a) – (e).
2. Provide written documentation of the date and method contacted/sent to a law enforcement agency that Hilltop House requested that the law enforcement agency complies with this standard, and their response, if any.

Action taken: E-mails provided indicate on 9/1/18 SWCCCC/Hilltop attempted to enter an agreement with the Durango Police Department to follow the requirements as noted above. Below is their response of 9/3/18:

Durango Police Department is accredited through Colorado Association of Chiefs of Police and we were just re-accredited for five years in November of 2017. The standards listed in the document you provided are part of our standards and part of Colorado's standard through either administrative and/or Colorado statutes and we have been and are in compliance.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Subsection (g). Not Applicable. The auditor is not required to audit this provision.

Subsection (h). Not Applicable. Hilltop House has an MOU with Sexual Assault Service Organization, a rape crisis center to provide survivors of sexual abuse or sexual harassment advocacy as well as accompany the resident during the medical forensic exam, investigative interviews or court hearings.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House ensures that an administrative and a criminal investigation is completed for all allegations of sexual abuse. Hilltop House also ensures that an administrative or criminal investigation is completed for allegations of sexual harassment. The Director stated that all reports of both sexual abuse and sexual harassment are referred to Durango Police for investigation.

Response to Sexual Assault/Misconduct (Investigation) Policy requires reports of sexual abuse to be investigated. Sexual Harassment Policy requires that any staff member who believes that he or she has been the subject of sexual harassment should report the alleged act immediately to their supervisor or Executive Director who shall make every effort to ensure that the complaint is resolved promptly and efficiently. The policy does not say it will be referred to Durango Police for investigation. The policy prohibits sexually harassing a client but does not state that residents can report or how to report sexual harassment.

Sexual harassment is included in the definition of sexual abuse in Response to Sexual Assault on a Client Policy. It is not identified separately in the policy.

Corrective Action

1. Update PREA Policy and Response to Sexual Assault/Misconduct (Investigation) Policy to state that all reports of sexual abuse and sexual harassment will be referred to the Durango Police Department. If the investigation determines that the allegations are not criminal, then Hilltop House Director or S.W.C.C.C. board chairman will conduct an administrative investigation. Explain the reasons different staff will conduct the investigation.
2. Update the Response to Sexual Assault on a Client Policy to identify sexual harassment as a separate definition from sexual abuse. Also, outline the procedures for how residents can report sexual harassment to ensure these reports are investigated.

Action taken: Policy was adjusted to reflect compliance with #1 & 2 above.

Subsection (b). Response to Sexual Assault/Misconduct (Investigation) Policy requires “all staff to immediately report any knowledge, suspicion, or information regarding sexual misconduct involving an inmate and/or any retaliation.” Cases involving sexual misconduct are to notify the Director or assistant director. Residents are to be separated. Allegations of sexual misconduct are not required to be referred to law enforcement. However, cases involving sexual abuse will be reported to law enforcement.

Under the investigation section, it states that “all reports of sexual misconduct must be considered credible and promptly investigated criminally and/or administratively. The policy then includes the duties of the investigator. The identity or agency of the investigator is not included.

The Sexual Harassment Policy states that any staff member who believes that he or she has been the subject of sexual harassment should report the alleged act immediately to their supervisor or executive director, who shall make every effort to ensure that the complaint is resolved promptly and efficiently.

During an interview with the Director, he stated that all allegations of sexual abuse and sexual harassment are referred to Durango Police for criminal investigation. If the report is not criminal, then he conducts an administrative investigation.

During an interview with the S.W.C.C.C.C. chairmen, he stated that allegations of sexual abuse and sexual harassment are referred to Durango Police for investigation.

Another requirement of (b) is that the agency shall publish the policy on its website or, if it does not have one, make the policy available through other means. The agency shall also document all such referrals. Hilltop House does not have a website.

Corrective Action:

1. Include in Response to Sexual Assault/Misconduct that “staff immediately report any knowledge, suspicion, or information regarding sexual assault, sexual abuse and sexual harassment involving a resident and/or any retaliation.”
2. Sexual abuse and sexual misconduct are both used in the policy. Identify which is the appropriate term to use throughout all policies and then update policy with consistent procedures, terms and include a definition.
3. Update policy to include Hilltop House reports of sexual abuse and sexual harassment will be referred to Durango Police for investigation. All referrals to law enforcement shall be documented. If it determined that the report is not criminal, then Hilltop House Director will conduct an administrative investigation, unless the allegation is against him. In that case, the S.W.C.C.C.C. chairman will conduct the administrative investigation.
4. Hilltop House does not have a website. Using the following FAQ as guidance, Hilltop House will need to make the information required in standard 115.222 (b) available to the public by other means that requires the public reasonable access to the information.
The PREA PRC FAQ states that “the PREA Standards require that the agency make all final PREA audit reports readily available to the public by other means (unless and until an agency website becomes operational).” For FAQ 115.45, it states, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.” The preamble of the PREA standards Notice of Final Rule states, “[t]he agency may, in its discretion, make such information [about third-party reporting] readily available through a website, posting at the facility, printed pamphlets, and other appropriate means.” See Vol. 77, *Federal Register*, No. 119, p. 37163. Generally, agencies are posting information about the third-party reporting process on their websites. This means that the public can reasonably access to the policy or information. The specific methods to know which law enforcement agency has the legal authority to conduct criminal investigations unless the allegations do not include potentially criminal behavior must be readily available and reasonably conspicuous to the public. Which means the policy or information must be readily available and reasonably conspicuous to the public.

Action taken: Policy was adjusted to reflect compliance with #1 through 3 above.

Hilltop House now has an accessible website, <HTTPS://hilltophousedurango.weebly.com>, and the above policy was placed on the website.

Subsection (c). A separate entity (Durango Police) is responsible for conducting criminal investigations at Hilltop House. The standard requires that if a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity. The facility does not have a website. Therefore, the law enforcement and the facility’s responsibilities for conducting criminal investigations for allegations of sexual abuse and sexual assault need to be outlined in policy and made available to the public through other means.

The PREA PRC states that “The requirements of standard 115.22 work in a way that is consistent with standard 115.21. If an external entity conducts criminal investigations of sexual abuse for the agency (a private, federal, state, county, or other local entity) being audited, the agency must have a policy in place that makes explicit both the responsibilities of the agency in a criminal investigation and the corresponding responsibilities of the external investigating entity. The agency being audited also must publish that policy on its website or make it available through other means if the agency has no website of its own. There is no exception here—the policy must be in place, as it is an agency policy, not the policy of the external investigator, and the agency can describe the respective roles and responsibilities in its own policy, regardless of whether the external investigating entity has a corresponding policy of its own. Auditors must confirm that a policy is in place that makes explicit both the responsibilities of the agency in a criminal investigation and the corresponding responsibilities of the external investigating entity, and that the agency has published that policy on its website or has made it available through other means if the agency has no website of its own.”

Corrective Action

1. Add the agency, Durango Police, who has the legal authority to conduct criminal investigations at Hilltop House into policy and make the policy readily available and reasonably conspicuous to the public through other means.

Auditor was initially not able to access the public policy on investigations on the website.

Action taken: Durango Police Department was added to policy as the investigative unit. The investigations policy was added to the Hilltop House website.

<HTTPS://hilltophousedurango.weebly.com>

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon:

Pre-Audit Questionnaire

Face Book - <http://www.facebook.com/hilltop.house5>

Response to Sexual Assault/Misconduct Policy

Sexual Harassment Policy

Hilltop House Facebook Page

Sexual Harassment Policy

Response to Sexual Assault/Misconduct (investigation) Policy

Interview with Director

Interview with S.W.C.C.C.C. Chairman

PRC FAQ

Subsection (d). Not Applicable. The auditor is not required to audit this provision.

Subsection (e). Not Applicable. The auditor is not required to audit this provision.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their

responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No

- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that

employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The PREA employee training lesson plan was reviewed. Hilltop House Hilltop House trains all their employees who may have contact with residents on the following:

Its zero-tolerance policy for sexual abuse and sexual harassment.

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures

Residents' right to be free from sexual abuse and sexual harassment, the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment are mentioned and the dynamics of sexual abuse and sexual harassment in confinement.

The common reactions of victims of sexual abuse and sexual harassment

How to detect and respond to signs of threatened and actual sexual abuse

How to avoid inappropriate relationships with residents

How to comply with relevant laws relevant laws related to mandatory reporting of sexual abuse to outside authorities is minimally discussed.

The training does not include how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender non-conforming residents.

In interviews with random staff, they confirmed that they had received training on all the required elements except how to communicate effectively and professionally with residents including lesbian, gay, bisexual, transgender, intersex or gender non-conforming residents.

A new staff who has contact with residents has not received PREA training.

The facility does not house juvenile residents therefore, the agency will not train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment or the dynamics of sexual abuse and sexual harassment in juvenile facilities.

Corrective Action

1. Require all staff who have contact with residents to take the NIC PREA Communicating Effectively and Professionally with LGBTI Offenders at <https://nic.learn.com/learncenter.asp?id=178416&page=1>
2. Provide verification that all staff have completed the training.
3. Require new staff person to obtain PREA training before having contact with residents.
4. Require all employees, volunteers or contractors are required to attend PREA training and successfully pass any tests prior to having contact with residents is important to have in agency policy. Add requirement to policy.

Action taken: Training certificates were provided indicating all staff completed the training as required in #1 above.

Policy was updated to require all newly hired staff persons complete training as required in #3 & 4 above. Policy states:

New staff will be required to successfully complete the Prison Rape Elimination Act Training (PREA) and successfully pass any tests prior to having contact with residents. This training is available at <https://nicic.gov/training> and is entitled: Your Role: Responding to Sexual Abuse.

Any Hilltop House employees who may have contact with residents shall be trained on the following elements of the Prison Rape Elimination Act, standard 115.231.

- (1) Hilltop House zero-tolerance policy for sexual abuse and sexual harassment;
- (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment Prevention, detection, reporting, and response policies and procedures;
- (3) Residents' right to be free from sexual abuse and sexual harassment;
- (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (5) The dynamics of sexual abuse and sexual harassment in confinement;
- (6) The common reactions of sexual abuse and sexual harassment victims;
- (7) How to detect and respond to signs of threatened and actual sexual abuse;
- (8) How to avoid inappropriate relationships with residents;
- (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
- (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

Subsection (b). Hilltop House has both male and female residents. The training is not specifically tailored towards one gender.

There is only one facility. Employees only receive one training as they are required to work with both male and female residents.

Subsection (c). All but one new employee who may have contact with residents has completed the employee PREA training. The employee training certificates were reviewed. Random staff were asked about the training they received during interviews. Staff confirmed that they had received PREA training.

Refresher training for employees is the same training each year. According to Hilltop House Director, employees are provided with PREA: staff roles and responsibilities under the prison rape elimination act training annually. It was verified through certification that 21 employees received the training in 2017-2018.

Additional information on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities for Hilltop House would be beneficial to Hilltop House employees.

Information such as Colorado Revised Statute (C.R.S.) 18-7-701 Sexual Conduct in a Correctional Institution and At Risk Adults C.R.S. 18-6.5-108. <https://www.coloradoaps.com/about-mandatory-reporting.html>.

Additionally, the National Institute of Corrections (NIC) also offers PREA training specifically for community correction facilities. It is titled, PREA for community confinement facilities.

Employees, volunteers or contractors are required to attend PREA training and successfully pass any tests prior to having contact with residents needs to be added to policy since not all staff have received PREA training.

Corrective Action

1. Require all new employee to attend PREA training and provide verification that the employee received and successfully passed the training.
2. Add to policy the requirement in 115.231 (a) that the agency shall train all employees who may have contact with residents on elements (1) – (10).

Action taken: See above actions taken.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Subsection (d). Hilltop House requires employees to complete an on-line PREA training. Users must complete the final exam which includes questions from the training they received.

The training electronically verifies that employees understand the training they have received by successfully passing a final exam about the material they received in the training.

Evidence Relied Upon

Pre-audit Questionnaire

PREA Employee Training Curriculum

Employee’s certification of attending PREA: staff roles and responsibilities under the prison rape elimination act

Interviews with random staff

Interview with director

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency’s sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). According to the Pre-audit Questionnaire and the Director, Hilltop House does not have any contractors or currently have any volunteers. There were two volunteers but they are no longer volunteering at Hilltop House.

Hilltop House provides volunteers who have contact with residents, the PREA training residents receive. The last two volunteer acknowledgement forms and volunteer applications were reviewed.

Volunteers are required to watch the video that residents see and sign the same acknowledgement form that residents sign. The acknowledgement form states that they are aware of Hilltop House's zero-tolerance policy for sexual assault/abuse, sexual harassment, and sexual misconduct. The video includes information on prevention, detection and response policies and procedures for sexual abuse and sexual harassment. However, the information does not require volunteers to report sexual abuse or sexual harassment.

Watching the resident PREA video is helpful, but volunteers are responsible to report sexual harassment and sexual abuse and they need to understand their requirements and responsibilities. By receiving the employee PREA training it will train them on how to report any knowledge or suspicions that a resident is being sexually abused or sexually harassed. Also, they need to understand that sexual abuse and sexual harassment of a resident is prohibited.

Corrective Action

1. Update volunteer training to include information that includes notification of Hilltop Houses zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents. The level and type of training provided to volunteers needs to be based on the services they provide and level of contact they have with residents.
2. Provide volunteer training for review. There can be different volunteer training. The type of training will depend upon the level of contact the volunteer will have with the residents.

When on site, there was an AA meeting and this auditor interviewed the individual conducting the meeting. During the interview, it was learned that this was his first visit to the facility to conduct an AA meeting. He stated that he would be back to conduct another AA meeting at the facility. During the interview, he stated that he had not received PREA training or filled out a volunteer application. According to the PREA standards, he does not meet the definition of a volunteer. A volunteer is an individual who donates time and effort on a recurring basis to enhance the activities and programs of the agency. Additionally, the Director said he was not a volunteer. The meeting was being held at Hilltop House instead of in the community and the director has not decided if further AA meetings will be authorized at the facility. If the meetings continue to be held at Hilltop House, and he or any other members return to the facility, they need to receive PREA training.

For best practice, when visitors enter the facility before having contact with the residents, they need to sign in and receive information about the agency's zero-tolerance policy and how to report sexual abuse and sexual harassment. Recommend a sign that visitors can see when entering the facility.

Additionally, the Use of Volunteer Policy requires that background checks must be completed on all potential volunteers. If the AA volunteers continue to be held at Hilltop House, the policy needs to be followed.

For best practice, it is recommended that the facility do the following:

1. Require all visitors to sign in and have information about the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents on the sign in log.
2. Update PREA acknowledgement form to include volunteers and ensure that the information includes notification of Hilltop Houses zero-tolerance policy regarding sexual abuse and sexual harassment and how to report such incidents.

Action taken: Use of Volunteers Policy has been updated to state:

All volunteers will be required to successfully complete the Prison Rape Elimination Act Training (PREA) and successfully pass any tests prior to having contact with residents. This training is available at <https://nicic.gov/training> and is entitled: Your Role: Responding to Sexual Abuse.

The "Sexual Abuse & Harassment" acknowledgement form, which includes reporting methods and acknowledgement of understanding the training required, has been updated to include employees, contactors & volunteers.

Subsection (b). Hilltop House volunteers have been notified of the facility's zero-tolerance policy regarding sexual abuse and sexual harassment. There is information in the video on how residents can report and on the acknowledgement form, but the form states "if you are a victim".

Since the volunteers are responsible to report sexual harassment and sexual abuse they should also receive PREA training that staff members receive. As a volunteer, they need to receive information that they are required to report any knowledge or suspicions that a resident is being sexually abused or sexually harassed. Also, that sexual abuse and sexual harassment are prohibited and they could be criminally charged.

Require all volunteers who have contact with residents to be notified of Hilltop House's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The level and type of training provided to volunteers needs to be based on the services they provide and level of contact they have with residents.

According to the Pre-audit Questionnaire and the Hilltop House Director, Hilltop House does not have any contractors.

Subsection (c). The volunteers sign an acknowledgement form and it is maintained, but it does not state that they understand the training they have received nor is there a method to demonstrate that they understood their responsibilities

Corrective Action

1. Update volunteer acknowledgement form to include that they understand the training they received.

Action taken: The "Sexual Abuse & Harassment" acknowledgement form, which includes reporting methods and acknowledgement of understanding the training required, has been updated to include employees, contactors & volunteers.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Evidence Relied Upon

Pre-audit Questionnaire

Two volunteer forms

Two volunteer applications

PREA resident video

Interview with AA member

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions?

Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). During intake residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment. How to report incidents or suspicions of sexual abuse or sexual harassment. Their rights to be free from sexual abuse and sexual harassment. Their rights to be free from retaliation for reporting such incidents. The facility's policies and procedures for responding to sexual abuse and sexual harassment.

The resident education is not available in formats for residents who are limited English proficient (LEP) other than Spanish, or for residents who are deaf, visually impaired, disabled or have limited reading skills. The director and case managers stated that there has not been a LEP resident or a resident who is deaf, visually impaired, disabled or has limited reading skills.

Upon intake into Hilltop House, residents are shown a PREA video and provided a six-page PREA offender orientation, sexual abuse awareness pamphlet, myths and realities sexual violence in detention document and required to sign a document acknowledging they have received this information. The PREA acknowledgement form that residents are required to sign advised them that the facility has a zero tolerance for any sexual assault/abuse, harassment or misconduct and provides ways to report sexual abuse and harassment. The form requires residents to report sexual misconduct, or sexual assault and sexual misconduct. Sexual abuse and sexual harassment are not included.

Additionally, the reporting information provided on the form is different than what is provided in the PREA video. Also, a PREA Resource Guide is mentioned in the PREA video as being available to residents but was not available at Hilltop House.

Corrective Action

1. Add sexual abuse and sexual harassment to the PREA acknowledgement form
2. Provide verification that PREA education can be provided to residents who are limited English proficient, deaf, visually impaired, disabled or have limited reading skills.

Action taken: Inmate intake and acknowledgement form was updated to include sexual abuse and sexual harassment and provided in English and Spanish. PREA intake form for low vision persons was provided. PREA posters in Spanish were provided.

Interpreter/Translator policy was updated to include:

Hilltop House will take reasonable steps to ensure access to all aspects of the programs (intake, orientation, screening/reassessment etc.) effort to prevent, detect and respond to sexual abuse

and sexual harassment to residents that are Limited English Proficiency (LEP) or who are, deaf, hard of hearing, blind, low vision, intellectually, psychiatrically or speech disabled to have meaningful access and an equal opportunity to participate in the program.

Language assistance will be provided through use of competent bilingual staff, interpreters or arrangements with local or telephonic organizations who can interpret effectively, accurately and impartially both receptively and expressively using any specialized vocabulary.

Hilltop House will promptly identify the language and communication needs of the LEP person.

If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov). In instances where a client has limited reading skills an interpreter may not be needed and staff /case management will read the information to the client.

This policy includes address and phone numbers for "Tele-language, Inc. and includes video services for sign language if needed. Also provided is the signed agreement with Tele-language Services and instructions for use.

Subsection (b). Hilltop House is a single facility. There are no other facility's associated with it where a resident would be transferred from. However, all residents who are transferred from another community confinement facility, jail, and prison or sentenced from the court are required to receive PREA orientation upon intake.

Subsection (c). Hilltop House has the PREA video in English and Spanish. The PREA forms and orientation packet are not in Spanish. Hilltop House has two staff who can interpret the PREA education documents in Spanish.

Hilltop House does not provide resident education in formats accessible to all residents who have limited reading skills or are visually impaired. Hilltop House Director said that they can provide PREA education in some format such as having a case manager read the information or enlarge the print of the documents provided to residents. However, the documents are not readily available and there isn't a policy or procedure requiring it.

Hilltop House does not provide resident education in formats accessible to all residents who are deaf or otherwise disabled.

Corrective Action

1. Hilltop House has the ability to provide PREA resident education video in English and Spanish. Provide the PREA resident education documents in Spanish too.
2. Have access to an individual or company that can interpret the PREA resident education (video, forms, and handouts) into other languages for residents who are limited English proficient or in a format accessible to residents who are deaf, visually impaired, disabled or have limited reading skills.
 - a. Provide a contract or MOU with an individual or company and process to provide PREA resident education in the same language as the resident who is limited English proficient so that the resident can understand the education they received.
 - b. Provide a contract or MOU with an individual or company and process to provide PREA resident education in a format accessible to residents who are deaf, visually impaired, disabled or have limited reading skills.
3. Provide PREA education documents in large print for residents with low vision and process to require case managers to read the information if needed.
6. Add to Policy a requirement for intake staff to ask if PREA education needs to be provided in another format and then document when and what format the PREA education was provided in.
7. Post PREA posters in Spanish in the facility and administration building.

Action taken: Inmate intake and acknowledgement form was updated to include sexual abuse and sexual harassment and provided in English and Spanish. PREA intake form for low vision

persons was provided. PREA posters in Spanish were provided.

Interpreter/Translator policy was updated to include:

Hilltop House will take reasonable steps to ensure access to all aspects of the programs (intake, orientation, screening/reassessment etc.) effort to prevent, detect and respond to sexual abuse and sexual harassment to residents that are Limited English Proficiency (LEP) or who are, deaf, hard of hearing, blind, low vision, intellectually, psychiatrically or speech disabled to have meaningful access and an equal opportunity to participate in the program.

Language assistance will be provided through use of competent bilingual staff, interpreters or arrangements with local or telephonic organizations who can interpret effectively, accurately and impartially both receptively and expressively using any specialized vocabulary.

Hilltop House will promptly identify the language and communication needs of the LEP person. If necessary, staff will use a language identification card (or "I speak cards," available online at www.lep.gov). In instances where a client has limited reading skills an interpreter may not be needed, and staff /case management will read the information to the client.

This policy includes address and phone numbers for "Tele-language, Inc. and includes video services for sign language if needed.

Also provided is the signed agreement with Tele-language Services and instructions for use.

Above listed documents were provided and placed with supporting documentation.

Based on the above "actions taken" the facility now meets this standard.

Subsection (d). Hilltop House maintains documentation that a resident participated in the PREA orientation. Residents are shown a PREA video and provided a six (6) page PREA offender orientation, sexual abuse awareness pamphlet, myths and realities sexual violence in detention document and sign a document acknowledging they have received this information as well as being aware that Hilltop House has a zero tolerance for any sexual assault/abuse, harassment or misconduct and ways to report.

While on-site, the auditor randomly reviewed resident files and reviewed documentation that residents had received PREA resident education.

During interviews with residents, they also confirmed that they had received PREA education. They frequently stated that they had seen the PREA video.

Subsection (e). Residents are given a six (6) page PREA offender orientation, sexual abuse awareness pamphlet, myths and realities sexual violence in detention document that they keep.

In addition posters with the PREA hotline are posted throughout the facility and in the administration building.

Evidence Relied Upon:

Pre-audit Questionnaire

Sexual Assault/Abuse/Misconduct Form residents sign

PREA Offender Orientation Form

Sexual Abuse Awareness for the Offender Brochure

End the Silence Brochure

Myths and Realities Sexual Violence in Detention

PREA Offender Orientation (Ways to report sexual assault/Helpers in Durango)

PREA resident video

Interviews with residents

Posters in the facility

Standard 115.234: Specialized training: Investigations All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).]
 Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House contacts Durango Police to investigate all reports of sexual abuse or sexual harassment. If it determined not to be criminal, then the Hilltop House Director conducts an administrative investigation. The Hilltop House Director has received both PREA: staff roles and responsibilities under PREA training and PREA investigative protocols.

Copies of both training certifications were reviewed. Additionally, the Hilltop House director was interviewed, he confirmed that he does not conduct sexual abuse investigations. Both sexual abuse and sexual harassment reports are referred to the Durango Police for investigation. If it is determined that the allegation was not criminal, then he will conduct an administrative investigation.

Subsection (b). The investigator specialized training curriculum was reviewed. It includes techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

It includes all the elements in the standard.

Subsection (c). Hilltop House maintains documentation that investigators have completed the required specialized training in conducting sexual abuse investigations. Certification that the Director completed PREA investigation procedures training.

Additionally, during interviews the director affirmed that he had taken the investigator training.

Subsection (d). Not Applicable. The auditor is not required to audit this provision.

Evidence Relied Upon
Pre-audit Questionnaire
PREA investigator training
PREA investigator procedures training record for Director
Interview with Director

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No Not Applicable
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No Not Applicable
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No Not Applicable

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No Not Applicable

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere?
 Yes No Not Applicable

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No Not Applicable
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)
- Not Applicable**

Instructions for Overall Compliance Determination Narrative

Subsection (a). This standard is Not Applicable. Hilltop House does not have full or part-time medical or mental health care practitioners who work in its facility. Residents have to obtain medical or mental health care in the community. Therefore, no medical and mental health care practitioners would be trained in: How to preserve physical evidence of sexual abuse. How to respond effectively and professionally to victims of sexual abuse and sexual harassment. Or how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Subsection (b). This standard is Not Applicable. Hilltop House does not have medical staff at the facility. Forensic medical exams are conducted at Mercy Regional Medical Center by a SANE.

Subsection (c). This standard is Not Applicable. Hilltop House does not have medical staff at the facility. Medical and forensic medical exams are conducted at a local hospital, Mercy Regional Medical Center.

Subsection (d). This standard is Not Applicable. Hilltop House does not employ medical or mental health practitioners so the requirement for these staff to receive specialized training is not applicable. Additionally, Hilltop house does not contract medical and mental health care practitioners. Hilltop House does not have any volunteers who are medical or mental health care practitioners or who provide medical or mental health services to victims of sexual abuse.

Evidence Relied Upon
Pre-Audit Questionnaire
Interview with Director

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?

Yes No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No

- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The PREA Victim/Predator Screen Policy requires all residents to be assessed within 72 hours of their initial intake into the facility. The Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment requires residents to be screened to determine their risk of being sexually abused and sexually abusive. Several random resident assessments on each case manager's caseload were reviewed. All were screened for their risk of being sexually abused or sexually abusive toward other residents within 72 hours of intake.

There is only one facility. Residents are assessed for being sexually abusive or for being sexually abused upon transfer from another facility into Hilltop House within 72 hours of arrival.

Interviews with intake staff confirmed that they conduct the assessment for risk of being sexually abused or sexually abusive within 72 hours of the resident's arrival to the facility.

Subsection (b). Intake screening for risk of being sexually abused by other residents or sexually abusive toward other residents ordinarily take place within 72 hours of arrival at the facility. PREA Victim/Predator Screen Policy requires all residents to be assessed within 72 hours of their initial intake into the facility. The assessment requires screening to determine their risk of being sexually abused and sexually abusive.

In interviews with staff and residents, it was confirmed that a screening is conducted within 72 hours of arrival at the facility.

Additionally, several random resident assessments on each case manager's caseload were reviewed. All were screened for their risk of being sexually abused or sexually abusive toward other residents within 72 hours of intake.

Subsection (c). PREA screening assessments are conducted using an objective screening instrument which includes all the requirements in 115.241 (d). The form was developed by the Colorado Department of Public Safety Division of Criminal Justice (DCJ).

Subsection (d). The Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment screens for risk of sexual victim vulnerability/abusiveness includes the requirements in 115.241 (d) which includes the following: Whether the resident has a mental, physical, or developmental disability, age of the resident, the physical build of the resident, whether the resident has previously been incarcerated, whether the resident's criminal history is exclusively nonviolent, whether the resident has a sex offense conviction, whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, history of sexual victimization, and if the residents feels vulnerable to victimization.

DCJ updated the Screening for Risk of Sexual Victim Vulnerability/Abusiveness (Diversion and DOC) in 2016. Hilltop House Director required the case managers to start using the updated screening tool.

Subsection (e). In assessing residents for risk of being sexually abusive, the Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment considers when known to the agency, history of sexual abusiveness in the community, history of violent convictions in the community and history of institutional violence or sexual abuse.

Subsection (f). PREA Victim/Predator Screening Policy requires that a re-assessment shall be conducted within 30 days after the client's arrival at the facility (based on any additional, relevant information received since intake). The re-assessment considers the resident's risk of victimization and abusiveness based upon additional, relevant information. Samples were reviewed. Out of nine random samples, five were not done with the required 30-day timeframe. They were generally a couple of days late.

The intake staff who screen residents were interviewed about the process stated that they bring in the resident and go over the questions with the resident.

Corrective Action

1. Hilltop House will provide a list of all new residents who entered the facility within the past 90 days. The auditor will randomly select a few names for the facility to provide the Screening for Risk of Sexual Victim Vulnerability/Abusiveness (Diversion and DOC) assessments to determine if they were completed within the required 30-day timeframe.

Action taken: The above was accomplished. Original auditor was provided with a list of resident names. Select names were noted for the facility to provide both the 72 hour and the 30 day assessments. Most were accomplished within the 30 days, some were over by one to three days. Through a follow up by the auditor, additional 72 hour assessments and 30 day re-assessments were provided and reviewed, all within time frame compliance.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Subsection (g). Hilltop House exceeds this standard. The PREA Victim/Predator Screening Policy requires that a resident is re-assessed when warranted, requested or additional information is received

or in the event, a client receives a sexually based disciplinary sanction or Code of Penal Discipline violation or has engaged in any type of prohibited sexual behavior. In addition, the policy requires that residents are re-assessment annually for every offender: bi-annually if the offender is transgender or intersex or on any existing resident before their due date if they self-report:

1. Sexual victimization in the community.
2. Fear of being sexually assaulted
3. Identifying as gay, lesbian or bi-sexual
4. Identifying as transgender or gender non-conforming or intersex

The auditor sat in on an annual reassessment and verified that the required questions were asked.

Subsection (h). PREA Victim/Predator Screening Policy states that “clients shall not face disciplinary action for refusing to answer, or for not disclosing complete information related to questions asked throughout the victim/predator screening assessment.

Subsection (i). The DCJ Screening for Risk of Sexual Victim Vulnerability/Abusiveness form states that the “risk factor information has been forwarded to staff responsible for room, work, education, and programming assignments, with the goal of keeping offenders that are at high risk for being victimized separate from offenders that are at a higher risk for being sexually abusive.” In addition, PREA Victim/Predator Screening Policy states that copies of completed assessment and reassessment shall be forwarded to the correctional supervisor for determining room assignments. The assessments are kept in the resident’s file in each of the case manager’s offices. A copy of all the assessments are kept in a notebook by the correctional supervisor. He is the only one who has access to the notebook. Hilltop House has implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents.

Evidence relied upon

Pre-audit Questionnaire

PREA Victim/Predator Screening Policy

DCJ Screening for Risk of Sexual Victim Vulnerability/Abusiveness 2015 form

DCJ Screening for Risk of Sexual Victim Vulnerability/Abusiveness (Diversion and DOC) assessment 2016 form

Interviews with staff

Random review of 72 hour, 30 day, and 1 year assessments

Auditor sat in on an annual re-assessment

Case Manager Files

Correctional Officer Screening for Risk of Sexual Victim Vulnerability/Abusiveness Notebook

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of

keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a

consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The DCJ Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment has a statement on the form, “risk factor information has been forwarded to staff responsible for room, work, education, and programming assignments, with the goal of keeping offenders that are at high risk for being victimized separate from offenders that are at a higher risk for being sexually abusive to the degree possible.”

Client Room Assignments Policy requires that “clients with elevated factors for being sexually vulnerable shall not be placed in a room with a client(s) who score as having increased sexually aggressive/predatory behaviors.

Additionally, the corrections supervisor is responsible for reviewing the assessment levels and use it when determining room and bed assignments.

The form and assessments used were reviewed. Non-residential clients are also assessed and considered when returning to the facility for programs such as urinalysis.

Hilltop House uses the information from the risk screening with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments, Bed assignments and: Program Assignments.

Subsection (b). Client Room Assignment Policy requires that room assignments shall not be considered prior to completion of the DCJ Screening for Risk of Sexual Victim Vulnerability/Abusiveness Assessment. Clients with elevated factors for being sexually vulnerable shall not be placed in a room with clients who score as having increased sexual aggressive/predatory behaviors.

The corrections supervisor keeps a list of residents and their levels in a notebook. Staff interviewed stated that clients are assessed individually and the information used for the placement and treatment of each individual. This is done with the goal of keeping the resident safe from being sexually abused.

Subsection (c). Client Room Assignments Policy states that “room assignments will be made on a case-by-case basis regarding the placement of transgendered client into a male or female designated room. A transgender or intersex client’s views shall be given consideration when considering room assignments.”

During an interview with the Director, he stated that transgender or intersex resident’s placement would be made on a case-by-case basis.

Hilltop House does not have programs at the facility.

Not all of the standard is in policy. “The agency shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety and whether the placement would present management or security problems” is not in policy.

Recommend

To ensure that this transgender or intersex residents placements are made on a case-by-case basis, the elements of 15.242 (c) need to be added to a policy. Add “the agency shall consider on a case-by-case basis whether a placement would ensure the resident’s health and safety and whether the placement would present management or security problems” to the Client Room Assignments Policy.

Subsection (d). Client Room Assignments Policy states, “A transgender and intersex client’s views shall be given consideration when considering room assignments.”

In interviews with the Director, he said that a transgender and intersex client’s views would be given consideration when making room assignments.

Interviews with staff responsible for risk screening said that transgender and intersex resident’s views would be given serious consideration when making rooms assignments.

Recommend

Add the entire standard to policy. Put the entire standard 115.242 (d) in Client Room Assignment Policy. A transgender or intersex resident’s own views with respect to his or her own safety shall be given serious consideration when making facility and housing placement decisions and programming assignments.

Subsection (e). Client Room Assignments Policy states that transgender and intersex clients my shower separately from other clients this shall be a consideration when determining bathroom adjacent room assignments.

The Director said that transgender and intersex residents would be given the opportunity to shower separately from other residents and identified the shower that could be used for that purpose.

Subsection (f). This standard is not in policy. However, the Director said that they do not have a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents. He said that the facility would not place lesbian, gay, and bisexual residents in dedicated units solely on the basis of such identification or status.

Action taken: Operational procedure “Client Room Assignments” was updated with the following: Room assignments shall be considered on a case-by-case basis regarding the placement of transgendered client into a male or female designated room. A transgender or intersex client’s own views shall be given serious consideration when considering room assignments. Case-by case consideration shall also be considered as to whether a room placement would ensure the residents

health and safety and whether the placement would present a management or security problem.

Above listed documents were provided and placed with supporting documentation.
Based on the above “actions taken” the facility now meets this standard.

Evidence relied upon
Client Room Assignment Policy
Interviews with Director
Interviews with staff responsible for risk screening

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No
- Does that private entity or office allow the resident to remain anonymous upon request? Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House provides multiple internal ways for residents to privately report sexual abuse and sexual harassment. The PREA offender orientation includes a video, acknowledgement form with ways to report, and on the sexual abuse awareness for the offender brochure, The End the Silence Brochure and the myths and realities sexual violence in detention information also include ways for residents to report sexual abuse and sexual harassment.

The ways residents can report internally are: Calling the Director at 970-247-1342 x 13, sending a message in an envelope, speaking to a case manager or treatment provider.

There are no internal treatment providers to report sexual abuse or sexual harassment. In an interview with the Director, he said that the thought residents could report to treatment providers in the community. However, there isn't a memorandum of understandings with any individuals or company to accept reports from residents at Hilltop House. The director said he is going to remove the treatment provider from internal options for ways residents can report sexual abuse and sexual harassment.

Residents can call external agencies also. They can call the SASO hotline 970-247-5400, DOC tips line 877-362-8477, or rape crisis hotline, 800-809-2344.

According to the Sexual Abuse Awareness for the Offender brochure, Hilltop House provides one method for reporting retaliation which is to report in writing to the Chairman of Southwest Colorado Community Corrections Center, Inc. Board of Directors at 1050 Avenida Del Sol, Durango, CO 81303. The brochure provides a method to report retaliation. It does not specifically state retaliation by other residents or staff for reporting sexual abuse.

The PREA resident video provides methods to report sexual assault, sexual abuse, sexual harassment and sexual misconduct. The options it tells residents are:

1. Tell a staff member you trust
2. Write to the Program Director
3. Call the Tips line at 877-362-8477
4. Speak to medical or mental health
5. Contact law enforcement.

The video informs residents that they can report retaliation by other residents or staff for reporting sexual abuse and sexual harassment.

The video also references the Facts You Should Know brochure and Resource Guide. Currently, the Facts You Should Know brochure and Resource Guide are not available to residents. Also, the Resource Guide provides residents with information on how to report sexual assault, sexual abuse, sexual harassment and sexual misconduct. There are additional options for residents to report in the Resource Guide as well as a way for residents to report anonymously, but it is for the Colorado Department of Corrections (DOC).

The Facts You Should Know brochure can be found at <https://drive.google.com/file/d/1QA0CfRSRXJP03RNYjEh5D5vZdC7O761N/view>

It needs to be updated with Hilltop House information.

Another brochure provided to residents is the Sexual Abuse Awareness for the Offender: It provides other ways to report sexual abuse and retaliation which are: Reporting to a probation officer, local law enforcement, program director, program case manager or DOC parole officer.

The brochures and PREA education material do not inform residents of ways for them to privately report staff neglect or violation of responsibilities that may have contributed to such incident. It is recommended that it be added to the brochures, "How to Report" section in the Resource Guide and to the PREA acknowledgement form.

Hilltop House provides many reporting options. However, they need to be consistent and also inform residents of all the reasons and way to report sexual abuse, sexual harassment, retaliation by other residents or staff for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents.

Almost all random staff responded that residents can use the hotline number in the units as how residents could report sexual abuse or sexual harassment. They also said that residents could report to a case manager, the director and call SASO. Two staff said residents could write a note and one said filing a grievance as other options for residents to report sexual abuse and sexual harassment.

All random clients knew of the PREA hotline or 1-800 number for reporting. Most added reporting to staff, specifically the case managers or the director. A couple residents mention local law enforcement and SASO. One added by sending a note. None mentioned reporting by using a grievance.

Corrective Action

1. Add on the PREA acknowledgement form that residents are informed that they can privately report sexual assault, sexual abuse, and sexual harassment or sexual misconduct, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
2. Update the Resource Guide with Hilltop House information and make it available to residents
3. Update the Facts You Should Know Brochure with Hilltop House information and make it available to residents
4. Provide consistent reporting option in all the brochures, Resource Guide, PREA acknowledgement form and in policy.
5. Remove treatment provider from the options
6. Identify if SASO and the rape crisis hotline are reporting options or ways for residents to call for emotional support, victim advocacy or rape crisis counseling.

Action taken: The PREA Acknowledgement form was updated to include #1 above.

Per the director, the PREA Resource Guide is now available in the library.

The brochure, Facts You Should Know, was updated with Hilltop House information and is now available to residents. It includes numerous methods of reporting and treatment/counseling availability.

PREA Rulebook, provided to all residents confirms privacy and reporting at no cost to the resident and reporting to an agency not associated with Hilltop House (Durango Police and DOC tips line).

All forms of notification or reporting methods are now consistent.

The term "treatment provider" was removed from reporting options.

SASO is identified as providing advocacy to victims, not a reporting method.

Subsection (b). Hilltop House said that residents are informed that they could make reports to SASO which is a private entity that is not part of the agency. However, in an interview with the SASO director,

it was learned that their services to residents are confidential and that their MOU with Hilltop House does not include accepting reports of sexual abuse and sexual harassment and reporting that information back to Hilltop House. She said they would encourage the resident to report it. She was going to talk with the director of Hilltop House about only providing advocacy, support, and crisis intervention services and not also being a reporting option for residents at Hilltop House.

Residents can report sexual abuse or sexual harassment to the DOC TIPS line at 877-362-8477. The information is provided in the PREA education video and on the sexual assault/abuse, sexual harassment and sexual misconduct reporting poster as an option to report. The Colorado Department of Corrections (DOC) Inspector General Office (IG Office) is able to receive and forward resident reports of sexual abuse and sexual harassment to Hilltop House.

There is not an agreement that the agency will accept anonymous reports or immediately notify Hilltop House of the reports. DOC is not part of the agency, but many of the residents are from DOC and can be regressed back to DOC. Therefore to provide all the residents will at least one way to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and who is able to receive and immediately forward reports allowing the resident to remain anonymous upon request, Hilltop House director contacted an external agency that is not connected with DOC or any oversight agency. He is working on a way to allow inmates to complete a form and mail it to the external reporting agency. The external agency will accept anonymous reports, which mean to conceal the identity of the reporting resident from Hilltop House if the resident requests anonymity.

While on site, there were posters by the resident phones and throughout the facility with numbers to call to report sexual abuse. The auditors attempted to call the two available reporting numbers. One was to the DOC Tips line at 877-362-8477 this number could not be called even though it was a toll-free number its access was restricted. The other number was to SASO 970-247-5400. It could not be called without paying. Residents are required to use a pay phone and pay for all calls.

All randomly selected residents knew of the PREA hotline or 1-877-362-8477 for reporting sexual abuse and sexual harassment. Most residents said that they would report to staff, a case manager, and many added the director. One client said local law enforcement and two said SASO. One resident said send a note. None of the residents mentioned filing a grievance. Several stated they did not know they could report anonymously.

On June 28, 2018, the auditors called the DOC Tips line from an office phone and left a message asking for a return call. An employee for the DOC IG Office returned the call on June 29, 2018, and said that they accept calls from Hilltop House and would report all calls to the facility as well as cooperate with local law enforcement.

Corrective Action

1. Allow residents to have access to call the DOC TIPS line 877-362-8477 and SASO 970-247-5400 and that these numbers are free for them to call.

Provide verification that residents can call these numbers free of cost

2. Provide at least one way to report sexual abuse and sexual harassment to a public or private entity or office that is not part of the agency and that is able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials allowing the resident to remain anonymous upon request.

3. Provide information in the client handbook and PREA acknowledgement form of the option for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency and will receive and immediately forward their reports to Hilltop House and that they can remain anonymous upon request.

Action taken: The PREA Acknowledgement form was updated to include #1 above. Per the director, the PREA Resource Guide is now available in the library. The brochure, Facts You Should Know, was updated with Hilltop House information and is now available to residents. It includes numerous methods of reporting and treatment/counseling availability. PREA Rulebook, provided to all residents confirms privacy and reporting at no cost to the resident and reporting to an agency not associated with Hilltop House (Durango Police and DOC tips line. All forms of notification or reporting methods are now consistent. The term "treatment provider" was removed from reporting options. SASO is identified as providing advocacy to victims, not a reporting method.

Verification of Corrective Action

1. On July 18, 2018, Hilltop House director sent an email that the DOC TIPStline and SASO hotline were programmed into the payphones as a free call.

Subsection ©. According to Response to Sexual Assault on a Client Policy, if staff receive a report of sexual abuse or possible sexual abuse, whether verbally or in writing, must immediately notify the proper authorities. Recommend that Hilltop House change proper authorities to Durango Police so that it is clear to staff who they need to contact.

Sexual harassment, anonymous and third-party reports are not specifically mentioned in Response to Sexual Abuse on a Client Policy. However, under Reporting of sexual abuse section 2, it requires that any client or person advocating on behalf of a client may report an act or threat of sexual abuse to any Hilltop House staff, SASO hotline or any law enforcement agency.

Most staff stated they knew clients could report verbally, in writing and anonymously. Most did not know about third-party reporting. All stated they would document the report and would do so immediately.

Clients were split on this as well with about half stating they could report verbally or in writing and remain anonymous. No clients knew about third-party reporting.

Corrective Action

1. Add to policy that staff members accept reports of sexual assault, sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties and that staff members promptly document any verbal reports of sexual abuse and sexual harassment.
2. Provide verification that staff were trained on the requirements of this standard.

Action taken: PREA Policy was updated to state:

Staff members will accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The staff member receiving the report shall promptly document any verbal reports of sexual abuse and sexual harassment and follow policy for reporting. Per the Director training was provided to all staff covering all aspects of the above corrective action. Training roster provided.

Subsection (d). Hilltop House does not provide a method for staff to privately report sexual abuse and sexual harassment of residents. There wasn't anything in policy or in the Employee Handbook notifying staff how to privately report sexual abuse and sexual harassment. However, many staff stated they could report via the phone line and/or to supervisors. Several stated they would report directly to the director. Two mentioned local law enforcement and two mentioned SASO.

Corrective Action

1. Identify a method for how staff are to privately report sexual abuse and sexual harassment of

residents.

2. If SASO is not going to be able to make a report on behalf of residents or staff, update polices Employee Handbook and any other information given to staff.

3. Make written document available to staff on the method they can privately report sexual abuse and sexual harassment of residents.

Action taken: PREA Policy and staff acknowledgement form updated to provide staff the ability to privately report abuse of harassment.

All documents were updated to show SASO as not a reporting method, but advocacy agency.

Above listed documents were provided and placed with supporting documentation.

Based on the above "actions taken" the facility now meets this standard.

Evidence relied upon

Response to sexual assault on a client (PREA) Policy

Response to sexual assault/misconduct (Investigation) Policy

Interviews with staff

Interview with SASO director

PREA offender orientation

Sexual abuse awareness for the offender brochure

Sexual Assault/Abuse/Misconduct Acknowledgement form

End the silence brochure

Myths and realities sexual violence in detention

Interviews with residents

PREA offender orientation

PREA resident education video

Interviews with residents

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency

is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from

this standard.) Yes No NA

- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
 Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
 Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House has an administrative procedure to address resident grievances regarding sexual abuse.

Subsection (b). Client Grievance Policy under Procedures under Formal Resolutions section, requires that "no time limits are imposed when a client submits a grievance regarding an allegation of sexual abuse." Additionally, Client grievance Policy under Procedures 1. Information Resolution states, "Informal resolutions will not be attempted to resolve any allegation of sexual abuse."

The Grievance Form directions require the form be used to pursue resolution of any matter a resident

has not successfully addressed informally through their case manager. It states that it is mandatory to speak to a case manager before filing a written grievance. There is also another section that requires the resident to describe their efforts to informally resolve the complaint.

The Client Handbook Grievance Procedures states the steps for filing grievances are:

1. Informal report filed with a case manager
2. Formal written report filed with Director (place in grievance box)
3. Formal report filed with the Hilltop House Board of Directors filed via US mail.

Residents are not informed how to file a grievance regarding sexual abuse in the Client Handbook.

Corrective Action

1. Add a statement in the Client Handbook that informs residents of the requirements in standard 115.252 (b)

(1) The agency shall not impose a time limit on when a resident may submit a grievance regarding an allegation of sexual abuse.

(2) The agency may apply otherwise-applicable time limits on any portion of a grievance that does not allege an incident of sexual abuse.

(3) The agency shall not require a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

Action taken: Operational Procedure, Client Grievances, was updated to state:

Client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

This policy also states there is no time limit on when a resident may submit a grievance regarding an allegation of sexual abuse. 15 days is the time limit for grievances that do not allege sexual abuse.

Policy additionally states: Informal resolutions will not be attempted to resolve any allegation of sexual abuse or sexual misconduct.

Subsection (c). According to the Client Grievance Policy, grievances must be placed in the locked grievance box. Access to the locked grievance box is restricted to the director and chairman of the board of directors.

The director responds to grievances.

The Client Grievance Policy does not state that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and such grievance is not referred to a staff member who is the subject of the complaint.

Even though grievances are placed in a locked box or can be given to the director to respond, that a grievance is filed if the matter was not successfully addressed informally. There is also a section on the grievance form that requires them to describe the efforts to informally resolve the complaint.

Additionally, the Client Handbook does not explain how clients can file a grievance for sexual abuse. It might not be clear to residents that they do not have to give it to the staff member who is the subject or that they do not have to attempt to resolve the grievance informally.

This standard requires that a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint and is not referred to a staff member who is the subject of the complaint. The standard is not on the grievance form or in policy. The information is also not outlined in the Client Handbook.

Corrective Action

1. Add to Grievance Policy and Client Handbook the requirements of standard 115.252 (c):
 - (1) A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and
 - (2) Such grievance is not referred to a staff member who is the subject of the complaint.

Action taken: Operational Procedure, Client Grievances, was updated to state:

Client who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and such grievance is not referred to a staff member who is the subject of the complaint.

Subsection (d). The Client Grievance Policy states under Procedure 2. Formal Resolution: V. The facility will have 90 days to answer any grievance that pertains to sexual misconduct this, to allow for appropriate investigation to take place". Section B. Filing with the board of director's states that III states, "The response of the Board shall be due within 30 days (90 days if the grievance pertains to staff sexual misconduct) of receipt or written notification to the client shall be provided, documenting the reasons for exceeding the time frame. Section V. states that "if the client does not receive a response to their grievance within 90 days he/she may consider it denied."

The standard requires that "computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. Also, an agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the resident in writing of any such extension and provide a date by which a decision will be made."

Corrective Action

1. Change sexual misconduct to sexual abuse or sexual assault/sexual abuse
2. Add to policy that "computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal."

Action taken: Grievance policy was updated to reflect "computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal."

Subsection (e). Information about third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse is not in policy. There is a statement in Client Grievance Policy, "A grievance filed via a third party on behalf of a client and the client refuses processing of the grievance, the refusal must be documented."

The provision of the standard requires (1) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. (2) If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. (3) If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.

Corrective Action:

1. Add PREA standard 115.252 (1) and (2) in Client Grievance Policy and Client Handbook.

Action taken: Policy was updated to state this element verbatim as noted above.

Subsection (f). The standard requires that "after receiving an emergency grievance alleging a resident

is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken.” Hilltop House requires that grievances be put in a locked box or hand-delivered to the director. The grievance boxes are checked Monday – Friday unless the director is out of the office or on vacation. The director is the only one who has a key and who responds to the grievance. The grievance can also be mailed to the Board of Directors. The next parts of the standard require that residents shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The Client Grievance Policy requires that “grievances filed regarding cases of imminent sexual abuse a formal review must take place within 48 hours and a formal decision made within 5 days.”

The standard also requires that the initial response and final agency decision documents the agency’s determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance. This is not in policy.

If a resident files a grievance reporting imminent sexual abuse, actions to protect that resident need to be taken **immediately**. Then a response to what actions were taken is to be provided to the resident within 48 hours. If the director only checked the grievance box on Monday – Friday during business hours or is out of the office sick or on vacation, then the grievance box is not checked. The agency needs to develop a process for how reports of imminent sexual abuse will be addressed daily.

Additionally, the policy states that a formal review must take place within 48 hours and decision will be made in 5 days. However, there is not a form, process, or requirement that the agency’s actions are documented.

According to Hilltop House Director, there have not been any sexual abuse or imminent sexual abuse grievance filed.

Corrective Action

1. Residents can file grievances for sexual abuse and imminent sexual abuse, but the policy does not outline a process for how to file an emergency grievance. Not all of the elements of the standard are in policy or process.

Add standard 115.252 (f) to grievance policy and Client Handbook.

(1) The agency shall establish procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.

(2) After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, the agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision shall document the agency’s determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

2. Provide process, policy and client handbook updates to the auditor for review and approval

3. Once the process is developed and approved, educate residents and staff new process.

4. Develop a process that allows residents to file grievances on sexual abuse and emergency grievances for reporting imminent sexual abuse where action to protect the resident will be taken immediately. Add process to Client Grievance Policy and Client Handbook.

Action taken: Procedure has been established in policy and covers the elements noted in this corrective action.

Above noted procedure is outlined for clients in the orientation handbook under “Grievance Procedures”.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Subsection (g). Client Grievance Policy Procedure 1. Information Resolution: states that “if disciplinary action is to be sought for filing a grievance in bad faith the facility must demonstrate that the grievance was made in bad faith.”

According to the director and the Pre-Audit Questionnaire, there have not been any grievances filed for sexual abuse.

Evidence relied upon:

Client Grievance Policy

Client Handbook

Grievance Form

Pre-audit Questionnaire

Interview and information from Director

Standard 115.253: Resident access to outside confidential support services **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House provides residents with access to outside victim advocates at the Sexual Assault Service Organization (SASO) for emotional support services related to sexual abuse. The facility gives residents SASO's phone number during the PREA education at intake on the PREA acknowledgement form.

The phone number is provided on posters and brochures in the facility and in the administrative building. On one of the brochures, SASO's mailing address is provided.

The standard requires residents to be provided with outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations. Residents are given the phone number and address to SASO, however, residents are not able to call the phone number without paying. There are pay phones that residents can use to make calls.

It is recommended that residents be provided with additional mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations.

In the written PREA Offender Orientation information there are phone numbers but no addresses. (This document provides two reporting phone numbers, DOC Tips line 877-362-477 and SASO Hotline 970-247-5400.)

All but five stated they did not know of any outside resources for dealing with sexual abuse. Of the five who did, one said the police and the others said SASO provides these services. Two of those said they could talk with individuals from SASO anytime and the conversations would be private. The other two could not provide any information on questions.

The facility enables reasonable communication between the SASO and residents, in as confidential manner as possible.

SASO has a staff member come to Hilltop House every Tuesday. The SASO advocate sits at the facility and is available to anyone who wants to talk to them. The SASO staff member sits at the facility and then moves to the administration building. If a resident talks to them, their conversations are confidential.

The memorandum of understanding (MOU) with SASO states that Hilltop House will allow survivors to speak with an advocate confidentially in person or by phone.

SASO provides emotional support services and it is spelled out in the MOU with Hilltop House. The MOU expires in August 2018. During the on-site audit, both the Hilltop House director and SASO director said that they were starting to work on renewing their MOU.

Additionally, the PREA video provided residents with a rape crisis hotline at 800-809-2344.

During the on-site audit, the auditors tried to call the SASO reporting line 970-247-5400 from the resident's pay phone. The call could not be accessed without paying for the call.

Corrective Action

1. Provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations
2. Allow residents to call SASO Hotline and any other toll-free hotline numbers that are provided to residents in their PREA orientation or Handbook without having to pay for the call.

Action taken: PREA Offender Orientation was updated to provide the above information for incoming residents. Residents acknowledge receipt of this information by signature. As noted below in verification of corrective action, SASO calls are free of cost. Phone numbers and addresses are also provided for three other advocacy agencies.

Verification of Corrective Action

On July 18, 2018. Hilltop House Director confirmed that residents have access to call the local SASO hotline free of cost.

Subsection (b). The conversations with SASO and residents are confidential. However, Hilltop House does not inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. There isn't information in the PREA orientation documents that states what information is confidential. There is one SASO brochure that states services are free and confidential.

Corrective Action

1. Provide information to residents at intake, prior to giving them access, of the extent to which such communications with agencies such as SASO will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Action taken: PREA Offender Orientation was updated to provide the above information for incoming residents. Residents acknowledge receipt of this information by signature.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Subsection (c). Hilltop House has a memorandum of understanding (MOU) with the Sexual Assault Service Organization (SASO). The SASO have agreed to provide residents with advocacy, emotional support, support and crisis intervention over the phone, in jail, follow up services related to sexual abuse.

In the MOU, Hilltop House agreed to allow survivors to speak with an advocate confidentially in person or by phone.

Hilltop House maintains copies of the MOU with SASO. Hilltop House provided a copy of the MOU with SASO. Additionally, the MOU is reviewed and signed on an annual basis. The next MOU is due in August 2018. (NOTE: MOU was updated and effective 1/1/19)

Evidence Relied Upon

PREA resident education (video and documents)
MOU with SASO
SASO brochure

Interview with SASO director
Interview with Hilltop House director
Interviews with residents
On-site tour

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House does not have a method to receive third-party reports of sexual abuse and sexual harassment. The agency has not distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident.

The PRC FAQ requires that “Standard 115.54 states, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and **shall distribute publicly information** on how to report sexual abuse and sexual harassment on behalf of an inmate.” (emphasis added)

The preamble of the PREA standards Notice of Final Rule states, “[t]he agency may, in its discretion, make such information [about third-party reporting] readily available through a website, posting at the facility, printed pamphlets, and other appropriate means.” See Vol. 77, *Federal Register*, No. 119, p. 37163. Generally, agencies are posting information about the third-party reporting process on their websites.

Implicit in standard 115.54 is the requirement that the public can reasonably access the information on how to make a report of sexual abuse or sexual harassment on behalf of an inmate. It is not sufficient for an agency to be willing and able to receive such reports. Further, it is not sufficient for the public to have the general ability to utilize generalized agency contact information (such as a main contact number) to make such a report. Rather, the specific methods to make such reports must be readily available and reasonably conspicuous to the public.”

Corrective Action

1. Establish a method to receive third-party reports of sexual abuse and sexual harassment and how to report sexual abuse and sexual harassment on behalf of a resident. Add to policy.
2. Train all staff and volunteers/contractors on the policy and process and provide a roster
3. Educate residents on the policy and process
4. Make the method to receive third-party reports of sexual abuse and sexual harassment readily

available and reasonably conspicuous to the public.

5. Add method to Client Handbook on how a third-party can report sexual abuse and sexual harassment on their behalf

Action taken: The facility has established a 3rd party reporting method by providing postings, for visitors to see, defining reporting methods and posting this form on their website. Copies of the posting are available for visitors to take home. This was added to the client handbook and policy.

Per the director, training was provided to all staff on all PREA policy updates to include 3rd party reporting. Training roster was provided.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Evidence relied upon

Website posting

Client orientation

PREA Policy

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?
 Yes No Not Applicable
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?
 Yes No Not Applicable

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Response to Sexual Assault on a Client Policy under general provisions section 1. States "any Hilltop employee, volunteer, contractor or other individuals who have cause to believe that a client in the program has been subjected to an act of sexual abuse or receives a report of sexual abuse or possible sexual abuse, whether verbally or in writing, must immediately notify the proper authorities."

The policy does not include sexual harassment and does not include knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. Retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation also not addressed in policy. The standard requires that all staff report immediately and according to agency policy. Therefore, all the requirements of this standard need to be in policy

In interviews with staff, they were aware they are required to report any knowledge or suspicion regarding sexual abuse, harassment, retaliation, staff neglect or violations of responsibilities.

Corrective Action

1. Add to Response to Sexual Assault on a Client Policy standard 115.261 (a) The agency shall require all staff to report immediately and according to agency policy any knowledge, suspicion, or

information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Action taken: PREA Policy updated to state:

Staff shall report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Subsection (b). Response to Sexual Assault on a Client Policy states under the confidentiality section that, "Information concerning the identity of a victim reporting sexual abuse, and the facts of the report itself, will be limited to those who have need to know in order to make decisions concerning the client's welfare and for law enforcement or investigative purposes."

Hilltop House may want to add treatment, and other security and management decisions to their policy.

Action taken: Policy was updated to:

Confidentiality. Information concerning the identity of a victim reporting sexual abuse and sexual harassment and the facts of the report itself, will be limited to those who have need to know in order to make decisions concerning the client's welfare, treatment, and other security and management decisions and for law enforcement or investigative purposes.

In interviews with staff, they stated they report to supervisors, then leave it to the supervisors.

Subsection (c). This standard is Not Applicable. Hilltop House does not employ medical or mental health practitioners. If residents are in need of medical or mental health services, they obtain them in the community.

Subsection (d). According to Hilltop House director, the facility does not receive residents under the age of 18. If the resident is considered a vulnerable adult under a State or local vulnerable person's statute the requirement for staff to report the allegation to the designated State or local services agency under applicable mandatory reporting laws is not in policy.

There is a Colorado law that requires mandatory reporting law for At-Risk Adults. It is C.R.S. 18-6.5-108. <https://www.coloradoaps.com/about-mandatory-reporting.html>. On the website there is an interactive online training that is mandatory for reporters. It is recommended that Hilltop House require supervisory staff to take the training.

Corrective Action

1. Add to Sexual Assault on a Client Policy that if the alleged victim is considered a vulnerable adult under C.R.S. 18-6.5-108, Hilltop House staff shall report the allegation to the Durango Police under applicable mandatory reporting laws.

Action taken: The following was added to PREA Policy:

If the alleged victim is considered a vulnerable adult under C.R.S. 18-6.5-108, Hilltop House staff shall report the allegation to the Durango Police under applicable mandatory reporting laws.

Subsection (e). Response to Sexual Assault on a Client (PREA) Policy under-reporting sexual abuse. Requires that "Any client or person advocating on behalf of a client may report an act or threat of sexual abuse to "Any Hilltop House Staff member, volunteer, contract employee, or any other individual who can report the incident; or call S.A.S.O. 24-hour Hotline 970-247-5400; Any law enforcement agency.

Upon report of sexual assault on a client staff shall: (see attached checklist)

- Secure the victim in the office and ensure to the best of your ability that he/she does not shower, remove clothing, use the restroom or consume any liquids.
- Contact On-Call Supervisor inform them of the situation, then contact Director
- Request assistance to secure facility/crime scene.
- Listen to the victim, remain professional and take notes.
- Assess the client's medical needs

If the suspect is known and present in the facility

- Ensure no contact with the victim and to the best of your ability do not allow him/her to shower, remove clothing, use the restroom or consume any liquids.
- Make notes of any comments made by the suspect.
- Contact law enforcement to make a report (victim may need to be contacted at hospital depending on medical needs)."

The policy also requires that upon a report of sexual abuse or sexual assault on a resident, staff are required to contact the on-call supervisor and then contact the Director. If the suspect is known and present in the facility, staff are required to contact law enforcement. According to an interview with the director, he said that all allegations of sexual abuse and sexual harassment including those from third-party and anonymous sources are reported to Durango Policy.

The policy does not include sexual harassment or anonymous reports. It also states that staff are required to contact law enforcement when the suspect is known and present in the facility. It would be clear to staff and the public if the appropriate law enforcement agency they are required to contact is included in the policy and that Durango Police are contacted on all reports of sexual assault, sexual abuse, and sexual harassment.

The Reporting to Referral/Oversight Agencies Policies requires department and oversight agencies are notified of any situation that could result in media involvement, violent acts, a situation which could affect inmate security, health or safety.

Corrective Action

Add the following to Sexual Assault on a Client Policy. The facility will report all allegations of sexual assault, sexual abuse and sexual harassment including third-party and anonymous reports to Durango Police.

Action taken: PREA Policy checklist for PREA related incidents requires immediate notification to the Durango Police Department. Checklist also states:

"Steps and actions to be considered following a possible Sexual Abuse or Sexual Harassment between client-on-client and staff-on-client."

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Evidence Relied Upon

Pre-audit Questionnaire

Response to Sexual Assault on a Client Policy

Reporting to Referral/Oversight Agencies Policy

Interview with Hilltop House Director

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Client Grievance Policy states under Emergency Grievances: For grievances filed regarding cases of imminent sexual abuse a formal review must take place within 48 hours and a formal decision made within 5 days. No other policy mentioned anything about if an inmate was at substantial risk of imminent sexual abuse what response the staff should take.

The requirement that facility staff takes immediate action to protect the resident if a resident is subject to a substantial risk of imminent sexual abuse is not in policy.

In interviews with staff and the director, they responded that they would separate the victim and predator and keep watch of them.

Corrective Action

1. Add the requirement of standard 115.262 to policy.
2. Train staff on procedures and for best practice, provide a checklist or reference “carry” card with elements
3. Provide verification that staff were trained

Action taken: PREA Policy updated with:

When staff learns that a client is subject to a substantial risk of imminent sexual abuse, immediate action must be taken to protect the client. Per the Director, training was provided to all staff on PREA updates to include these actions.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon
Pre-Audit Questionnaire
Client Grievance Policy
Interviews with staff
Interview with director

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Reporting Allegations of Sexual Abuse at Other Locations Policy requires “Immediately upon staff’s knowledge of an incident involving an alleged sexual abuse which occurred at another facility staff shall:

1. Notify the Director or his designee and document, in writing the report and all specifics concerning the alleged abuse.
2. The Director or his designee will contact the head of the facility where the alleged abuse took place. This shall be done no later than 72 hours after receiving the allegation. The Director or designee shall document that such notification was made.”

The standard requires the Director to notify the head of the facility or appropriate office for the agency where the alleged abuse occurred. The PRC FAQ for this standard requires that “The notification must, at a minimum, be: (1) Made at the direction of the facility head, and (2) Appear to a third party to have originated with the facility head. For example, the facility head could instruct his or her administrative assistant to send the notification on the facility head’s letterhead and with the facility head’s signature or to send the notification from the facility head’s email address. By contrast, the facility’s PREA Compliance Manager could not send the notification from his or her email address and merely copy the facility head.

The intent of the standard is to ensure that the person receiving the report of sexual abuse at the prior facility understands the seriousness and gravity of the allegation and that the communication originated at the highest level of the reporting facility.

There were no allegations that a resident was abused while confined at another facility.

Corrective Action

1. Update Reporting Allegations of Sexual Abuse at Other Locations Policy that the Hilltop House Director will notify the head of the facility or appropriate office of the agency where the alleged sexual abuse occurred.

Subsection (b). Reporting Allegations of Sexual Abuse While at Another Facility Policy requires that the director or his designee will contact the head of the facility where the alleged abuse took place. This shall be done no later than 72 hours after receiving the allegation. The Director or designee shall document that such notification was made.

Action Taken: Operation Procedures “Reporting Allegations of Sexual Abuse at other locations” was updated to state: PROCEDURE: Immediately upon staff’s knowledge of an incident involving an alleged sexual abuse which occurred at another facility staff shall:

1. Notify the Director/CEO and document, in writing the report and all specifics concerning the alleged abuse.
2. The Director/CEO will contact the head of the facility or appropriate office where the alleged abuse took place. This shall be done no later than 72 hours after receiving the allegation. The Director/CEO shall document that such notification was made.

Corrective Action

1. As stated above in 115.263 (a), remove designee. The director will notify the head of the facility or appropriate office of the agency where the alleged sexual abuse occurred.

Action Taken: see above

Subsection (c). Reporting Allegations of Reporting Allegations of Sexual Abuse at Other Locations Policy, requires that the Director or designee shall document that such notification was made.

Subsection (d). Response to Sexual Assault on a Client Policy requires under section Reporting of Sexual Abuse that “any Hilltop employee, volunteer, contractor or other individuals who have cause to believe that a client in the program has been subjected to an act of sexual abuse or receives a report of sexual abuse or possible sexual abuse, whether verbally or in writing, must immediately notify the proper authorities.”

In an interview with the director, he said that if he received a report that a resident had been sexually abused at Hilltop House that he would notify Durango Police to have it investigated.

Recommend adding to policy that if Hilltop House staff receives a report that a resident was sexually abused at Hilltop House that the facility shall ensure that the allegation is investigated by Durango Police or appropriate law enforcement agency. During interviews with staff, not all of the staff members knew that Durango Police was the law enforcement agency that conducts criminal sexual abuse investigations.

Action Taken: Operation Procedures “Reporting Allegations of Sexual Abuse at other locations” was updated to state: In the event Hilltop House staff receives a report from another facility that a resident was sexually abused at Hilltop House the allegation will be reported to and investigated by the Durango Police Department.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon
Pre-Audit Questionnaire
Reporting Allegations of Sexual Abuse at Other Locations Policy
Interview with Hilltop House Director
Response to Sexual Assault on a Client Policy

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Response to Sexual Assault/Sexual Misconduct (investigation) Policy requires under first responder instructions for all alleged sexual misconduct that staff take immediate steps to protect the victim by ensuring that the alleged victim and alleged perpetrator are physically separated pending an investigation. This is not required under the First Responder for Sexual Abuse section.

“The first responder instructions--Allegations Involving Sexual Abuse requires:

- a. If the alleged abuse occurred within five days advise the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.
- b. Secure the scene and preserve evidence of the alleged assault if feasible and secure any video footage.”

The requirement that first responder ensure alleged abuser do not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence is not in policy.

Staff said that all security staff are first responders. All security staff interviewed knew to separate the victim, secure the scene and when prompted by the interviewer, knew to not allow changing clothes, using the toilet, eat, drink, etc...

According to the director, there have not been any sexual abuse incidents.

Corrective Action

1. Add to Response to Sexual Assault/Sexual Misconduct Policy all the requirements of 115.264 (a): Under Allegations involving Sexual Abuse, “upon learning of an allegation that a resident was sexually abused the first security staff member to respond to the report shall be required to: Separate the alleged victim and abuser.” The requirement is currently under “Allegations of Sexual Misconduct”.

Action taken: Policy was updated to state: Any staff member who receives a report of sexual abuse or sexual harassment, whether verbally or in writing, shall immediately separate the alleged victim and abuser.” notify the on call supervisor and complete an incident report.

Subsection (b). Response to Sexual Assault/Sexual Misconduct Policy requires the first responders to “a. If the alleged abuse occurred within five days advise the alleged victim not to take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.” The policy statement does not distinguish between security and non-security staff members. According to policy, any staff member, security or non-security staff, are required to request the alleged victim not take any action that could destroy physical evidence as well as comply with the uniform evidence control procedures to preserve evidence.

Action taken: Policy was updated to state: If the first staff responder is not a security staff member, the responder shall request that the alleged victim not take any actions that could destroy physical evidence and then notify security staff.

Also, recommend changing “advice” the victim to “request” the victim not to take any action that could destroy evidence.

Action taken: Policy was updated to state request rather than advise.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Evidence Relied Upon
Pre-Audit Questionnaire
Response to Sexual Assault/ Sexual Misconduct Policy
Interviews with staff
Interview with director

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The facility has a written policy, Response to Sexual Assault on a Client Policy that coordinates action among staff using the checklist. Medical and mental health services are provided off-site and Durango Police are required to be contacted for all allegations of sexual abuse.

The policy requires that employees, volunteers, contractors or other individuals who have cause to believe that a client has been subjected to an act of sexual abuse or receives a report of sexual abuse or possible sexual abuse must immediately notify the proper authorities. There is a checklist that requires immediate notification of the on-call supervisor, director, assistant director and case manager and law enforcement. Then the victim is offered medical services and mental health.

The checklist also requires that the victim advocate from SASO be contacted.

Best practice is to identify who specifically the staff needs to contact instead of law enforcement. Therefore, it is recommended that law enforcement on the checklist is changed to Durango Police and misconduct is changed to sexual abuse.

Evidence relied upon
Pre-Audit Questionnaire
Response of Sexual Assault on a Client Policy
Checklist for PREA Related Incidents

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House director provided a memo stating that there are no unions at Hilltop House Community Corrections.

In an interview with the agency head/director, he said that that Hilltop House does not have a collective bargaining agreement. There is not an agreement that permits the removal of alleged staff sexual abusers from contact with any resident pending an investigation or a determination of whether and to what extent discipline is warranted.

During an interview with the Southwest Colorado Community Corrections Center (S.W.C.C.C.) chairman, he confirmed that there is no collective bargaining that prohibits or limits Hilltop House's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

Subsection (b). The auditor is not required to audit this provision.

Evidence Relied Upon

Memo from Hilltop House director
Interview with S.W.C.C.C. chairman
Interview with agency head/director
Pre-Audit Questionnaire

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks? Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Response to Sexual Assault/Misconduct (investigation) Policy Reporting and Investigation requires that “all staff have an affirmative duty to immediately report to the shift supervisor any knowledge, suspicion, or information regarding sexual misconduct involving an inmate and/or any retaliation or other violation of this policy.” Under investigation, it requires “the Investigator is responsible for conducting and fully documenting the investigation in accordance with facility policy. The investigator shall: “j. Cooperate with outside investigations.”

According to an interview with the director, Hilltop House contacts Durango Police for all reports of sexual abuse and sexual harassment. This policy statement implies that there is an investigator at the facility that conducts criminal investigations.

The Whistleblower Policy requires that the director or designated member of the Southwest Colorado Community Corrections Center Inc. (S.W.C.C.C.C.) board of director’s executive commit shall monitor any staff that report wrongful conduct for retaliation for a period of 90 days following the report of retaliation for a period of 90 days following the report, via periodic status checks. This policy is for employees who harass or retaliate against anyone who has reported wrongful conduct.

According to the Response to Sexual Assault on a Client Policy, “case management and facility administrators will monitor clients who make reports or cooperate with investigations for a minimum of 90 days after the conclusion of any investigation.” The policy does not specifically state that includes

retaliation to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff or how it will monitor residents and staff.

In an interview for designated staff member charged with monitoring retaliation, the director said he was charged with monitoring residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations.

In policy, there are three different people who monitor retaliation. The director, case manager and chairman of the S.W.C.C.C.C. board.

In the Sexual Abuse Awareness for the Offender brochure, there is a statement that Hilltop House has zero-tolerance for retaliation towards client or employees who report offender sexual abuse. They can submit reports of retaliation in writing to the Chairman of Southwest Colorado Community Corrections Center (S.W.C.C.C.C.) Inc. Board of Directors. A process of when and how residents can report retaliation to the chairman of the S.W.C.C.C.C. board is not included in the policy.

Also, in the Client Handbook, the auditor was given, only one page of the Sexual Abuse Awareness for the Offender brochure is included. It is the back of the brochure which does not mention retaliation.

Corrective Action

1. Develop a specific process for how residents and staff report retaliation for reporting sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations, and who is charged with monitoring residents and staff who report sexual abuse or sexual harassment or who cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.

Action taken: Policy was updated to state:

Retaliation

Unlawful retaliation can be any action that could discourage a client, staff member or volunteer worker from coming forward to make or support a claim of sexual abuse or sexual harassment. Adverse action need not be job-related or occur within the facility or administration to constitute unlawful retaliation (e.g., threats of physical violence outside of work hours).

Such retaliation is unlawful under federal, state, and local law for any individual who has engaged in "protected activity." Protected activity occurs when a person has:

- Made a complaint of sexual abuse or sexual harassment, either internally or with a referring or law enforcement agency
- Testified or assisted in a proceedings involving sexual abuse or sexual harassment.
- Opposed sexual abuse or sexual harassment by making a verbal or informal complaint to management, or by simply informing a supervisor of sexual abuse or sexual harassment.
- Reported that an employee or client of the facility has been sexually abused or sexually harassed.
- Encouraged a fellow employee to report harassment.

Even if the alleged harassment does not turn out to rise to the level of a violation of law, the individual is protected from retaliation if the person had a good faith belief that the practices were unlawful. However, the retaliation provision is not intended to protect persons making intentionally false charges of harassment.

Follow Up:

Case Managers and Facility administrators will monitor conduct and treatment of staff and clients who

make reports or cooperate with investigations to see if there are changes that may suggest possible retaliation for a minimum of 90 days after conclusion of any investigation (monitoring beyond 90 days shall be extended if the initial monitoring indicates a continuing need). This will be accomplished via periodic status checks and during weekly Case Manager meetings (i.e. monitoring of client disciplinary reports, program changes and negative program and employment performance reviews). All status checks and meetings will be denoted in the individual client's chronological notes in Etrac and on the Client or Staff Retaliation Monitoring form.

Any individual who cooperates with an investigation who expresses a fear of retaliation Hilltop House will take appropriate measures to protect that individual against retaliation.

All staff assigned to monitor retaliation shall act promptly to remedy any such retaliation

Additional actions taken: Staff and client orientation intake forms were updated to include reporting methods for all forms of sexual abuse, harassment and/or retaliation.

2. Add process to policy and Client Handbook

Action taken: The Client Handbook has been updated with the following:

- Clients can privately report sexual abuse and sexual harassment or, retaliation by other client or clients for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- Clients have the right to be free from sexual abuse and sexual harassment.
- Clients have the right to be free from retaliation for reporting staff neglect or violation of responsibilities that may have contributed to such incidents.

If you believe you're the victim of or witness Sexual Abuse or Sexual Harassment or retaliation report it immediately.

- Call the TIPS Hotline at 1-877-362-8477 (free call from the payphones)
- Speak to your Case Manager or a staff member you trust or leave a message on their confidential voicemail
- Call the Director/CEO 970-247-1342 x13. If after hours leave a message on his confidential voicemail or send an email to hilltophouse@mydurango.net
- Secure a message in an envelope to any of the above individuals. Place it in the grievance box or mail it to the attention of Administrative Staff or the Board of Directors at 1050 Avenida Del Sol Durango, Co 81301

Subsection (b). According to the Response to Sexual Assault on a Client Policy, "The facility administrator, in consultation with the appropriate law enforcement agency, will take the following actions immediately upon receipt of the report: A dorm placement or other placement within the facility; or administrative transfer to another facility or program."

During an interview with the director, he stated that he could put staff on administrative leave, make change housing, or remove the abuser from the facility.

The facility employs a few protection measures in policy.

Recommend adding all of these protection measures to policy: transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Action taken: Policy now reflects: Actions of the Facility Administrator Regarding a Report of Alleged Sexual Abuse or Sexual harassment:

The facility administrator, in consultation with the Durango Police Department Investigator, will take the

following actions immediately upon receipt of the report:

1. take immediate steps to protect the victim by ensuring that the alleged victim and alleged perpetrator are physically separated pending an investigation, which may include, but is not limited to:
 - a. dorm placement or other placement within the facility: or
 - b. administrative transfer for resident victims or abusers.
 - c. removal of alleged staff or resident abusers from contact with victims
 - d. emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.

Subsection (c). The response to Sexual Assault on a Client Policy requires that clients who make reports of sexual abuse or cooperate with investigations will be monitored for retaliation for a minimum of 90 days after the conclusion of any investigation. This will be accomplished via periodic status checks and during weekly Case Manager Meetings. All checks and meeting will be noted in the individual client's chronological notes in Etrac.

The agency's responsibility is to monitor not only the resident but the conduct and treatment of staff who report sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff and shall act promptly to remedy any such retaliation.

A case manager was also interviewed said that monitoring would go beyond 90 days if there was a need to continue monitoring.

Items the agency should include for resident monitoring include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff.

Corrective Action

1. Update Sexual Assault on a Client Policy to include monitoring staff. For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation and shall act promptly to remedy any such retaliation.
2. Items the agency should monitor include any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
3. Including in the monitoring process a form or spreadsheet who will monitor residents who were reported to have suffered sexual abuse and who will monitor staff who reported the sexual abuse of residents to see if there are changes that may suggest possible retaliation by residents or staff except in instances where the agency determines that a report of sexual abuse is unfounded:
4. Include in the form or spreadsheet changes that may suggest possible retaliation by residents or staff

Action taken: See policy changes noted above. Also retaliation monitoring form has been included/updated.

Subsection (d). Response to Sexual Assault on a Client Policy requires residents to have periodic status checks during weekly Case Manager Meetings.

During the on-site audit, the director was interviewed for monitoring retaliation. He said that for allegations of sexual abuse or sexual harassment he could take different measures to protect residents and staff from retaliation. Some of the options he mentioned were placing staff member accused of abusing a resident on administrative leave, change room of the victim or abuser, remove the abuser from the facility. He said most important is to make sure the victim is safe and to check in with them to see if they are safe or experiencing retaliation.

Subsection (e). This standard is not in policy. The Sexual Assault on a Client Policy requires that "clients who make reports or cooperate with investigations for a minimum of 90 days after the

conclusion of any investigation are monitored.” The policy does not specifically state monitored for retaliation.

Recommend adding retaliation to policy.

Action taken: See policy changes as noted above.

Clients who cooperate with investigations are monitored. However, the standard requires that if any other individual who cooperates with an investigation expresses a fear of retaliation the agency takes appropriate measures to protect that individual against retaliation. The specifics of this standard requirement is not in policy.

Corrective Action

1. Add to Sexual Assault on a Client Policy that if any other individual who cooperates with an investigation expresses a fear of retaliation the agency takes appropriate measures to protect that individual against retaliation.

Action taken: As noted in policy changes above, policy was updated to include: Any individual who cooperates with an investigation who expresses a fear of retaliation Hilltop House will takes appropriate measures to protect that individual against retaliation.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Subsection (f). The auditor is not required to audit this provision.

Evidence Relied Upon

Pre-Audit Questionnaire

Sexual Assault on a Client Policy

Whistleblower Policy

Sexual Abuse Awareness for the Offender Brochure

Interview with director/agency head

Interview with a case manager

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
 Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?
 Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House contacts the Durango Police Department when it receives reports of sexual abuse or sexual harassment. Response to Sexual Assault on a Client Policy requires that any Hilltop employee, volunteer, contractor or other individual who has cause to believe that a client in the program has been subjected to an act of sexual abuse or receives a report of sexual abuse or possible sexual abuse, whether verbally or in writing, must immediately notify the proper authorities.

Hilltop House provided a memo that stated administrative and correctional staff are not involved in conducting any criminal investigations. All criminal investigations will be referred to the appropriate law enforcement agency.

In an interview with the Hilltop House director, he stated that reports of sexual assault, sexual abuse, and sexual harassment are referred to law enforcement.

In an interview with the Chairman of the S.W.C.C.C. board, he also stated that reports of sexual abuse and sexual harassment would be referred to law enforcement, Durango Police, for investigation. There have not been any reports of sexual abuse at Hilltop House.

There is a report of sexual harassment that is currently being investigated. It was investigated by Durango Police and is pending an administrative investigation.

Response to Sexual Assault on a Client Policy does not include sexual harassment allegations.

The Sexual Harassment Policy does not require the allegation to be reported to Durango Police or that staff must do so promptly, thoroughly, and objectively including third-party and anonymously reports. The policy states, "The complaint will be investigated and the staff will be advised of the findings." Residents are not mentioned in the policy. The policy appears to be for staff sexual harassment. There is not a process on how residents are to report being sexually harassed or requiring it to be referred for a criminal and administrative investigation.

According to the director, he conducts administrative investigations at Hilltop House except if the allegation is against him, then the S.W.C.C.C.C chairman conducts the administrative investigation.

Corrective Action

1. Add to the policy that Durango Police will be called to conduct reports or allegations of sexual abuse and sexual harassment including third party and anonymous reports.
2. Add into policy when Hilltop House conducts administrative investigations into allegations of sexual abuse or sexual harassment after the Durango Police have determined if the report is criminal, that it will do so promptly, thoroughly, and objectively. Identify which elements the Hilltop House director will investigate and which the S.W.C.C.C.C. Chairman will investigate and how staff, residents and third-party report allegations or if staff receive an anonymous report that they are referred to the appropriate individual to be referred to law enforcement so that reports are promptly, thoroughly and objectively investigated.
3. Provide updated policy for review.

Action taken: Policy "Response to Sexual Abuse/Sexual Harassment (Investigation)" has been updated with the following narrative:

Investigations.

All reports of sexual abuse and sexual harassment must be considered credible and promptly investigated criminally by A Durango Police Department Investigator and/or administratively without regard to whether:

- The clients who are named in the allegation are clients of the program or not.
- Staff member(s) named in the allegation is currently employed or not.
- The report of the allegation was made in a timely manner or not.
- The client reporting the allegation is known to have made past false allegations.
- The source of the allegation recants the allegations.
- The employee receiving the complaint believes or does not believe the allegations.

The Durango Police Department Investigator is responsible for conducting and fully documenting the investigation in accordance with facility policy. The investigator shall:

- a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.
- b. Assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of a person's status as an inmate or staff.
- c. Impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
- d. Not require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation.
- e. Investigate whether staff actions or failures to act contributed to the abuse.
- f. Document investigations in written reports that include a description of the physical and testimonial

- evidence, the reasoning behind credibility assessments, and investigative facts and findings.
- g. Refer substantiated allegations of conduct that appear to be criminal for prosecution.
 - h. Conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to criminal prosecution when the quality of evidence appears to support criminal prosecution
 - i. Retain all written reports of investigations into alleged sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.
 - j. Cooperate with outside investigations and Victim Support Person. When the victim alleges that sexual abuse occurred, a designated victim support person shall be notified immediately. This person will consult with the investigator on the case and offer assistance to the alleged victim as is appropriate based on the individual's training. The victim support person may sit in on administrative interviews of the victim but may not in any manner obstruct or interfere with the course of the investigation.

Criminal Investigations

The Durango Police Department is responsible for all criminal investigations at Hilltop House including third party and anonymous reports. The Durango Police Department will be responsible for the following: All referrals to law enforcement shall be documented

- a. Collecting all physical and documentary evidence, including the results of the SANE examinations. Criminal investigations need to attach copies of all documentary evidence where feasible.
- b. Identify the victim, perpetrator and witnesses
- c. Conduct interviews of the victim, witnesses and the perpetrator pursuant to Miranda
- d. Interviewing staff who are subject of an investigation pursuant to Garrity
- e. Using the "Evidence Beyond a reasonable doubt" standard of evidence
- f. Making a determination of probable cause and referring for prosecution

When any outside entity investigates sexual abuse at Hilltop House either the PREA Coordinator, designated administrative staff or member of the Board of Director's will endeavor to remain informed about the progress of the investigation.

Administrative Investigations:

A criminal and/or administrative investigation will be conducted on all allegations of sexual abuse and sexual harassment. If it is determined that no criminal charges will be filed the Director/CEO and or Chairman of the Board of Directors will be responsible for completing the administrative investigation promptly, thoroughly, and objectively. They will be responsible for the following:

- a. Conduct interviews with the victim, and witnesses. Include appropriate outside agencies to aid in the investigation and to determine whether staff actions or failures to act contributed to the abuse.
- b. Interview the staff who is subject of the investigation pursuant to Garrity
- c. Using "a Preponderance of the evidence" standard of evidence
- d. Document in writing reports that include a description of the physical and testimonial evidence, the reason behind credibility assessments, and investigative facts and findings.
- e. Determine applicable administrative procedures and make sure investigative process is consistent.
- f. Protect victim from retaliation
- g. Make determination of "substantiated" or "unsubstantiated" or "unfounded" (effect disciplinary action if substantiated).

In instances where the Director/CEO is the subject of allegations of sexual abuse or sexual harassment the Chairman of the Southwest Colorado Community Corrections Inc. Board of Directors shall be informed via phone immediately by the Business Manager. A list of the Board of Directors and contact numbers is kept in the front of the Policy and Procedure Manual or by contacting any on-call supervisor. If the Chairman is not available or cannot be contacted the Vice Chairman shall be contacted.

Subsection (b). Hilltop House contacts the Durango Police Department when it receives reports of sexual abuse or sexual harassment. After Durango Police have investigated and determined if the

allegation is criminal, Hilltop House director conducts an administrative investigation, unless the allegation is against him. He received specialized training in sexual abuse investigations. He attended the PREA investigations training. Certification that he completed the training was provided.

The Sexual Harassment Policy requires that the chairman of the board of directors will conduct the investigation if the allegation is against the executive director.

In an interview with the director, he confirmed that any allegation against the director would be referred to him, the chairman of the board, to investigate. The standard requires that the agency uses investigators who have received special training in sexual abuse investigations pursuant to 115.234. The FAQ for standards 115.21, 115.22, 115.34, and 115.71 states, “The obligation of the agency being audited is to provide the required specialized training to its own investigators if they conduct sexual abuse investigations, whether administrative or criminal.

Corrective Action

1. Provide verification that the S.W.C.C.C.C. chairman completed the NIC PREA: Your Role: Responding to Sexual Abuse, (the standards require that in addition to the general training provided to all employees in 115.231 as investigators have to receive training in conducting investigations in confinement settings) and PREA: Investigating Sexual Abuse in a Confinement Setting. <https://nic.learn.com/learncenter.asp?id=178416&page=1>
2. Provide verification of successfully completing these training.

Hilltop House Director provided a copy of an email requesting the Chairman of the Board complete the above training. Between the submittal of the interim report to the agency/facility and the completion of the final report it was found the current chairperson is now leaving this position very soon and a newly appointed chairperson is being assigned. Upon the assignment of a new chairperson, that person will be required to complete the above-mentioned training to conduct administrative investigations that may involve the director. UPDATE 1/8/19: Newly appointed chairperson advises they will complete the mentioned training within the next two weeks. The director will conduct all other administrative investigations if warranted.

Subsection (c). Hilltop House contacts local law enforcement, Durango Police, to conduct investigations of all reports of sexual assault and sexual harassment.

In the Response to Sexual Assault/Sexual Misconduct (Investigation) Policy it requires investigators to do the following:

“The Investigator is responsible for conducting and fully documenting the investigation in accordance with facility policy. The investigator shall:

- a. Gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.”

According to the Hilltop House director, Durango Police will gather and preserve direct and circumstantial evidence, including any available physical, DNA evidence or available electronic monitoring data; and interview alleged victims, suspected perpetrators, and witnesses and review prior reports and complaints of sexual abuse involving the suspected perpetrator. Under standard 115.21, Hilltop House is required to attempt to gain compliance from Durango Police to comply with the provisions in (a) – (e). The PRC FAQ requires that, “an external entity that conducts criminal investigations of sexual abuse with requirements (a) through (e) of that standard—that is, the agency being audited must have requested that the external entity responsible for investigations comply with all those provisions described in (a) through (e) of standard 115.21.”

Corrective Action

1. Add what duties an outside law enforcement agency, Durango Police investigators do, instead of a general term “investigators”. The PRC for 115.222 requires, “the agency must have a policy in place that makes explicit both the responsibilities of the agency in a criminal investigation and the corresponding responsibilities of the external investigating entity. The agency being audited also must publish that policy on its website or make it available through other means if the agency has no website of its own. There is no exception here—the policy must be in place, as it is an agency policy, not the policy of the external investigator, and the agency can describe the respective roles and responsibilities in its own policy, regardless of whether the external investigating entity has a corresponding policy of its own.”

2. Add what the Hilltop House director or S.W.C.C.C.C. chairman of the board will do after the criminal investigation is completed. The PRC FAQ for standard 115.271 (a) – (j)”sets out the requirements for both administrative and criminal investigations of sexual abuse and sexual harassment, and describes when, how, and by what standards those investigations should be conducted.”

Action taken: Policy “Response to Sexual Abuse/Sexual Harassment (Investigation)” has been updated as noted above.

Subsection (d). Hilltop House contacts local law enforcement, Durango Police, to conduct investigations of all reports of sexual assault and sexual harassment.

The agency does not conduct compelled interviews as an outside agency conducts criminal investigation. The agency has the standard in policy. In the Response to Sexual Assault/Sexual Misconduct (Investigation) Policy, it requires investigators to: “Conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle to criminal prosecution when the quality of evidence appears to support criminal prosecution.” The facility cooperates with external investigators and remains informed about any investigation being conducted by an external law enforcement agency.

According to the PRC FAQ for 115.71 The obligations under standard 115.71 of the agency being audited are to ensure that:

Its own investigators comply with this standard;
It cooperates with external investigators; and
It remain informed about any investigation being conducted by external investigators.

Subsection (e). Hilltop House contacts local law enforcement, Durango Police, to conduct investigations of all reports of sexual assault and sexual harassment.

In the Response to Sexual Assault/Sexual Misconduct (Investigation) Policy, it requires investigators to do the following:

- Assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of a person’s status as an inmate or staff.
- Impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.
- Not require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of an allegation.

Subsection (f). Hilltop House contacts local law enforcement, Durango Police, to conduct investigations of all reports of sexual assault and sexual harassment.

In the Response to Sexual Assault/Sexual Misconduct (Investigation) Policy it requires all reports of sexual misconduct must be considered credible and promptly investigated criminally and/or administratively. It requires investigators to do the following:

- Investigate whether staff actions or failures to act contributed to the abuse.

- Document investigations in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

Recommend developing a separate section in policy for administrative investigations conducted by Hilltop House director or the S.W.C.C.C.C. chairman of the board and include the elements of administrative investigations separate from criminal investigations.

Action taken: Policy “Response to Sexual Abuse/Sexual Harassment (Investigation)” has been updated as noted above to address this.

Subsection (g). Response to Sexual Assault/Sexual Misconduct (Investigation) Policy states, “Document investigations in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The provisions of this standard also require that criminal investigations need to attach copies of all documentary evidence where feasible. It is recommended that this requirement is also added to policy.

There haven't been any criminal sexual abuse reports.

Subsection (h). In a memo signed by the Hilltop House director, it says that their staff (administrative staff and correctional staff) are not involved in conducting any criminal investigations. All criminal investigations will be referred to the appropriate law enforcement agency. Investigating alleging sexual assault on a client by a staff member, contractor, or volunteer will not be investigated by any administrative staff person and shall be reported to law enforcement for investigation.

Response to Sexual Assault on a Client Policy requires under general provisions that “It is the policy of Hilltop House to ensure that any form of sexual activity between clients or between clients and staff/volunteers/contract employees, regardless of consensual status, is strictly prohibited. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution.”

In Response to Sexual Assault/Misconduct (Investigation) Policy under Investigations section, it requires that (investigators) “refer substantiated allegations of conduct that appear to be criminal for prosecution.”

Subsection (i). Response to Sexual Assault on a Client Policy Record Keeping section requires “All case records associated with claims of sexual abuse, including incident reports, investigative reports, client information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling will be retained in accordance with Hilltop House record retention schedule.”

The Storage and Destruction of File Material Policy require that Client Files be maintained for a period of seven (7) years and after that Executive Assignments Order, court orders and mittimus, termination reports, picture and chronological notes are kept. Personnel Files shall be archived for 7 years from the date of resignation or termination. After that staff member’s DOB/SSN, dates of employment, position at entry and termination, the rate of pay, eligibility for rehire and copy of a letter of recommendation from the program are kept.

In the Response to Assault/Sexual Misconduct (Investigation) Policy, it requires investigators to “retain all written reports of investigations into alleged sexual abuse for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years.”

Storage and Destruction of File Material Policy require that resident files will be maintained for seven (7) years and personnel files will be archived for seven (7) years from the date of resignation.

Subsection (j). The requirements of this standard are not in policy. The standard requires an agency to ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

Corrective Action

1. Add to policy standard the provisions in 115.271 (j). Hilltop House ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

Action taken: Policy “Response to Sexual Abuse/Sexual Harassment (Investigation)” has been updated to state: Hilltop House ensures that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation.

Subsection (k).The auditor is not required to audit this provision.

Subsection (i). Response to Sexual Assault/Sexual Misconduct (Investigation) Policy, under Investigations, states that the investigator will cooperate with outside investigations.

The requirement that staff attempt to remain informed about the progress of the investigation is not in policy.

Corrective Action

1. Add to policy that when an outside entity investigates sexual abuse that the facility will “endeavor to remain informed about the progress of the investigation. “

Action taken: Policy was updated to include: When any outside entity investigates sexual abuse at Hilltop House either the PREA Coordinator, designated administrative staff or member of the Board of Director’s will endeavor to remain informed about the progress of the investigation.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon

Response to Sexual Assault/Sexual Misconduct (Investigation) Policy
Response to Sexual Assault on a Client Policy
Storage and Destruction of File Material Policy
Interview with Director
Interview with S.W.C.C.C.C.C Chairman of the Board
Memo from Hilltop House Director
Pre-Audit Questionnaire

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House contacts local law enforcement, Durango Police, to conduct investigations of all reports of sexual assault and sexual harassment.

In the Response to Sexual Assault/Sexual Misconduct (Investigation) Policy, it requires all reports of sexual misconduct must be considered credible and promptly investigated criminally and/or administratively. It also requires that investigators to “impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.”

In an interview with the Hilltop House director, he confirmed that they will impose no standard higher than a preponderance of the evidence for administrative investigations.

Recommend: For best practice and consistency throughout all policies, change sexual misconduct to sexual assault, sexual abuse and sexual harassment where applicable.

Evidence Relied Upon

Response to Sexual Assault/Sexual Misconduct (Investigation) Policy

Pre-Audit Questionnaire

Interview with Hilltop House director

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting

administrative and criminal investigations.) Yes No NA

115.273 (c)

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

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?
 Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?
 Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The Response to Sexual Assault/Sexual Misconduct (Investigation) Policy requires under Reporting to Client section that, "Following an investigation into a client's allegation of sexual abuse in the facility, the Director shall inform the client whether the allegation was determined to be substantiated, unsubstantiated, or unfounded."

Hilltop House has not had a sexual abuse incident reported.

Hilltop House director said that he would notify residents who made an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated or unfounded following an investigation.

For best practice, it is recommended that the agency include a time frame when the resident will be informed. It should be soon after the agency becomes aware of the findings of the criminal and administrative investigation.

Subsection (b). The Response to Sexual Assault/Sexual Misconduct (Investigation) Policy requires under Reporting to Client section that, "In instances when Hilltop House did not conduct the investigation the Director will request relevant information in order to inform the client."

There have not been any sexual abuse reports made and no investigations were available for review.

Subsection (c). Response to Sexual Assault/Sexual Misconduct (Investigation) Policy, Reporting to Clients Section, requires that "If the client's allegation involved a staff member, the director shall inform the client whenever:

- The staff member is no longer posted in the inmate's unit;
- The staff member is no longer employed at the facility;
- The staff member has been indicted on a charge related to sexual abuse within the facility; or
- The staff member has been convicted on a charge related to sexual abuse within the facility.

In an interview with the Hilltop House director, he said he would notify residents if a staff member was no longer posted within the residents' unit, employed at the facility, indicted or convicted on a charge related to sexual abuse within the facility.

It is recommended that the agency include in the Response to Sexual Assault/Sexual Misconduct (Investigation) Policy that they will notify a resident of the above unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody.

Action taken: Policy was updated to reflect the above recommendation.

There have not been any sexual abuse reports or investigations at Hilltop House, and there were no reports to residents to review.

Subsection (d). Response to Sexual Assault/Sexual Misconduct (Investigation) Policy, Reporting to Clients Section, requires that "If the client's allegation involved a staff member, the director shall inform the client whenever:

If the allegation involved another client, the director shall inform the alleged victim when:

- The alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The alleged abuser has been convicted on a charge related to sexual abuse within the facility.”

There have not been any sexual abuse reports made and no investigations were available for review to see if reports to residents were made.

Subsection (e). Response to Sexual Assault/Sexual Misconduct (Investigation) Policy, states that “all such notifications or attempted notifications shall be documented.”

Hilltop House documents all notification or attempted notification to inform residents of the outcome of the investigation and what happens to the staff member or abuser on sexual abuse allegations.

Subsection (f). The auditor is not required to audit this provision.

Evidence Relied Upon
 Pre-Audit Questionnaire
 Response to Sexual Assault/Sexual Misconduct (Investigation) Policy
 Interviews with Hilltop House Director

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to:

Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The provisions of this standard require that staff be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. The Sexual Harassment Policy requires that “Any supervisor or staff member who is found, via preponderance of the evidence, after appropriate investigation, to have engaged in sexual harassment of another staff member, a client, or individual with whom S.W.C.C.C.C has a business relationship will be subject to appropriate disciplinary actions, including but not restricted to mediation, counseling and disciplinary actions as provided in policy, including termination. “ Sexual abuse is not mentioned.

The Notification of Criminal Conduct Policy states that “personnel policies prohibit staff from engaging in criminal activity.”

Corrective Action

1. Include sexual abuse in policy to include staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Action taken: Policy has been updated to state: Any supervisor or staff member who is found, via preponderance of the evidence, after appropriate investigation, to have engaged in sexual abuse or sexual harassment of another staff member, a client, or individual with whom S.W.C.C.C.C has a business relationship will be subject to appropriate disciplinary actions, including but not restricted to mediation, counseling and disciplinary actions as provided in policy, including termination.

Subsection (b). The provision for this standard requires that “termination being the presumptive disciplinary sanction for staff who have engaged in sexual abuse.” It is not in policy.

The Notification of Criminal Conduct Policy states that “personnel policies prohibit staff from engaging in criminal activity.” The policy also states,” No staff member shall be terminated from employment until a complete review of the nature of the arrest or charge has been made. Termination shall not occur until following conviction when the issues of the case appear to be contested. The employee shall not return to work until the matter is resolved in dismissal or, in unusual circumstances with the approval of the referring agencies under contract.”

Corrective Action

1. Add to policy that “termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.”

Action taken: Policy has been updated to state: Termination of employment shall be the presumptive disciplinary sanction for staff who has engaged in sexual abuse.

Subsection (c). Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions

imposed for comparable offenses by other staff with similar histories is not in policy or in any professional code of ethics or employee handbook.

Corrective Action

1. Add to policy that “disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

Action taken: Policy has been updated to state: Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be imposed commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Subsection (d). Notification of Criminal Conduct Policy requires that “All terminations or resignations for violation of the agency’s policies are reported to law enforcement and all relevant licensing bodies unless the activity was not criminal in nature.”

There have not been any terminations while a staff member was being investigated for sexual abuse or sexual harassment.

There have not been any sexual abuse reports in the past 12 months.

There was a sexual harassment allegation. However, the auditors did not have access to the information because it was still an active investigation.

Evidence Relied Upon

Pre-Audit Questionnaire
Notification of Criminal Conduct Policy
Sexual Harassment Policy
Professional Code of Ethics Form
Employee Handbook
Pre-Audit Questionnaire

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Response to Sexual Assault on a Client Policy states that “It is the policy of Hilltop House to ensure that any form of sexual activity between clients or between clients and staff/volunteers/contract employees, regardless of consensual status, is strictly prohibited.” Sexual abuse could be different than sexual activity, therefore it is recommended that sexual abuse is added to the policy statement.

It is not in policy that contractors and volunteers who engage in sexual abuse with a resident are prohibited from contact with the resident.

In an interview with the Hilltop House director, he said that he would remove a volunteer or contractor with contact from a resident who had reported being sexually abused by that contractor or volunteer.

It is not in policy that if contractors or volunteers who engage in sexual abuse are reported to law enforcement agencies unless the activity was clearly not criminal, or to a relevant licensing bodies

The requirement that all terminations or resignations for violation of the agency’s policies are reported to law enforcement and all relevant licensing bodies unless the activity was not criminal in nature is in policy for employees, but not for contractors or volunteers.

Corrective Action

1. Add the following to policy:

- Any contractor or volunteer who engages in sexual abuse or sexual harassment is prohibited from contact with residents.
- Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be reported to law enforcement unless the activity was clearly not criminal.
- Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be reported to all relevant licensing bodies.

2. Provide policy for review.

Action taken: Policy “Use of Volunteers” has been updated to state: Any volunteer or contractor who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies unless the activity was clearly not criminal. Any contractor or volunteer who engages in sexual abuse or sexual harassment shall be reported to all relevant licensing bodies.

Subsection (b). In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer if Hilltop House takes appropriate remedial measures, and considers

whether to prohibit further contact with residents is not in policy.

In an interview with the director, he stated that if a resident reported being sexually abused or sexually harassed by a contractor or volunteer that he would immediately prohibit contact with the resident. He said Hilltop House has zero tolerance for sexual abuse and sexual harassment. He said some of the remedial action that he might take is to talk with the contractor or volunteer, provide training, provide remedial training depending upon the type of the incident.

The Sexual Harassment Policy requires that “Any supervisor or staff member who is found, via preponderance of the evidence, after appropriate investigation, to have engaged in sexual harassment of another staff member, a client, or individual with whom S.W.C.C.C.C has a business relationship will be subject to appropriate disciplinary actions, including but not restricted to mediation, counseling and disciplinary actions as provided in policy, including termination.” Sexual abuse is not included in the policy.

Corrective Action

1. Add the provision of standard 115.276 (b) to policy: The facility shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.
2. Outline in policy what the appropriate remedial measures would be for a contractor or volunteer who violated the agencies zero tolerance sexual abuse and sexual harassment policy.
3. Provide policy for review

Action taken: Policy “Use of Volunteers” has been updated to state: The facility shall take appropriate remedial measures (additional training, no contact orders, schedule change or counseling services) and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a volunteer or contractor.

Policy “Sexual Harassment has been updated to state: Any supervisor or staff member who is found, via preponderance of the evidence, after appropriate investigation, to have engaged in sexual abuse or sexual harassment of another staff member, a client, or individual with whom S.W.C.C.C.C has a business relationship will be subject to appropriate disciplinary actions, including but not restricted to mediation, counseling and disciplinary actions as provided in policy, including termination.

Policy “Response to Sexual Assault on a Client (PREA)” has been updated to include: It is the policy of Hilltop House to ensure that any form of sexual abuse or sexual harassment between clients or between clients and staff/volunteers/contract employees, regardless of consensual status, is strictly prohibited.

Above listed documents were provided and placed with supporting documentation.
Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon

Notification of Criminal Conduct Policy

Response to Sexual Assault/Sexual Misconduct (Investigation) Policy

Response to Sexual Assault on a Client Policy

Interview with the Director

Pre-Audit Questionnaire

Use of Volunteers Policy

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.278 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the*

standard for the relevant review period)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.

Residents are informed during their PREA education that disciplinary action shall be taken against any client of the program engaging in sexual misconduct. This includes but is not limited to formal disciplinary hearing program removal and/or filing of criminal charges. For best practice and consistency, add sexual assault, sexual abuse and sexual harassment to the resident PREA education acknowledgement form.

Hilltop House follows the disciplinary procedures and process established by the Colorado Department of Public Safety Division of Criminal Justice (DCJ).

DCJ established an on-line disciplinary process Behavioral Shaping Model and Reinforcement Tool (BSMART) which utilizes evidence-based sanctions to address problematic behavior while incorporating an evidence-based contingency management system to reward residents when positive behavior change occurs. The BSMART includes condition #104 Compliance with appropriate Sexual Behavior: Individuals placed in community corrections shall demonstrate sexual behavior that conforms to the requirements of the program. If discovers, clients will report any instances of inappropriate sexual behavior to the appropriate authorities.

Violation – Engaging in Sexual Acts Harassment: Individuals commit a violation of this condition of placement when one subjects another person to sexual contact, through physical action and/or verbal or written statements with or without consent; engaging in sexual acts in the facility or on facility grounds/ indecent exposure/ inappropriate sexual advances or comments directed to staff, clients or visitors. This includes any behavior of a sexual or romantic nature whether verbal, nonverbal, or physical.

Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse the Hilltop House director said that residents would be subject to disciplinary sanctions pursuant to their disciplinary process.

Subsection (b). In an interview the Hilltop House director, he said the residents would receive a Code of Penal Discipline (COPD) violation if from the Colorado Department of Corrections, or residents could be removed from the program or be subject to the BSMART disciplinary process. BSMART is a graduated discipline process.

Behavioral Shaping Model and Reinforcement Tool (BSMART) is an on-line disciplinary process which utilizes evidence-based sanctions to address behavior while incorporating an evidence-based contingency management system to reward residents when positive behavior change occurs.

In an interview with Hilltop House director, he said that they follow the BSMART disciplinary process that has defined sanctions.

Corrective Action

1. Add all the provisions of this standard to policy and/or process. The provisions of the standard include that sanctions would be commensurate with the nature and circumstances of the behavior, and the resident's disciplinary history.

Action taken: Sexual abuse and sexual harassment intake forms states: Disciplinary action shall

be taken against any client of the program engaging in sexual assault, sexual abuse or sexual harassment. This includes but is not limited to formal disciplinary hearing, program removal and/or filing of criminal charges. Sanctions will be commensurate with the nature and circumstances of the behavior, and the resident's disciplinary history.

Subsection (c). In an interview with the Hilltop House director, he said that the facility takes into consideration a resident's mental disabilities or if mental illness contributed to a resident's behavior. If a resident's mental disabilities or mental illness contributed to the behavior, it would be considered and disciplinary charges may not be filed as the facility has other options such as removing the resident.

Recommend adding to policy that when determining what types of sanction, if any, should be imposed, on a resident, that the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his or her behavior.

Action taken: Policy has been updated to reflect: Disciplinary Considerations: When determining what types of sanction, if any, should be imposed, on a client, the disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior

Subsection (d). The Hilltop House director said that if it was determined that a resident needed to participate in therapy, counseling or other types of interventions to address sexual abuse, the case manager would refer the resident to a counselor or therapist in the community.

In an interview with a case manager, it was learned that if a resident has a sex offense related crime, they are referred for treatment in the community. The auditor verified that this was their process by reviewing a report.

For best practice, it is recommended that the provisions of standard 115.278 (d) be added to policy and Client Handbook. "If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits."

Subsection (e). The provisions of this standard require that "The agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact." It is not in policy or in the disciplinary process.

Corrective Action

1. Add the provisions of standard 115.278 (e) in policy.
2. Provide policy for review.

Action taken: Hilltop PREA Policy now states: Disciplinary Considerations:

When determining what types of sanction, if any, should be imposed, on a client, the disciplinary process shall consider whether a client's mental disabilities or mental illness contributed to his or her behavior

Hilltop House may discipline a client for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

Subsection (f). The Whistle Blower Policy mentions making reports in good faith but is for reports made by staff, not residents. The standard requires, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

Corrective Action

1. Add the provisions of standard 115.278 (f) to policy.

2. Provide policy for review.

Action taken: Hilltop PREA Policy now states: Disciplinary Considerations: For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Subsection (g). The provision of this standard requires that the agency refrains from considering non-coercive sexual activity between residents to be sexual abuse. In interviews with the director and case manager, they distinguished the difference between non-consensual and consensual sexual activity between residents, and both are prohibited.

In the resident PREA video, it distinguishes between sexual misconduct and sexual abuse/sexual assault.

Response to Sexual Assault/Misconduct Policy states that “It is the policy of S.W.C.C.C.C/ Hilltop House to adopt the Prison Rape Elimination Act of 2003 by supporting the elimination, reduction, prevention and reporting of nonconsensual sex, abusive sexual contact and staff sexual misconduct within the correctional system.” There is also another policy statement that states, “Hilltop House ensures that any form of sexual activity between clients or between clients and staff/volunteers/contract employees, regardless of consensual status, is strictly prohibited. Such conduct is subject to administrative disciplinary sanctions and may result in criminal prosecution.”

For best practice, distinguish the difference between non-coercive sexual activity between residents and sexual abuse and sexual assault in policy and Client Handbook. The standard provisions require that an agency may, in its discretion, prohibit all sexual activity between residents and may discipline residents for such activity, however, an agency may not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

Evidence Relied Upon
Rule Violation Procedure (BSMART) Policy
Sexual Assault/Misconduct (Investigation)
Response to Sexual Assault on a Client (PREA) Policy
Whistle Blower Policy
Interview with Hilltop House Director
Interview with a case manager
Pre-Audit Questionnaire

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical

treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?

Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Residents who report sexual abuse receive medical treatment and mental health services in the community. Residents would receive medical services at Mercy Medical Center.

The Response to Sexual Assault on a Client Policy requires that upon a report of sexual assault on a client staff shall assess a client's medical needs. Also, under Medical Services, Access to Emergency Medical and Mental Health Services it provides "alleged victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment at no cost to the victim."

There haven't been any sexual abuse reports at Hilltop House.

Subsection (b). There are no medical or mental health practitioners at Hilltop House. In the event of a sexual abuse report, residents would be taken to Mercy Medical Center for treatment.

Response to Sexual Assault on a Client Policy under Actions of the Facility Administrator Regarding a PREA Audit Report

Report of Alleged Sexual Abuse requires “the facility administrator, in consultation with the appropriate law enforcement agency, will take the following actions immediately upon receipt of the report:

1. Take immediate steps to protect the victim by ensuring that the alleged victim and alleged perpetrator are physically separated pending an investigation, which may include, but is not limited to:
 - a. Dorm placement or other placement within the facility: or
 - b. Administrative transfer to another facility or program
2. Preserve evidence that may be pertinent to an investigation of the matter.”

Response to Sexual Assault on a Client Policy under the reporting of sexual abuse section, it states that “upon a report of sexual assault on a client staff shall: assess client’s medical needs.” And under Medical Services, it requires that the victim may need to be contacted at hospital depending on medical needs. Additionally, the checklist attached to the policy requires staff to offer the victim medical services.

For best practice, add to policy that staff shall take preliminary steps to protect the victim pursuant to 115.262 and shall immediately notify the appropriate medical and mental health practitioners such as call an ambulance for medical assistance.

Response to Sexual Assault on a Client Policy under medical services states that, “For both criminal and administrative investigations, a victim of sexually abusive penetration will be offered free transportation to a hospital, clinic, or emergency room which can provide for medical examination by a Sexual Assault Nurse Examiner (SANE) or equally qualified medical personnel at no cost to the victim.”

Corrective Action

1. Add to Response to Sexual Assault on a Client Policy under medical services that a victim of sexually abusive penetration and “sexual abuse” will be offered free transportation to Mercy Medical Center. Even if there is no penetration, a victim of sexual abuse may have injuries and forensic medical evidence could be found. Subsection (c). Response to Sexual Assault on a Client Policy, Access to Emergency Medical and Mental Health Services requires “Alleged victims of sexual abuse shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.”

Action taken: PREA Policy now states: Medical Services.

A. For both criminal and administrative investigations, a victim of sexually abusive penetration and sexual abuse will be offered free transportation to a hospital, clinic, or emergency room which can provide for medical examination by a Sexual Assault Nurse Examiner (SANE) or equally qualified medical personnel at no cost to the victim. Staff shall take preliminary steps to protect the victim and shall immediately notify the appropriate medical and mental health practitioners such as call an ambulance for medical assistance.

B. Access to Emergency Medical and Mental Health Services.

- Alleged victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment at no cost to the victim.
- Alleged victims of sexual abuse shall be offered timely information about and access to emergency contraception and sexually transmitted infections prophylaxis, where medically appropriate.
- Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

There have not been any reports of sexual abuse.

Subsection (d). Response to Sexual Assault on a Client Policy, Access to Emergency Medical and Mental Health Services requires that “treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”

Corrective Action

1. Develop a contract or Memorandum of Understanding with Mercy Medical Center Hospital - SANE program that requires treatment services and SANE exams to be provided to the victim of sexual abuse/sexual assault without financial cost, regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.
2. Provide contract or MOU with Mercy Medical Center Hospital.

Action taken: While Hilltop policy states treatment services will be provided without cost to the client, no MOU is in place. Hilltop House provided a chain of e-mails between the facility administration and Mercy Medical to establish an MOU for SANE/SAFE for Hilltop clients. Facility director has followed up with Mercy Medical several times since the onsite audit. Per latest e-mail of 12/27/18, this issue will be on the agenda for Mercy Medical’s administration meeting in mid-January. A copy of the proposed MOU has been provided. This audit process can only require action by the agency and facility being audited, not outside agencies such as third-party investigators or medical/mental health agencies providing services but not under contract to do so.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Evidence Relied Upon

Pre-Audit Questionnaire

Response to Sexual Assault on a Client Policy

Interview with Hilltop House director

Interview with Mercy Medical Hospital SANE coordinator

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). The facility provides medical and mental health evaluation to clients who report current or past sexual abuse. Response to Sexual Assault on a Client Policy under Medical Services requires “Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers. That the “facility offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual acts. When necessary and feasible, the evaluation and treatment of such victims shall include follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody.”

Recommend that the policy is updated to include “sexual abuse” in any prison, jail, lockup, community confinement facility or juvenile facility

Action taken: This was added to policy.

Medical and mental health evaluations of clients are done in the community and not at the facility.

In an interview with the Hilltop House director, he said that if a resident reporting being sexually assault/sexually abused, the resident would go to Mercy Medical Hospital for medical treatment.

Subsection (b). Response to Sexual Assault on a Client Policy requires under Medical Services requires under Medical Services section, "Ongoing Medical and Mental Health Care for Sexual Abuse

Victims and Abusers requires "the facility offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual acts. When necessary and feasible, the evaluation and treatment of such victims shall include follow-up services, treatment plans, and referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody."

Subsection (c). The medical and mental health services provided to victims would be consistent with the community level of care. Residents receive medical and mental health services in the community.

Subsection (d). Response to Sexual Assault on a Client Policy requires under Medical Services requires under Medical Services section, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers requires, "alleged client victims of vaginal penetration while incarcerated shall be offered pregnancy tests."

Recommend adding "sexually abusive" vaginal penetration" to the policy.

Action taken: This was added to policy.

There have not been any sexual abuse reports at Hilltop House.

Subsection (e). Response to Sexual Assault on a Client Policy requires under Medical Services requires under Medical Services section, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers requires that "If pregnancy results from the conduct described in paragraph (c) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services."

There have not been any sexual abuse reports at Hilltop House and as a result, there are no responses to sexual abuse available for review.

Subsection (f). Response to Sexual Assault on a Client Policy requires under Medical Services requires under Medical Services section, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers requires that "Alleged client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate."

In an interview with the SANE coordinator, she said that residents are offered tests for sexually transmitted infections.

Corrective Action

1. Ensure that the provisions of this standard are in the contract or memorandum of understanding with the Mercy Medical hospital.
2. Provide a copy of contract or MOU with hospital

Action taken: Hilltop House provided a chain of e-mails between the facility administration and Mercy Medical to establish an MOU for SANE/SAFE for Hilltop clients. Facility director has followed up with Mercy Medical several times since the onsite audit. Per latest e-mail of 12/27/18, this issue will be on the agenda for Mercy

Medical's administration meeting in mid-January. A copy of the draft MOU has been provided. This audit process can only require action by the agency and facility being audited, not outside agencies such as third-party investigators or medical/mental health agencies providing services but not under contract to do so.

Subsection (g). The Response to Sexual Assault on a Client Policy requires under Medical Services requires under Medical Services section, Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers requires that, "Treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident."

Recommend that the requirements of this standard are in a contract or memorandum of understanding with the hospital.

Subsection (h). The Response to Sexual Assault on a Client Policy requires under Medical Services requires under Medical Services section C. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers requires that "the facility shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners."

Recommend adding to policy what Hilltop House actually does when a resident is referred for a mental health evaluation. Begin with including who is responsible for making the referral.

Action taken: Policy was updated to reflect: The facility shall attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners (Case Managers will be responsible for scheduling this mental health evaluation)

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Evidence Relied Upon
Response to Sexual Assault on a Client Policy
Pre-Audit Questionnaire
Interview with the Hilltop House Director
Interview with the SANE coordinator

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation?
 Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?
 Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Response to Sexual Assault/Misconduct (Investigation) Policy under Incident Review section requires that “the facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not

been substantiated unless the allegation has been determined to be unfounded.”

Hilltop House hasn't had a sexual abuse report. As a result, there hasn't been a sexual abuse investigation so an incident review has not been conducted.

Subsection (b). Response to Sexual Assault/Misconduct (Investigation) Policy under Incident Reviews requires that “The facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated unless the allegation has been determined to be unfounded.”

There hasn't been a sexual abuse investigation at Hilltop House so an incident review has not been conducted.

Subsection (c). Response to Sexual Assault/Misconduct (Investigation) Policy under Incident Reviews requires that “the review team shall include upper-level management and shall take input from shift supervisor, line staff, and investigators as well as medical and mental health providers.” The facility does not have investigators, medical or mental health practitioners.

In an interview with the Hilltop House Director, he said that the case manager supervisor, line staff, and input from all staff are involved in the incident review.

In interviews with staff, they were not aware of the incident review process. However, there have not been sexual abuse investigations to conduct an incident review. It is best practice for staff to be aware of the sexual abuse incident review form and process so they understand the requirements and are knowledgeable about the process.

Corrective Action

1. There are no medical or mental health practitioners at the facility. Update policy to identify which staff will participate in an incident review.

Action taken: Policy now states: Incident Reviews

The facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The review team shall include Director/CEO, Case Manager Supervisor, client Case Manager, Correctional Supervisor(s), a member of line staff, investigators, and medical and mental health providers.

Subsection (d). Response to Sexual Assault/Misconduct (Investigation) Policy under Incident Reviews requires “the review team to consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics within the facility.”

Additionally, the review team “shall make recommendations as to needed policy changes or better practices to detect or respond to sexual abuse. All recommendations for improvement shall be implemented by the director or the reasons documented.”

Include “prevent” sexual abuse in policy.

Not all of the requirements of the standard are included in the policy. The review team also needs to do the following:

-Examine the area in the facility where the incident allegedly occurred to assess whether physical

barriers in the area may enable abuse.

-Assess the adequacy of staffing levels in that area during different shifts.

-Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

Hilltop House has a form where PREA information is reviewed. PREA information such as,

-Are there have been any reports of sexual assault/misconduct?

-Has a sexual abuse incident review been conducted at the conclusion of any sexual abuse investigation within 30 days?

-Has all staff been trained on PREA?

-Are sexually victimization/predator risks being considered prior to room assignments being made?

-Are there are blind spots or areas of concerns in/around the facility that a sexual assault is more likely to occur?

PREA is one of the items reviewed to improve deficiencies, but the form is not designed for incident reviews.

The provision of standard 115.286 (d) requires the review team prepare a report of its findings, including but not necessarily limited to determinations made pursuant to standard 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

Corrective Action

1. Develop procedures that include all the requirements of standard 115.286 (d) and add to policy.

- Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

- Assess the adequacy of staffing levels in that area during different shifts.

- Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

- Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to standard 115.286(d) (1) - (d) (5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.

2. Develop a form to be used during an incident review. Include in the form the requirements of 115.286 (d).

3. Identify in the process who will participate in the sexual abuse incident reviews.

4. Review the procedures, process, and form with the staff who will be part of a sexual abuse incident review so that they are aware of the requirements.

5. Provide policy, form, and staff training roster.

Action take: Policy now states: Incident Reviews

The facility shall conduct a sexual abuse incident review within 30 days of the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.

The review team shall include Director/CEO, Case Manager Supervisor, client Case Manager, Correctional Supervisor(s), a member of line staff, investigators, and medical and mental health providers.

The review team shall consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status or gang affiliation; or was motivated or otherwise caused by other group dynamics within the facility. In addition to the above the review team shall also:

-Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse.

-Assess the adequacy of staffing levels in that area during different shifts.

-Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff

The review team shall prepare a report to be submitted to the Director/CEO and PREA compliance manager (see attached Sexual Abuse Incident Review Checklist) as to needed policy changes or better practices to detect, prevent or respond to sexual abuse. All recommendations for improvement shall be implemented by the Director/CEO or the reasons documented for not doing so.

Hilltop House provided an updated “Sexual Abuse Incident Review Checklist” which covers the elements as noted above.

Above listed documents were provided and placed with supporting documentation. Based on the above “actions taken” the facility now meets this standard.

Subsection (e). Response to Sexual Assault/Misconduct (Investigation) Policy under Incident Reviews requires that “the review team shall make recommendations as to needed policy changes or better practices to detect or respond to sexual abuse. All recommendations for improvement shall be implemented by the Director or the reasons documented for not doing so.”

Interviews with PREA coordinator who is also the director said that Hilltop House hasn’t had a sexual abuse report and they haven’t conducted an incident review.

Evidence Relied Upon
Response to Sexual Assault/Misconduct (Investigation) Policy
Interview with Hilltop House Director/PREA coordinator
Pre-Audit Questionnaire
Actions implemented to improve deficiencies report
Directors Monthly Audit Checklist

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). There is not a policy or process that requires Hilltop House to collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.

Corrective Action

1. Develop a process to comply with standard 115.287 (a) to collect accurate, uniform data for every allegation of sexual abuse and sexual harassment using a standardized instrument and set of definitions.
2. Provide standardized instrument and set of definitions

Action taken: PREA Policy now states:

Tracking:

The Director/CEO shall maintain a tracking system that records all allegations of sexual abuse and sexual harassment and their disposition. The Director/CEO shall maintain, review, and collect data as needed from all available incident-based documents, documents including reports, investigation files and sexual abuse incident reviews. The incident-based data collected shall be aggregated at least annually and shall include, at a minimum, the data necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice.

Definition for the uniform collection of data

Substantiated: Substantiated allegations means an allegation that was investigated and determined to have occurred.

Unsubstantiated: Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Unfounded: Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Aggregated information shall include:

Substantiated Allegations of Sexual Assault and Sexual Harassment

Client on Client
Staff on Client

Unsubstantiated Allegation of Sexual Assault and Sexual Harassment

Client on Client
Staff on Client

Unfounded Allegation of Sexual Assault and Sexual Harassment

Client on Client
Staff on Client

All such information shall be provided to the Department of Justice upon request.

A checklist for PREA Related Incidents is attached to the policy and a blank SSVI incident form was provided to the auditor as well as an "Aggregated Monthly PREA Information Collection" form.

Subsection (b). The Response to Sexual Assault on a Client Policy requires that "incident-based data collected shall be aggregated at least annually and shall include, at a minimum, the data necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice. All such information shall be provided to the Department of Justice upon request."

The Hilltop House director said that he has a memo on Facebook that there have not been any sexual abuse incidents.

Corrective Action

1. Develop a form or format to aggregate incident-based sexual abuse data at least annually and include, at a minimum, the data the necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice.
2. Provide form or format for review.

Action taken: See above action taken.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Subsection (c). The Response to Sexual Assault on a Client Policy requires that "incident-based data collected shall be aggregated at least annually and shall include, at a minimum, the data necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice. All such information shall be provided to the Department of Justice upon request."

There have not been any incidents of sexual abuse during the past 12 months.

Subsection (d). Response to Sexual Assault on a Client Policy Tracking section requires that "the director shall maintain a tracking system that records all allegations of sexual misconduct and their disposition. The director shall maintain, review, and collect data as needed from all available incident-based documents, documents including reports, investigation files, and sexual abuse incident reviews. The incident-based data collected shall be aggregated at least annually and shall include, at a minimum, the data the necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice. All such information shall be provided to the

Department of Justice upon request.”

Subsection (e). This standard is Not Applicable. Hilltop House does not contract with a private facility.

Subsection (f.) This standard is Not Applicable. The Department of Justice has not requested the facility’s data.

Evidence Relied Upon

Information Collection Policy

Response to Sexual Assault on a Client Policy

Pre-Audit Questionnaire

Interview with Hilltop House Director

A memo from the Hilltop House Director that there have not been any sexual abuse incidents

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated 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 by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated 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 by: Taking corrective action on an ongoing basis? Yes No
- Does the agency review data collected and aggregated 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 by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

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

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). There have not been any sexual abuse or sexual harassment incidents to review. The Hilltop House director prepares memos each year beginning in 2016 and 2017 that there have not been any allegations of sexual abuse. He posted a memo on the Hilltop House Facebook page. The auditor was not able to view any of the information on Facebook.

The PREA standards require that the agency develop a process to review data collected and aggregated pursuant to standard 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training. The aggregated data needs to include:

- Identifying any problem areas
- Taking corrective action on an ongoing basis.
- Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

Corrective Action

1. Develop a report that reviews data collected and aggregated pursuant to standard 115.287 in order to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection, and response policies, practices, and training.
2. Include in the report the elements required in 115.288 (a) incidents, problem areas, findings, and taking corrective actions on an ongoing basis.

Subsection (b). Hilltop House does not prepare an annual report that includes a comparison of the current year's data and corrective actions with those from prior years and provides an assessment of the agency's progress in addressing sexual abuse.

Corrective Action

1. Develop an annual report required in PREA standard 115.288 (a) to include collected data as well as a comparison of the current year's data with those from prior years and provide an assessment of the agency's process in addressing sexual abuse and sexual harassment.

Action taken: PREA Policy now states:

Tracking:

The Director/CEO shall maintain a tracking system that records all allegations of sexual abuse and sexual harassment and their disposition. The Director/CEO shall maintain, review, and collect data as needed from all available incident-based documents, documents including reports, investigation files and sexual abuse incident reviews. The incident-based data collected shall be aggregated at least annually and shall include, at a minimum, the data necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice.

Definition for the uniform collection of data

Substantiated: Substantiated allegations means an allegation that was investigated and determined to have occurred.

Unsubstantiated: Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Unfounded: Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Aggregated information shall include:

Substantiated Allegations of Sexual Assault and Sexual Harassment

Client on Client

Staff on Client

Unsubstantiated Allegation of Sexual Assault and Sexual Harassment

Client on Client

Staff on Client

Unfounded Allegation of Sexual Assault and Sexual Harassment

Client on Client

Staff on Client

All such information shall be provided to the Department of Justice upon request.

A checklist for PREA Related Incidents is attached to the policy and a blank SSVI incident form was provided to the auditor as well as an "Aggregated Monthly PREA Information Collection" form.

Subsection (c). An annual report has not been developed by Hilltop House. There is not an annual report approved by the agency head that is made available to the public on a website. There is a memo that the Hilltop House director posted on Facebook (<http://www.facebook.com/hilltop.house5>) which states that there have not been any sexual abuse reports. However, the information is only available to people with a Facebook account, and it is not considered a website.

The PREA PRC FAQ states that "the PREA Standards require that the agency make all final PREA audit reports readily available to the public by other means (unless and until an agency website becomes operational)." For FAQ 115.45, it states, "The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate." The preamble of the PREA standards Notice of Final Rule states, "[t]he agency may, in its discretion, make such information [about third-party reporting] readily available through a website, posting at the facility, printed pamphlets, and other appropriate means." See Vol. 77, *Federal Register*, No. 119, p. 37163. Generally, agencies are posting information about the third-party reporting process on their websites. This means that the public has reasonable access to the annual report. The annual report must be readily available and reasonably conspicuous to the public.

Corrective Action

1. Develop an annual report.
2. The annual report needs to be approved by the agency head. Since the Hilltop House director will develop and sign the report, it is recommended that it is also approved by the S.W.C.C.C.C. chairman.
3. Hilltop House does not have a website. Using the following FAQ as guidance, Hilltop House will need to make the annual report available to the public by other means that requires the public reasonable access to the information and that it is reasonably conspicuous to the public.
4. Make the last PREA audit conducted available to the public by other means that requires the public reasonable access to the information and that it is reasonably conspicuous to the public.

Action taken: PREA Policy now states: Tracking

The Director/CEO shall maintain a tracking system that records all allegations of sexual abuse and sexual harassment and their disposition. The Director/CEO shall maintain, review, and collect data as needed from all available incident-based documents, documents including reports, investigation files and sexual abuse incident reviews. The incident-based data collected shall be aggregated at least annually and shall include, at a minimum, the data necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice.

Definition for the uniform collection of data

Substantiated: Substantiated allegations means an allegation that was investigated and determined to have occurred.

Unsubstantiated: Unsubstantiated allegation means an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

Unfounded: Unfounded allegation means an allegation that was investigated and determined not to have occurred.

Aggregated information shall include:

Substantiated Allegations of Sexual Assault and Sexual Harassment

Client on Client
Staff on Client

Unsubstantiated Allegation of Sexual Assault and Sexual Harassment

Client on Client
Staff on Client

Unfounded Allegation of Sexual Assault and Sexual Harassment

Client on Client
Staff on Client

All such information shall be provided to the Department of Justice upon request.

A checklist for PREA Related Incidents is attached to the policy and a bland SSVI incident form was provided to the auditor as well as an "Aggregated Monthly PREA Information Collection" form.

Above listed documents were provided and placed with supporting documentation. Based on the above "actions taken" the facility now meets this standard.

Subsection (d).

When the annual report is posted on the website or made available to the public, indicate the nature of any material redacted where the agency redacts specific material from the reports if publication would present a clear and specific threat to the safety and security of a facility. Also, all personal identifiers need to be redacted or not included in the report.

Hilltop House did not have any information that required redaction in the memo.

Evidence Relied Upon
Information Collected Policy
Memo from the Director dated July 3, 2017
Interview with Hilltop House Director

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). Hilltop House stores its active files in the case manager's offices. The case managers keep their doors locked when they are not in the office.

The inactive files are kept in the administration basement. Staff had access to the files and residents were allowed to come into the area if accompanied by a staff member. The Hilltop House Director developed a new policy, Access to Administrative Building and Basement by Client Policy during the on-site audit. The new policy requires:

1. All clients of the program shall not be permitted access to any part of the administrative offices or basement storage area without to (s) paid staff members being present, regardless of timeframes and nature of the visits (including but not limited to completing of chores, case manager meetings, hearings,

phone and computer use.)

2. Case managers will be required to conduct meetings in the facility corrections office any time another paid staff member is not physically present for the length of the meeting.
3. The completion of client chores will be required to be rescheduled when the above conditions are not in place.

Another reason this policy was put in place is to prevent a staff member and client being alone in the administrative building.

Additionally, the Hilltop House director is having the basement area where the inactive resident files are kept is to have a gate and a key needed to enter into the area. The area will be restricted only to those who need to have access. A policy, process to access the area and a log when and sign out sheet if a file is removed is recommended.

The new policy requirements and restricting access to the inactive files will ensure that records and data collected pursuant to standard 115.287 are securely retained.

Action taken: Gate and key access has been completed and photos provided to the auditor.

The data for the annual reports are maintained by the Hilltop House director and kept electronically or in a file. His door is closed and locked when he is not in the office. Limited people have access to his office.

Corrective Action

1. Require that the basement area where the inactive resident files are gated and a key needed to enter into the area so the files are securely retained.

Action taken: Gate and key access has been completed and photos provided to the auditor.

Subsection (b). The standard requires that agency to make all aggregated sexual abuse data readily available to the public at least annually through its website or, if it does not have one, through other means. Hilltop House does not have a website

Hilltop House does not contract with a private facility therefore only Hilltop House information needs to be posted or available through other means

Hilltop House will need to make the information available to the public by other means that requires the public have reasonable access to the information.

Action taken: Information is now available on the Hilltop House website.

The PREA PRC FAQ states that “the PREA Standards require that the agency make all final PREA audit reports readily available to the public by other means (unless and until an agency website becomes operational).” For FAQ 115.45, it states, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.” The preamble of the PREA standards Notice of Final Rule states, “[t]he agency may, in its discretion, make such information [about third-party reporting] readily available through a website, posting at the facility, printed pamphlets, and other appropriate means.” See Vol. 77, *Federal Register*, No. 119, p. 37163. Generally, agencies are posting information about the third-party reporting process on their websites.

This means that the public can reasonably access the annual report. The annual report must be readily available and reasonably conspicuous to the public.

Corrective Action

1. Make the annual report readily available and reasonably conspicuous to the public.

Action taken: The facility now has a website with the annual reports posted.
<https://hilltophousedurango.weebly.com>.

Subsection (c). This provision of this standard require that before making aggregated sexual abuse data publicly available, the agency shall remove all personal identifiers. Hilltop House published a memo on its Face Book page and there aren't any personal identifiers are on it.

Hilltop House needs to ensure that when it produces an annual report it removes all personal identifiers before making sexual abuse data and/or information publicly available.

Subsection (d). Responding to Sexual Assault/Misconduct on a Client Policy under records keeping states "all case records associated with claims of sexual abuse, including incident reports, investigative reports, client information, case disposition, medical and counselling evaluation findings, and recommendations for post-release treatment and/or counseling will be retained in accordance with Hilltop House record retention schedule."

Storage and Destruction of File Material Policy require that client and personnel files are marinated for seven (7) years. The PREA standard requires that sexual abuse data collected pursuant to standard 115.287 be maintained for at least ten (10) years after the date of the initial collection, unless Federal, State, or local law requires otherwise.

Corrective Action

1. Standard 115.289 (d) requires that sexual abuse and sexual harassment data collected pursuant to 115.287 be maintained for at least ten (10) years after the date of the initial collection. Add the requirements of this standard to policy to ensure records are maintained for at least ten (10) years after initial collection.
2. Provide updated policy for review.

Action taken: Policy "Storage and Destruction of file material" now states: Client Files: All client files will be maintained for a period of 7 years from the date of discharge (all information pertaining to sexual abuse and sexual harassment must be maintained for at least ten (10) years after the date of the initial collection).

Above listed documents were provided and placed with supporting documentation.
Based on the above "actions taken" the facility now meets this standard.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

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

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a “no” response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (a). During the prior three-year audit period, Hilltop House was audited.

Hilltop House has one facility and the PREA audit was conducted in August 2015. The on-site audit was conducted August 10-12, 2015.

Hilltop House does not contract with a private organization.

Subsection (b). This is the second year of the current audit cycle. Hilltop House is the only facility. One-third of each facility type operated by the agency was not audited during the first year of the current audit cycle. Hilltop House should have been audited in 2016-2017, during the first audit cycle of the second-year audit cycle.

Subsection (h). The auditor had access to, and the ability to observe, all areas of the facility.

Subsection (i). The auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).

Subsection (m). The auditor was permitted to conduct private interviews with residents in the administrative building.

Subsection (n). Residents were permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. During the on-site audit, the auditor observed notification of the on-site audit in the facility and administration building. Inmates said that they saw the notice of the on-site audit.

No letters were received from residents at Hilltop House.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

Subsection (f). Hilltop House has not made publicly available the last final PREA Audit Report from 2015.

Hilltop House does not have a website. However, using the following FAQ as guidance, Hilltop House

will need to make the 2015 PREA audit report as well as this PREA audit report publicly available by other means that allows the public reasonable access to the information. (Since posting of the interim report, Hilltop established a website.)

The PREA PRC FAQ states that “the PREA Standards require that the agency make all final PREA audit reports readily available to the public by other means (unless and until an agency website becomes operational).” For FAQ 115.45, it states, “The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.” The preamble of the PREA standards Notice of Final Rule states, “[t]he agency may, in its discretion, make such information [about third-party reporting] readily available through a website, posting at the facility, printed pamphlets, and other appropriate means.” See Vol. 77, *Federal Register*, No. 119, p. 37163. Generally, agencies are posting information about the third-party reporting process on their websites.

Action taken: The facility now has a website with the annual reports posted.
<https://hilltophousedurango.weebly.com>.

This means that the public can reasonably access to the final PREA Audit Report. The final PREA Audit Report must be readily available and reasonably conspicuous to the public within 90 days from receipt.

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 Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Dave Cotten

Auditor Signature

Feb. 9, 2019

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.