

PREA Facility Audit Report: Final

Name of Facility: Hilltop House Community Corrections

Facility Type: Community Confinement

Date Interim Report Submitted: NA

Date Final Report Submitted: 05/10/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Karen d. Murray	Date of Signature: 05/10/ 2023

AUDITOR INFORMATION	
Auditor name:	Murray, Karen
Email:	kdmconsults1@gmail.com
Start Date of On-Site Audit:	04/19/2023
End Date of On-Site Audit:	04/20/2023

FACILITY INFORMATION	
Facility name:	Hilltop House Community Corrections
Facility physical address:	1050 Avenida Del Sol, Durango, Colorado - 81301
Facility mailing address:	1050 Avenida del Sol, Durango, Colorado - 81301

Primary Contact	
Name:	Sally Frey
Email Address:	Sally.frey@swcccc.org
Telephone Number:	9709037119

Facility Director	
Name:	Sarah Frey
Email Address:	Sally.Frey@swcccc.org
Telephone Number:	970-247-1342 x 13

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	54
Current population of facility:	43
Average daily population for the past 12 months:	44
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Both females and males
Age range of population:	20 to 60
Facility security levels/resident custody levels:	NA
Number of staff currently employed at the	26

facility who may have contact with residents:	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	2

AGENCY INFORMATION	
Name of agency:	Southwest Colorado Community Corrections Center, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	1050 Avenida Del Sol, Durango, Colorado - 81301
Mailing Address:	
Telephone number:	

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

Agency-Wide PREA Coordinator Information			
Name:	Bren Berryhill	Email Address:	bren.berryhill@swcccc.org

Facility AUDIT FINDINGS
Summary of Audit Findings
The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

2

- 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
- 115.253 - Resident access to outside confidential support services

Number of standards met:

39

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-19
2. End date of the onsite portion of the audit:	2023-04-20

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>During the tour the Auditor phoned the hotline from a client pay phone. This call was free and it was answered by a voicemail stating "you have reached the Colorado Tips Hotline... this message can be anonymous." During the tour the SASO advocacy number was dialed from the client payphone. This call was free and an answering service answered on the first ring. After proper introductions and the reason for the call, the operator explained if this were a call from a client, he would request the name and a return contact number from the caller, contact an advocate who would return the call quickly. The answering service also stated the advocate would meet the victim at the hospital and contact local law enforcement if requested.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	54
15. Average daily population for the past 12 months:	44
16. Number of inmate/resident/detainee housing units:	2

<p>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
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Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

<p>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</p>	<p>44</p>
<p>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</p>	<p>1</p>
<p>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</p>	<p>2</p>
<p>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>
<p>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</p>	<p>0</p>

42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	4
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	10
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	26
50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	2
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	1
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	No text provided.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	5

<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Upon arrival to the Auditor was provided a client roster by name, intake and anticipated discharge date and individual facility information. Once targeted clients were chosen, the Auditor randomly selected remaining names for random interviews.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>No text provided.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>5</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After a tour of the facility, informal and formal interviews with staff and clients and review of client files this category of clients did not appear to be at the facility during the onsite review.</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After a tour of the facility, informal and formal interviews with staff and clients and review of client files this category of clients did not appear to be at the facility during the onsite review.</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After a tour of the facility, informal and formal interviews with staff and clients and review of client files this category of clients did not appear to be at the facility during the onsite review.</p>

<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After a tour of the facility, informal and formal interviews with staff and clients and review of client files this category of clients did not appear to be at the facility during the onsite review.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>3</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After a tour of the facility, informal and formal interviews with staff and clients and review of client files this category of clients did not appear to be at the facility during the onsite review.</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>After a tour of the facility, informal and formal interviews with staff and clients and review of client files this category of clients did not appear to be at the facility during the onsite review.</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>

<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The facility does not utilize segregation.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>No text provided.</p>
<p>Staff, Volunteer, and Contractor Interviews</p>	
<p>Random Staff Interviews</p>	
<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>6</p>

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>All security staff from every shift, during the onsite review, were interviewed.</p>

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	9
76. Were you able to interview the Agency Head?	<input checked="" type="radio"/> Yes <input type="radio"/> No
77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	<input checked="" type="radio"/> Yes <input type="radio"/> No
78. Were you able to interview the PREA Coordinator?	<input checked="" type="radio"/> Yes <input type="radio"/> No
79. Were you able to interview the PREA Compliance Manager?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- Agency contract administrator
- Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- Line staff who supervise youthful inmates (if applicable)
- Education and program staff who work with youthful inmates (if applicable)
- Medical staff
- Mental health staff
- Non-medical staff involved in cross-gender strip or visual searches
- Administrative (human resources) staff
- Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- Investigative staff responsible for conducting administrative investigations
- Investigative staff responsible for conducting criminal investigations
- Staff who perform screening for risk of victimization and abusiveness
- Staff who supervise inmates in segregated housing/residents in isolation
- Staff on the sexual abuse incident review team
- Designated staff member charged with monitoring retaliation
- First responders, both security and non-security staff
- Intake staff

	<input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input checked="" type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input checked="" type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	No text provided.

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

84. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was the site review an active, inquiring process that included the following:	
85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="radio"/> Yes <input type="radio"/> No
88. Informal conversations with staff during the site review (encouraged, not required)?	<input type="radio"/> Yes <input checked="" type="radio"/> No

<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>No text provided.</p>
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Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>No text provided.</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

92. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

93. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

Note: these counts should reflect where the investigation is currently (i.e., if a criminal investigation was referred for prosecution and resulted in a conviction, that investigation outcome should only appear in the count for “convicted.”) Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual abuse investigation files, as applicable to the facility type being audited.

94. Criminal SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual abuse	0	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

95. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	0
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	0

Sexual Harassment Investigation Outcomes

Note: these counts should reflect where the investigation is currently. Do not double count. Additionally, for question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, and detainee sexual harassment investigation files, as applicable to the facility type being audited.

96. Criminal SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
Inmate-on-inmate sexual harassment	0	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0	0
Total	0	0	0	0	0

97. Administrative SEXUAL HARASSMENT investigation outcomes during the 12 months preceding the audit:

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	0	0	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	0	0	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	0
a. Explain why you were unable to review any sexual abuse investigation files:	There have not been any sexual abuse or sexual harassment allegations in the past 12 months.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. Explain why you were unable to review any sexual harassment investigation files:</p>	<p>There have not been any sexual harassment allegations in the past 12 months.</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>Staff-on-inmate sexual harassment investigation files</p>	
<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

Non-certified Support Staff

116. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

- Yes
 No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

Standards	
Auditor Overall Determination Definitions	
<ul style="list-style-type: none"> • Exceeds Standard (Substantially exceeds requirement of standard) • Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) • Does Not Meet Standard (requires corrective actions) 	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement, IV Administrative - Response to Sexual Assault on a Client (PREA), not dated 3. Facility Organizational Chart, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Clients 2. Targeted Clients 3. Correction Technicians

4. Facility Manager
5. Case Managers
6. Executive Director / PREA Coordinator

Through interviews with clients and staff and review of client and staff files, it is evident that this facility interweaves PREA in their daily protocols. Both clients and staff could speak to facility PREA practices and protocols being used as is described in the agency's PREA policy.

Client interviews yielded the following comments:

- Staff do a good job making us comfortable;
- Staff sure respect us here;
- Staff are really good about making sure we know PREA here;
- I want good things for this place, they've helped me so much;
- Staff are nice here, this place has changed my life;
- This place has done a lot for me, I really like it here;
- I really like their approach here, anytime I want to talk, I can

Interviews with facility staff demonstrated a culture of care in regard to ensuring clients feel comfortable, a safe environment, and understanding the processes that would follow their allegation and assurance of confidential processes after receipt of an allegation.

The interview and with the Executive Director demonstrated she has the required time to implement PREA protocols.

Site Review Observation:

During the tour of the facility, the Auditor witnessed multiple Zero Tolerance flyers with information regarding the right to report, multiple internal and external options to report. Flyers were witnessed at the entry of the residential building, in the female and male hallways. Audit notices were posted at the entry of the residential building near the dayrooms and in the administrative building.

The facility has both males and females, males being on one side of the residential building and females on the other, keeping them separate from ongoing communication as much as possible. Facility bathrooms are either single use or for two clients only, who may shower at the same time in individual shower stalls, each equipped with a full door or shower curtain. All bathrooms have full doors to allow for private toileting and all bedrooms have a door where staff knock, announce 'head count' before entering. Upon entrance to the male or female residential halls, opposite gender announcements were made. Facility cameras were observed throughout the interior and exterior of the residential and administrative buildings. All cameras were reviewed in the Control Room and cameras do not provide a view of the inside of bathrooms or bedrooms.

In the Control Room a 'PREA' binder is available containing the facility PREA policies, PREA information, Coordinated Response and PREA Incident Checklist, providing staff with resources should an allegation be received or an event occur.

(a) The Hilltop House Community Corrections PAQ states the facility mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

Policy Statement, IV Administrative - Response to Sexual Assault on a Client (PREA), page 1 section Purpose, states, "It is the policy of S.W.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 sexual harassment within the correctional system. PREA applies to all Hilltop House staff, volunteers, contractors as well as all Federal, State and locally sentenced or pretrial clients of the program. "

(b) The Hilltop House Community Corrections PAQ states The PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator in the agency's organizational structure. Hilltop House Community Corrections has a designated agency wide PREA Coordinator.

	<p>The facility provided an organization chart. The organizational chart demonstrates the PREA Coordinator serves as the Director/CEO and reports directly to the Southwest Community Confinement Correctional Center Board of Directors.</p> <p>Through such reviews of the facility providing multiple resources to staff upon receipt of an allegation or an event of sexual harassment or sexual abuse, the facility exceed the standard requirements.</p>
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115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director / PREA Coordinator <p>During the pre-audit phase, the Executive Director / PREA Coordinator conveyed the agency does not have privatized contracts.</p> <p>(a-b) The Hilltop House Community Corrections PAQ states the facility does not have contracts with private agencies for confinement services of their inmates.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Hilltop House Community Corrections PAQ
2. Staffing Plan for Hilltop House Community Corrections Facility, dated 3.2023
3. Hilltop House Staffing Plan Review, dated 3.30.2023

Interviews:

1. Random Clients
2. Targeted Clients
3. Correction Technicians
4. Facility Manager
5. Executive Director / PREA Coordinator

Interviews with clients demonstrated administrative staff were available to them during programmatic hours and Correction Technicians are in the residential building 24 hours a day, seven days a week.

Site Observation:

Supervisory staff were observed interacting with clients throughout the onsite review. Female staff were witnessed stating 'Female Staff' before entering male or female hallways, during the tour.

(a) The Hilltop House Community Corrections PAQ states the facility requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 48. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 48.

The facility provided a Staffing Plan for the Hilltop House Community Corrections Facility. The staffing plan includes the following components.

- Requirements of PREA Standards 115.213
- Assessments
- o The Physical Layout of the Facility

	<ul style="list-style-type: none"> o The Composition of the Resident Population o The Prevalence of Substantiated and Unsubstantiated Incidents of Sexual Abuse o Any other Relevant Factors <p>(b) The Hilltop House Community Corrections PAQ states the facility has not deviated from the staffing plan; however, the facility states they will document and justify deviations.</p> <p>(c) The Hilltop House Community Corrections PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.</p> <p>The facility provided a Hilltop House Staffing Plan Review. The review speaks to the following components.</p> <ul style="list-style-type: none"> · Investigations · Camera and mirror placement · Staff schedules · Population demographics · Housing requirements <p>Through such reviews, the facility meets the standard requirements.</p>
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115.215	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:
	1. Hilltop House Community Corrections PAQ

2. Policy Statement, IV Administrative – Client Pat Searches, dated 3.2023
3. Policy Statement, IV Administrative – Accessing Client Private Living Areas, not dated

Interviews:

1. Random Clients
2. Targeted Clients
3. Correction Technicians
4. Facility Manager
5. Executive Director / PREA Coordinator

Interviews with clients demonstrated each had experienced a non-touch search and or urinalysis at the facility and that those processes were conducted respectfully by all staff. Clients were asked if they felt sexually safe in the program and each replied yes. One gay client stated he had a hard time with staff seeing his genitalia and he was granted swab testing.

Staff interviewed stated cross-gender non-touch searches had been trained all though such searches had not occurred as a male and female are typically always on shift. Staff stated they would not conduct searches on transgender clients to ascertain gender.

Administrative staff stated if a female staff needed to conduct a urinalysis with a male client, the bathroom door would be closed after a client removed outer clothing such as jackets and sweaters.

Site Review Observation:

During the tour the auditor was able to view the area where non-touch searches and urinalysis testing were conducted. Clients walk through a metal detector and are then escorted to a restroom adjacent to the entry of the building. Clients are taken into the restroom, outside of camera view, where staff may stand inside the door with their hand/arm outside of the door, while monitoring the urinalysis. Cameras in the area are equipped with audio to further protect the client and staff.

- (a) Hilltop House Community Corrections PAQ states the facility does not

conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents was zero. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity searches of residents that did not involve exigent circumstances or were performed by non-medical staff was zero.

Policy Statement, IV Administrative - Client Pat Searches, page 1, section Procedure, states, "Random pat searches shall be conducted at a rate of no less than one (1) per seven-day period for each offender, with gaps between searches not to exceed seven days. Pat searches shall be conducted by staff of the same sex as the client being searched."

(b) Hilltop House Community Corrections PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017). The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The number of pat-down searches of female residents that were conducted by male staff was zero.

Policy Statement, IV Administrative - Client Pat Searches, page 2, final sentence, states,

"Cross gender, strip searches or visual body cavity searches are prohibited."

(b) Hilltop House Community Corrections PAQ states the facility policy does require that all cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches be documented and justified as cross-gender strip searches and body cavity searches are not allowed. The facility does not house female inmates. Policy compliance can be found in provision (b) of this standard.

(d) Hilltop House Community Corrections PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical 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 (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to

	<p>announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.</p> <p>Policy Statement, IV Administrative – Accessing Client Private Living Areas, page 1, section 1., states, “Clients will be required to lock their bedrooms when they are changing their clothing. When a staff member encounters a locked door the individual 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. “</p> <p>(e) The Hilltop House Community Corrections PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months was zero.</p> <p>Policy Statement, IV Administrative – Client Pat Searches, page 2, second to the last sentence, states, “No staff member shall search or physically examine a transgender or intersex client for the sole purpose of determining the resident’s genital status.”</p> <p>(f) The Hilltop House Community Corrections PAQ states 100% of all security staff who received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs. The facility does not allow for cross gender pat down searches.</p> <p>Through such reviews, the facility meets the standards requirements.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> Hilltop House Community Corrections PAQ

2. Policy Statement, IV Administrative – Response to Sexual Assault on a Client (PREA), not dated

3. Facts You Should Know – (large print)

Interviews:

1. Targeted Clients
2. Correction Technicians
3. Case Worker
4. Executive Director / PREA Coordinator

Interviews demonstrated the facility had one cognitively disabled client. The client was aware of the agency PREA policy, how to report allegations of sexual harassment and sexual abuse through options of calling hotline numbers posted on facility flyers, through grievances or telling trusted staff.

Interviews with Correction Technicians demonstrated residents are not used for translation services. Staff were aware they would use a designated Case Manager to translate or utilize an interpreter service.

The interview with Case Manager demonstrated during the intake process she provides all clients with the PREA video and Correction Technicians provide PREA education to include facility PREA policies, reporting options and information on their rights.

The interview with the Executive Director / PREA Coordinator demonstrated the facility staff currently read the client handbook PREA information to all new intakes, continually talk with clients regarding PREA, build constant rapport and Case Manager meet with clients weekly for ongoing communication efforts.

Site Observation:

Zero Tolerance flyers were witnessed throughout the facility in both in English and Spanish.

(a) The Hilltop House Community Corrections PAQ states the agency has

established procedures to provide disabled residents 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.

Policy Statement, IV Administrative – Response to Sexual Assault on a Client (PREA), page 7, section Prevention Procedures 1., states, “Upon admission to Hilltop House clients shall be provided with information regarding sexual abuse and sexual harassment including prevention/intervention, self-protection, reporting, medical treatment and mental health counseling. During resident orientation, the sexual abuse and sexual harassment information shall be communicated, verbally and in writing, in a language clearly understood interpreted effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary for residents with disabilities.”

(b) The Hilltop House Community Corrections PAQ states the agency has established procedures to provide residents with limited English proficiency 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. Policy compliance can be found in provision (a) of this standard.

The facility provided a large print, Facts You Should Know document. The document speaks to the following components.

- Hilltop House has a zero tolerance policy
- There are reporting procedures for prohibited sexual behavior
- Medical and Mental Health Treatment is available
- You may report incidents of prohibited sexual behavior or seek relief against retaliation by calling the TIPS line at 1-877-362-8477-0

(c) The Hilltop House Community Corrections PAQ states the agency policy prohibits use of 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. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could

	<p>compromise the resident’s safety, the performance of first-response duties under § 115.264, or the investigation of the resident’s allegations was zero.</p> <p>Policy Statement, IV Administrative – Response to Sexual Assault on a Client (PREA), page 7, section Prevention Procedures 1.A., states, “Staff shall refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances (circumstances must be documented) where an extended delay in obtaining an effective interpreter could compromise the resident’s safety, the performance of first-response duties or the investigation of the resident’s allegations.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.217	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Hiring and Promoting Staff Document, dated 3.2023 3. Application for Employment, dated 3.2023 4. Disciplinary Process Document, not dated 5. Policy Statement IV Administrative Responding to Reference Requests, dated 3.29.2023 6. Post Audit: Hilltop House Memorandum, Re: PREA Standard 115.217 (a)(2) Hiring and Promotion Decisions, dated 5.2.2023 7. Post Audit: Hilltop House PREA Reference Check Form, dated 2.2023 8. Post Audit: Hilltop House Memorandum, Re: PREA Standard 115.217 (h) Personnel Policies, dated 5.2.2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Business Manager

2. Executive Director

The interview with the Business Manager demonstrated criminal background checks are completed upon hire and every five years thereafter. Applicants answer administrative adjudication questions during the application process. The Business Manager's understanding was that institutional reference checks were completed and documented by supervisory staff and an employer's request for an institutional reference check would be provided if a release of information was received.

The interview with the Executive Director demonstrated institutional reference checks for the one applicable employee had not been completed.

Site Review Observation:

Utilizing the PREA Audit - Community Confinement Documentation Review Employee Files/Records template of nine staff demonstrated each had current criminal background checks on file, administrative adjudication questions had been asked before hire and there were no promotions in the past 12 months. Of the nine files reviewed, one applicable employee file did not have an institutional reference check.

Action Plan:

- Agency to implement the practice of completing institutional reference checks on applicable applicants.
- Agency to upload such system in the supplemental files.
- Appropriate agency personnel to provide a memorandum stating which facility personnel will complete and document best efforts to complete institutional background checks, within a set time period of interview/hire of the applicable applicant/new hire.
- Appropriate agency personnel to provide a memorandum stating institutional references will be responded to upon receipt of an employer's request.

Post audit the facility provided a Hilltop House Memorandum, Re: PREA Standard 115.217 (a)(2) Hiring and Promotion Decisions from the Executive Director, stating, "Southwest Colorado Community Corrections Center - Hilltop House having just completed our on-site PREA audit has found a need to review our personnel procedures which assure we are contacting other institutional facilities requesting reference checks for any current candidate looking to be employed by SWCCCC - Hilltop House. We assure that the Executive Director (or designee) will contact any

other institution that also has requirements to adhere to PREA standards, in order to check that the candidate has not had any substantiated sexual harassment or abuse allegations while they were employed with that institution. The PREA Reference Check Form has been created in order to document that these checks have been completed. If the candidate is hired, this form will be filed in their personnel file by the Business Manager. The hiring procedures have also been modified to reflect these changes and have been uploaded to the PREA Resource Center.”

Post audit the facility provided a Hilltop House PREA Reference Check Form. This form documents the following information.

- Script: (Candidate Name) has applied for a position with the Southwest Colorado Community Corrections Center – Hilltop House. Due to the Prison Rape Elimination Act (PREA) requirement, our agency is required to conduct a review of all prior employment/service with employers that also are required to comply with PREA standards.
- Question 1: Are you aware of whether or not this person engaged in any sexual abuse or sexual harassment while employed at your facility? If YES, please elaborate (i.e. outcomes, determinations, description of allegation).
- Question 2: Are you aware of whether or not this person resigned from your facility while under investigation of an allegation of sexual abuse or sexual harassment?
- Facility Contact Name / Contact Title / Attempt Dates / Method(s) of contact
- Question 1 and 2: No, Yes, Unable to verify
- Comments
- Reviewed and completed by

Post audit the facility provided a Hilltop House Memorandum, Re: PREA Standard 115.217 (h) Personnel Policies from the Executive Director, stating, “Southwest Colorado Community Corrections Center – Hilltop House having just completed our on-site PREA audit has found a need to review our personnel procedures with regard to other institutional facilities requesting reference checks on former employees.

We assure that if we receive a reference check request for someone that was a previous employee and had substantiated sexual harassment or abuse allegations that our agency will release the findings of the investigation to any institution also required to adhere to PREA standards. The Business Manager is responsible for responding to all inquiries for reference checks.”

(a) The Hilltop House Community Corrections PAQ states agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting 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.

Hiring and Promoting Staff document, page 3-4, section PREA Standard 115.217, states, "Hiring or promoting anyone and/or contracting with anyone who may have contact with residents is prohibited if they:

- (1) Have 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) Have 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) Have been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section."

(b) The Hilltop House Community Corrections PAQ states agency policy requires the consideration of 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.

Hiring and Promoting Staff document, page 5, first bullet, states, "Ask if the employer if the former employee had any substantiated sexual abuse or sexual harassment incidents during their employment."

(c) The Hilltop House Community Corrections PAQ states the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes 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. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks is 29.

Hiring and Promoting Staff document, page 3, section, Background Checks, first paragraph states, "Background checks must be completed on all potential employees by the Department of Criminal Justice (DCJ) prior to being offered a position. An updated background check will be conducted with DCJ at 5-year intervals from date of employment."

(d) The Hilltop House Community Corrections PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is zero. The facility does not utilize contract personnel to provide services to their clients.

(e) The Hilltop House Community Corrections PAQ states the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees. Policy compliance can be found in provision (a) of this standard.

(f) The facility provided an Application for Employment. Page 2 of the application request the applicant answer the following questions.

- 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? If yes, please explain:

- Have there been any substantiated claims of sexual harassment or sexual If yes, please explain:

- Have you ever been accused of sexual harassment or sexual abuse by a current or former employer, employee, volunteer, and client or contract worker?

- If yes, please explain: Have you been convicted of or engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility or other institution (as defined in 42 U.S.C. § 1997) If yes, please explain:

(g) Disciplinary Process document, page 4, section formal Disciplinary Process, third bullet states, "There are certain situations and behaviors of staff that need serious and swift consequences once investigated and confirmation to the facts of the situation have been obtained. Such situations and behaviors include but are not

	<p>limited to the following: Material omissions regarding information required to disclose during the hiring process, or the provision of materially false information. (in accordance with PREA standard.”</p> <p>(h) Policy Statement IV Administrative Responding to Reference Requests, section 5., states, “If the circumstances of a former employee’s departure are related to inappropriate behavior that is violent or sexual in nature, whether threatening, harassment or assault, it is best to consult an attorney prior to responding. Provide only minimal, pertinent, factual information. Responses will be limited to “Yes, the employee was involved in a substantiated sexual abuse or harassment incident,” or “No they were not.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.218	Upgrades to facilities and technology
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> Hilltop House Community Corrections PAQ <p>Interviews:</p> <ol style="list-style-type: none"> Executive Director / PREA Coordinator <p>The interview with Executive Director / PREA Coordinator demonstrated the facility had added and increased the number of cameras, audio in different areas of the facility and have renovated client bathrooms since the last audit cycle.</p> <p>(a) The Hilltop House Community Corrections PAQ states the agency has acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit. The PAQ states, “We made modifications to the female and male bathrooms, so the female bathrooms were in their wing. Prior females were required to walk through the male dayroom to use the restroom. Additionally, the entrance to the men's bathroom was in the women's hallway. This has been modified.”</p>

	<p>(b) The Hilltop House Community Corrections PAQ states, the agency/facility has 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. The PAQ states, “We have added more cameras in the past three years to our video surveillance system.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement, IV Administrative – Response to Sexual Abuse / Sexual Harassment (Investigation), dated 3.2023 3. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated 4. Memorandum of Understanding, Sexual Assault Service Organization, dated 3.20.2023 5. Email Communication Agreement with Law Enforcement, dated 3.17.2023 6. Memorandum of Understanding, Durango Police Department, dated 5.3.2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director / PREA Coordinator <p>During the pre-audit phase the facility stated they do not employ medical staff and would utilize Mercy Regional Medical Center if a forensic exam was needed.</p> <p>Site Review Observation:</p> <p>The facility has not experienced a sexual assault allegation or had a need for a forensic medical exam in the past 12 months.</p>

(a) The Hilltop House Community Corrections PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Durango Police Department is responsible for conducting sexual abuse investigations.

Policy Statement, IV Administrative - Response to Sexual Abuse / Sexual Harassment (Investigation), page 5, section Criminal Investigations, states, "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."

(b) The Hilltop House Community Corrections PAQ states the protocol being developmentally appropriate is not developmentally appropriate for youth as the facility does not house youthful offenders. The protocol was adapted from or otherwise based on the most recent edition of the DOJ'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.

(c) The Hilltop House Community Corrections PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners

(SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is zero. The number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero. The PAQ states, "If this ever became a need, this would be documented in the medical file of the victim/resident and investigation/follow up PREA record. Since the last PREA audit we have had no reports of sexual abuse."

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 5, section Medical Services A., states, "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."

(d) The Hilltop House Community Corrections PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

The facility provided a Memorandum of Understanding with the Sexual Assault Service Organization. Page 2, section B. of the memorandum states the "Sexual Assault Service Organization agrees to provide the following service free of charge to survivors of sexual abuse or sexual harassment at Hilltop Community Corrections Facility. The Agreement is effective on 3.20.2023, for three years. The Agreement is signed and dated by the SWCCCC Director and the Executive Director Sexual Assault Services Organization on 3.20.2023.

(e) The Hilltop House Community Corrections PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals.

	<p>Policy Statement IV Administrative Response to Sexual Assault on a Client, page 14, section PREA Immediate Response Procedures, fifth bullet, states, “Upon witnessing or receiving a report of sexual abuse, the first responder shall: Contact victims advocate (SASO at 970-247-5400)”</p> <p>(f) The Hilltop House Community Corrections PAQ states if the agency is not responsible for investigating allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standard.</p> <p>The facility provided email communications with the Durango Police Department on 3.17.2023 where law enforcement states the following. “We’re happy to partner with SWCCC to maintain PREA compliance! I’ve cc’d Chief Brammer, DC Current, Cmdr Malone and Sgt. Thomson in tis response because they are going to be a part of our team that will make this happen.”</p> <p>The facility provided a Memorandum of Understanding between the Durango Policy Department and Southwest Colorado Community Corrections Center. Page 1, states, “This document establishes guidelines for the Hilltop House facility Prison Rape Elimination Act (“PREA”) Compliance Plan.” This agreement is dated 5.3.2023 and is automatically renewed each year unless otherwise expressed by either party.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement, IV Administrative – Response to Sexual Abuse / Sexual Harassment (Investigation), dated 3.2023 3. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated

Interviews:

1. Executive Director / PREA Coordinator / Investigator

The interview with the investigator demonstrated upon receiving information, suspicion or receipt of any type of allegation, she would investigate all administrative investigations and refer all sexual abuse allegations to the Durango Police Department.

Site Review Observation:

The facility has not received a sexual harassment or sexual abuse allegation in the past 12 months.

(a) The Hilltop House Community Corrections PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had zero allegations of sexual abuse and sexual harassment that was received.

Policy Statement, IV Administrative – Response to Sexual Abuse / Sexual Harassment (Investigation), page 3-4, section Investigations states, “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.”

(b/c) The Hilltop House Community Corrections PAQ states the agency has a policy

that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The agency policy can be found at SSWCCCC.org.

Policy Statement, IV Administrative – Response to Sexual Abuse / Sexual Harassment (Investigation), page 5, section Administrative Investigations, states, “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 and or Chairman of the Board of Directors (and/or designee with specialized training) 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).”

(d-e) This provision is not applicable as the facility completes Administrative Investigations and the Durango Police Department is responsible for conducting Criminal Investigations.

Through such reviews, the facility meets the standard requirements.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Hilltop House Community Corrections PAQ
2. PREA Training Memo, not dated
3. Hilltop House Community Corrections PREA, Sexual Abuse Detection, Reporting, and Response Procedures, and Response Procedures PowerPoint, not dated
4. National Institute of Corrections Employee Training, Your Role in Responding to Sexual Abuse Curriculum, not dated
5. Policy Statement IV Administrative Employee & Volunteer PREA Training, dated 3.14.2023
6. Post Audit: Hilltop House Memorandum, Re: PREA Standard 115.231 (d): Employee Training, dated 5.2.2023
7. Post Audit: Employee Acknowledgement of Training, dated 4.2023

Interviews:

1. Correction Technicians
2. Specialized Staff
3. Training Coordinator
4. Business Manager
5. Executive Director / PREA Coordinator

Interviews with staff demonstrated each received PREA training within two weeks to one month of being hired, and where applicable, again within their first year and each subsequent year thereafter through the National Institute of Corrections website. Staff were able to articulate training on the agency zero tolerance policy, staff and client rights, reporting responsibilities, professionalism, mandatory reporting laws, non-touch searches, preventative measures, detection of signs of sexual abuse victims, response to sexual harassment or sexual abuse and reporting requirements.

Interviews with the Business Manager and the Training Coordinator demonstrated staff had recently been trained on the agency policy as the facility was unaware of

the annual training requirement. Each spoke to the multiple topics being trained upon hire and refresher training thereafter to include trainings found on the National Institute of Corrections training website.

Site Observation:

Utilizing the PREA Audit - Community Confinement Facilities Documentation Review - Employee Files/Records template of nine personnel files, each demonstrated staff interviewed had completed PREA training within two weeks to one month of being hired, again within the first year of employment and annually thereafter. Training records were documented on a training roster titled 'PREA Training' which included several staff printed names and signatures. The PREA Training Roster did not currently include a verification/acknowledgement that employees understood the training they have received.

Recommendation:

Agency PREA policies be trained annually to simplify refresher training requirements. Post audit the facility stated, "It is our new process to forego the NIC training and only conduct the PREA polices and procedure training annually and as new hires arrive, they will watch the video recording of that training and sign the attestation that was uploaded to the supplemental files."

Action Plan:

- Facility to begin using the newly implemented PREA training acknowledgement, moving forward.
- Upload the newly implemented PREA training acknowledgment, if this is the document to be implemented.
- Appropriate agency personnel to provide a memorandum stating the action plan chosen to sustain this provision.

Post audit the facility provided a Hilltop House Memorandum, Re: PREA Standard 115.231 (d): Employee Training from the Executive Director. The memorandum states, "During the 2023 PREA audit of the Southwest Colorado Community Corrections Center - Hilltop House it was noted that our previous protocols for employee training were not completely meeting standards, however the procedural training we recently implemented does comply with the PREA standard 115.231 (d). There was missing on the training roster an acknowledgement that employees understood the training they had received. It has been determined that we will remedy this concern by having all employees that attend this annual training or

review the training on the video, sign the PREA training acknowledgement (uploaded to the PREA Resource Center for the current audit) that not only acknowledges that they have received the training, but also that they understand it and know where to find policies and procedures related to PREA.

Our administrative staff who currently track employee training, will assure all staff have received their annual training on PREA (or reviewed the video). Our Business Manager will assure that any new staff person will review the PREA video within the first three days of employment (most likely will occur on their first day) and will sign the attestation form that they have received, understand the procedures, and know how to find them in their workstation.”

Post audit the facility provided an Employee Acknowledgement of Training. The training acknowledgment states the following.

I hereby acknowledge and affirm that I, _____,

1) have viewed the PREA Sexual Abuse Detection, Reporting and Response Procedures for Hilltop House video; 2) received the Checklist for Reporting; 3) have knowledge of and understand where to find the SWCCCC, Inc/Hilltop House PREA Policies; 4) have been given an opportunity to ask questions, and 5) have a full understanding of my responsibilities regarding PREA Policies and responding to a report.

I further understand that I will need to participate in PREA trainings at a minimum of once per year.

The acknowledgement is signed and dated by the employee.

(a) The Hilltop House Community Corrections PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.

Policy Statement IV Administrative Employee & Volunteer PREA Training, page 1, section General Provisions 1-4, state,

1. “New employees must participate in approved and assigned PREA training within two (2) weeks of beginning employment.

2. All employees must complete approved and assigned PREA training at a minimum of once per year (annually).
3. Volunteers and contractors having contact with clients must complete an approved PREA training prior to working with clients.
4. Training records will be kept and updated as needed by the Administrative Assistant.”

The facility provided a New Hire Training Memo instructing personnel to complete the following training through the NICIC Government Training website, within two weeks of hire.

- Select Catalog of Classes, and then select PREA Learning Center; there is a sheet attached with the information you will need for logging in the first time.
- Training 1: Your Role: Responding to Sexual Abuse. (Annual Training)
 - o Defining Sexual Abuse
 - o Inmate-On-Inmate Sexual Abuse
 - o Vulnerable Populations
 - o Staff Sexual Misconduct
 - o Duty to Report
 - o Communication Methods
 - o PREA Pat Searches Training
- Training 2: Communicating Effectively & Professional with LGBTI.
- Training 3: This is a website and a video. Once you watch, let your supervisor know and also Ms. XXXX. She will get you the certificate for the particular training. <https://www.prearesourcecenter.org/file/3328/guidance-cross-gender-and-transgender-patsearches> You will need speakers for all (3) of the above.

The facility provided a Hilltop House Community Corrections PREA, Sexual Abuse Detection, Reporting, and Response Procedures, and Response Procedures PowerPoint. The PowerPoint includes the following training objectives.

- Risk Screening
- How to detect sexual abuse
- Possible signs of resident-on-resident victimization

- Possible signs of staff sexual misconduct
- Possible signs of inmate perpetration
- Protection of residents facing substantial risk
- PREA allegations file via the grievance process
- Reporting policies and procedures
- Mandatory Reporting
- Response policies and procedures
- How can staff demonstrate respect to a resident who discloses sexual abuse or sexual harassment?
- First responder duties
- Evidence preservation duties
- Ongoing duties: Investigations
- Services for survivors
- Rights, Roles, and Responsibilities
- Protection from Retaliation

The facility provided a 128-page Institute of Corrections Employee Training, Your Role in Responding to Sexual Abuse Curriculum.

(b) The Hilltop House Community Corrections PAQ states training is tailored to the gender of the residents at the facility. Employees who are not reassigned from other facilities. The facility provides services to male and female gender clientele. Policy compliance can be found in provision (a) of this standard.

(c) The Hilltop House Community Corrections PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA is annually on the Hilltop House Community Corrections PREA, Sexual Abuse Detection, Reporting, and Response Procedures, and Response Procedures PowerPoint.

	<p>(d) The Hilltop House Community Corrections PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.232	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. PREA Training Memo, not dated 3. Policy Statement IV Administrative Employee & Volunteer PREA Training, dated 3.14.2023 4. Sexual Abuse & Sexual Harassment Training Acknowledgement, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Contracted Substance Abuse Counselor 2. Volunteer - Addiction Recovery Support 3. Executive Director / PREA Coordinator <p>The interview with the contractor and the volunteer demonstrated each had a clear understanding of the agency zero tolerance policy for sexual harassment and sexual abuse, how to report allegations to Correction Technicians, Facility Manager, and or the Executive Director.</p> <p>The interview with the Executive Director demonstrated the facility has four volunteers and one contractor.</p> <p>Site Observation:</p> <p>Review of one contractor and one volunteer file demonstrated each had</p>

acknowledged the completion of PREA training.

(a) The Hilltop House Community Corrections PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is two.

Policy Statement IV Administrative Employee & Volunteer PREA Training, page 1, section General Provisions 1-4, state,

1. "New employees must participate in approved and assigned PREA training within two (2) weeks of beginning employment.
2. All employees must complete approved and assigned PREA training at a minimum of once per year (annually).
3. Volunteers and contractors having contact with clients must complete an approved PREA training prior to working with clients.
4. Training records will be kept and updated as needed by the Administrative Assistant."

The facility provided a New Hire Training Memo instructing personnel to complete the following training through the NICIC Government Training website, within two weeks of hire.

- Select Catalog of Classes, and then select PREA Learning Center; there is a sheet attached with the information you will need for logging in the first time.
- Training 1: Your Role: Responding to Sexual Abuse. (Annual Training)
- Training 2: Communicating Effectively & Professional with LGBTI.
- Training 3: This is a website and a video. Once you watch, let your supervisor know and also Ms. XXXX. She will get you the certificate for the particular training. <https://www.prearesourcecenter.org/file/3328/guidance-cross-gender-and-transgender-patsearches> You will need speakers for all (3) of the above.

(b) The Hilltop House Community Corrections PAQ states the level and type of training provided to volunteers and contractors is based on the services they

provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

The facility provided a Sexual Abuse & Sexual Harassment Training Acknowledgement, which provides the following training and instruction objectives.

Hilltop House has a Zero Tolerance for any sexual abuse, or sexual harassment. Employees, contractors and volunteers 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. The following applies to all employees, contractors & volunteers working with clients of Hilltop House.

- Sexual abuse and sexual harassment of any type among offenders or between offenders and contractors, volunteers or employees will not be tolerated, regardless of whether such conduct is consensual. There is no consensual sex or sexual activity.
- Any joke, gesture, comment or innuendos of a sexual nature are strictly forbidden.
- All incidents of sexual abuse or sexual harassment shall be reported to the Director immediately.
- Disciplinary action shall be taken against any employee, contractor, volunteer or client of the program engaging in sexual abuse or sexual harassment. This includes but is not limited to termination, formal disciplinary hearing, program removal and/or filing of criminal charges.
- Clients can privately report sexual abuse and sexual harassment or, 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.
- Clients have the right to be free from sexual abuse and sexual harassment.
- Clients and employees, contractors and volunteers have the right to be free from retaliation for reporting staff neglect or violation of responsibilities that may have contributed to such incidents.
- Volunteers and contractors are prohibited from engaging in sexual abuse and sexual harassment and are required to immediately report any knowledge,

	<p>suspicion, or information regarding sexual abuse, and sexual harassment involving a client and/or any retaliation by notifying a supervisor or the Director as follows:</p> <ul style="list-style-type: none"> • Speak to the Director or another Hilltop House Staff member • Call the Director 970-247-1342 x13. If after hours leave a message on his confidential voicemail. <p>Privately report sexual abuse and sexual harassment of residents by the following:</p> <ul style="list-style-type: none"> • Call the TIPS Hotline at 1-877-362-8477 • Secure a message in an envelope and drop it off or mail it to the attention of the Chairman of the Board of Directors at 1050 Avandia Del Sol Durango, Co. 81301. <p>The acknowledgement is signed and dated by the contractor or volunteer and a staff witness.</p> <p>(c) The Hilltop House Community Corrections PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received. Procedure compliance can be found in provision (b) of this standard.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.233	Resident education
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Residential Client PREA Training, dated 3.14.2023 3. PREA Offender Orientation, not dated

4. PREA Offender Orientation Acknowledgment, not dated
5. PREA Video Acknowledgment, not dated
6. Client Rulebook PREA Information, not dated
7. Post Audit: Hilltop House Memorandum, Re: PREA Standard 115.233 (a): Resident Education, dated 5.2.2023

Interviews:

1. Random Clients
2. Targeted Clients
3. Case Worker

Interviews with five random and five targeted clients demonstrated each understood their knowledge of PREA, reporting options to a trusted staff, anonymously reporting on a grievance or through the PREA hotline number, calling law enforcement or by contacting the SASO advocate.

The interview with Case Worker demonstrated she provides all clients with the PREA video during the intake process and the Correction Technicians provide clients with information on the Sexual Abuse / Sexual Harassment Form and PREA Offender Education information when reading the handbook to new intakes.

Site Observation:

Utilizing the PREA Audit - Community Confinement Facilities Documentation Review template demonstrated 10 clients received the PREA video on the day of or within three days of intake and the Sexual Abuse / Sexual Harassment and PREA Offender Education Information forms were signed after the PREA video, most within 72 hours of intake. Current agency practice is to provide the PREA video to new clients (comprehensive education) before training the intake education requirements, sometimes not meeting the intake process requirement.

Action Plan:

Appropriate agency personnel to provide a memorandum stating which facility staff(s) will provide client required intake education during the intake process.

Post audit the facility provided a Hilltop House Memorandum, Re: PREA Standard 115.233 (a): Resident Education from the Executive Director, stating, "Southwest Colorado Community Corrections Center - Hilltop House having just completed our on-site PREA audit has found a need to review our intake procedures as our practices were not meeting PREA standard 115.233 (a): Resident Education. The files that were reviewed during the PREA audit had been conducted in our old format. Southwest Colorado Community Corrections Center recently revised our intake process for all incoming residents. With the new revised process, residents are given their Resident Rulebook upon entry, typically their first day at the facility. The Facility Manager or designee goes through a basic intake and orientation of the facility with the new residents and delivers the Resident Rulebook. In the Rulebook there is an entire section that has relevant PREA information that outlines the zero-tolerance policy regarding sexual harassment and abuse, how to report incidents, residents' rights regarding being free from sexual abuse and harassment and free from retaliation. We believe that this is a vast improvement on how we had been doing our intake process in the past.

In addition to the above stated recent change to the intake process, we have now revised our Resident Case File Audit and Index that provides a reminder to the case manager that they need to review the documents that are in the PREA section of the Resident Rulebook with them and assure that they understand the content.

Considering any cognitive or learning disability, or other language barrier that may exist. The Index form prompts the case manager to assure this education takes place within the first 72 hours of the arrival of the resident. There is a form that the resident signs that they have read and understood this form. It will be our process to also show the PREA video after we have reviewed the paperwork within that same 24-hour period.

Moving forward the case manager will be responsible for assuring that the resident has a thorough understanding of where to find their PREA documents in their rulebooks and that they have signed the document attesting to the receipt and understanding of these documents. They will also show the PREA video and have the resident sign the form indicating they have seen the PREA video. All of this will be completed within 72 hours of entering the facility."

(a) The Hilltop House Community Corrections PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake was 67.

Policy Statement IV Administrative Residential Client PREA Training, page 1, section general Provision (a), states, "During the intake process, residents shall receive information explaining the zero-tolerance Hilltop House 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 and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The facility provided PREA Offender Orientation, which includes the following components.

- Introduction of Hill Top House Zero Tolerance Policy
- What is sexual assault
 - o Sexual assault is a crime
 - o Examples of sexual assault
 - o Examples of sexual abuse
 - o Examples of sexual harassment
 - o What about consensual sexual relationships
- Prevention
 - o How to prevent sexual assault / abuse / misconduct
- Reporting and Investigations
 - o What to do if you've been assaulted or if sexual misconduct has occurred
- Report Sexual Assault
 - o Resources
 - o Sexual Assault Services Organization
 - o Colorado Coalition against Sexual Assault
 - o The Blue Bench
 - o Just Detention (JDI)

The facility provided client rulebook PREA information which includes the following.

- Sexual abuse and sexual harassment of any type among residents or between residents and staff members will not be tolerated, regardless of whether such conduct is consensual. There is no consensual sex between residents and staff members.
- All sexual activity between residents is prohibited and will result in disciplinary action.
- Any jokes, gestures, comments or innuendos of a sexual nature are strictly forbidden.
- All incidents of sexual abuse or sexual harassment that may be criminal shall be reported immediately to the Durango Police Department.
- Disciplinary action shall be taken against any resident of the program engaging in sexual abuse, sexual harassment or retaliation. This includes but is not limited to formal disciplinary hearing, program removal and/or filing of criminal charges.
- Residents can privately report sexual abuse and sexual harassment or, retaliation by other resident or residents for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.
- Residents have the right to be free from sexual abuse and sexual harassment by residents or staff.
- Residents have the right to be free from retaliation for reporting staff neglect or violation of responsibilities that may have contributed to such incidents.

The facility provided a PREA Video Acknowledgment which is signed and dated by the client and a staff witness.

(b) The Hilltop House Community Corrections PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was 13. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was 13. Policy compliance can be found in provision (a) of this standard.

(c) The Hilltop House Community Corrections PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills. The PAQ states the following explanations for disabled clients served.

- Individuals with limited English would have the relevant sections read to them in their language. In the past three years we have only had one resident that was not proficient in English.
- Deaf: They would read it. In our setting we are able to screen individuals. Based on our current staffing we would be unable to serve this population.
- Visual: Individuals that are visually impaired would have the option to have it read to them and/or provided a larger font document. If the individual was legally blind however, we would be unable to serve this population.
- Limited English: There are two modalities with which we provide PREA education: a video and a written document. The written document would be read to them if it is identified that they are unable to read.

Policy Statement IV Administrative Residential Client PREA Training, page 1, section general Provision (b), states, "Hilltop House shall provide resident education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills.

(d) The Hilltop House Community Corrections PAQ states the agency maintains documentation of resident participation in PREA education sessions.

The facility provided a PREA Offender Orientation acknowledging each has received the following.

- 8 Pages PREA Offender Orientation
- Sexual Abuse Awareness for the Offender pamphlet
- Facts You Should Know (3) pages
- Sexual Assault Services Organization (SASO) address, phone and website information.

(e) The Hilltop House Community Corrections PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. The facility provides key information about the agency's PREA policy through the Client Handbook. (see provision (a) for compliance.)

	Through such reviews, the facility meets the standard requirements.
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative PREA Training for Administrative Investigators, dated 3.14.2023 3. Community Confinement PREA Desk Reference Training Curriculum, dated 5.16.2019 4. Certificate of Completion, dated 6.14.2019 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director / Investigator <p>Interviews with the investigator demonstrated she had completed specialized investigator training through the Office of Community Corrections.</p> <p>Site Observation:</p> <p>Training certificates from the Office of Community Corrections was uploaded to the online audit system during the pre-audit phase.</p> <p>(a/b) The Hilltop House Community Corrections PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. The PAQ states, "NICIC Training website - PREA: Coordinator's Roles and Responsibilities and PREA: Investigating Sexual Abuse in a Confinement Setting."</p> <p>Policy Statement IV Administrative PREA Training for Administrative Investigators, page 1, section General Provisions (a), states, "Employees designated to conduct administrative or preliminary investigations of sexual harassment and sexual abuse must participate in approved and assigned PREA training with curriculum</p>

	<p>specifically designed for conducting investigations, at a minimum of one time per year.</p> <p>The facility provided a Community Confinement PREA Desk Reference Training Curriculum. Page 50, Investigations Criminal & Administrative, includes the following topics.</p> <ul style="list-style-type: none"> · Any available physical and DNA evidence · Any available electronic monitoring data · Interview alleged victims, suspected perpetrator, and witnesses · Review prior complaints and reports of sexual abuse involving the suspected perpetrator · Description of any evidence both physical and testimonial · Credibility assessments and the reasoning behind them · Investigative facts and findings · An effort to determine whether “staff actions or failures to act contributed to the abuse.” · Outcomes <p>(c) The Hilltop House Community Corrections PAQ states the agency maintains documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is one.</p> <p>The facility provided a certificate of completion of an 8-hour PREA training for community corrections. The curriculum for the training was requested and the investigator training curriculum is outlined in provision (a) of this standard.</p> <p>Through such reviews the facility meets the standard requirements.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Document Review:</p> <ol style="list-style-type: none"> Hilltop House Community Corrections PAQ <p>Interviews:</p> <ol style="list-style-type: none"> Executive Director / PREA Coordinator <p>The interview with Executive Director / PREA Coordinator demonstrated the facility does not have medical or mental health personnel.</p> <p>(a-c) The Hilltop House Community Corrections PAQ states the agency does not have a policy related to the training of medical and mental health practitioners as they do not have medical and mental health personnel in their facilities.</p> <p>Through such reviews the facility meets the standard requirements.</p>
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115.241	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> Hilltop House Community Corrections PAQ Policy Statement IV Administrative PREA Client Risk Assessment, dated 3.17.2023 Colorado Division of Criminal Justice – Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability / Abusiveness, dated 6.15.2016 Post Audit: Hilltop House Memorandum, Re: PREA Standard 115.241: Screening for risk of victimization and abusiveness, dated 5.2.2023 <p>Interviews:</p> <ol style="list-style-type: none"> Random Clients Targeted Clients Case Managers

Interviews with clients demonstrated most remembered being screened at intake and subsequently about a month later. Clients recalled being asked questions such as their criminal history, if they had been sexually victimized, their sexual orientation and their perception of feeling safe in the program.

The interview with the Case Managers demonstrated each completed risk assessments, asking risk screening questions for all clients, typically on the day of intake and again within 30 days. Case Manager's also stated risk screenings were completed every six months for all LGBTQI clients. Facility staff were made aware six month reassessments were not required for LGBTQI clients. The Case Managers stated risk assessments are completed in a private setting and each assesses mental health status, past history of victimization, abuse, sexual orientation and their perception of safety while in the program. The Case Managers stated completed risk assessments are only made available to the Case Managers, Facility Manager and Executive Director.

Site Observation:

Utilizing the PREA Audit - Community Confinement Facilities Documentation Review - Resident Files/Records template, three of 10 intake risk screenings had not been completed during the intake screening process. 10 of 10 client files had risk assessments completed within 30 days of intake.

Action Plan:

Appropriate agency personnel to provide a memorandum stating the newly implemented agency practice for ensuing case management staff complete risk assessments during intake screening and a quality assurance system to ensure risk assessments have been completed, timely.

Post audit the facility provided a Hilltop House Memorandum, Re: PREA Standard 115.241: Screening for risk of victimization and abusiveness from the Executive Director, stating, "Southwest Colorado Community Corrections Center - Hilltop House recently revised our intake process. We have a new Case File Index and Audit for our case management team that outlines that the screening for risk of victimization and abusiveness needs to be completed within 48 hours. The risk assessments are then to be scanned and e-mailed to the Facility Manager, with the Case Management Supervisor cc'd on the e-mail, within 48-hours of their time of arrival. This will allow the Facility Manager time to review and be able to make informed decisions regarding room assignments. If the Facility Manager has not received the e-mail copy of the risk assessment with that 48-hour period, they will notify the Case Management Supervisor who will get with the assigned Case

Manager (or another designated Case Manager) to let them know they have not completed this assessment and that it needs to be completed before close of business or the Case Management Supervisor needs to complete it on their behalf on the same day.”

(a) The Hilltop House Community Corrections PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

Policy Statement IV Administrative PREA Client Risk Assessment, page 1, section Screening for risk of victimization and abusiveness, states, “All residents shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents.

Intake screening shall ordinarily take place within 72 hours of arrival at the facility.

Such assessments shall be conducted using an objective screening instrument.

The intake screening shall consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:

1. Whether the resident has a mental, physical, or developmental disability;
2. The age of the resident;
3. The physical build of the resident;
4. Whether the resident has previously been incarcerated;
5. Whether the resident’s criminal history is exclusively nonviolent;
6. Whether the resident has prior convictions for sex offenses against an adult or child;
7. Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
8. Whether the resident has previously experienced sexual victimization; and
9. The resident’s own perception of vulnerability.”

(b) The Hilltop House Community Corrections PAQ states the agency policy requires

that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 67. Policy compliance can be found in provision (a) of this standard.

(c-e) The Hilltop House Community Corrections PAQ states the risk assessment is conducted using an objective screening instrument.

The facility provided a Colorado Division of Criminal Justice - Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability/Abusiveness. The risk screening includes the following.

- Name / Diversion / DOC Date
- Staff Name / Staff Signature
- Youthful age (under 22 years old)
- Elderly age (over 60 years old)
- Males: 5'6" and/or less than 140 lbs.
- Females: 5' and/or less than 100 lbs.
- Mental/Illness/Developmental disability
- Physical disability
- First Incarceration
- History of non-violent crimes only
- History of sex offense convictions
- History of sexual victimization
- Feels vulnerable to victimization
- Identifies as LGBTI or is perceived as LBBTI
- Other Factors

Victim / Vulnerability

- Non-victim (If no to all factors)
- Known victim (If yes to #10)
- Possible victim (If yes to 2 or more)

Aggressive/Abusiveness Factors

- History of sexual abusiveness (in community)
- Gang Affiliation
- History of Institutional violence or sexual abuse
- History of violent convictions (in community)
- Other factors (explain)

Aggressive / Abusiveness

- Known Abuser (#1 or #3)
- Possible Abuser (If yes to 2 or more)
- Non-abuser (no factors)

(e) The Hilltop House Community Corrections PAQ states the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 62.

Policy Statement IV Administrative PREA Client Risk Assessment, page 2, first two paragraphs, states, "The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to Hilltop House, in assessing residents for risk of being sexually abusive.

Within a set time period, not to exceed 30 days from the resident's arrival at the

facility, the facility will reassess the resident’s risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.”

(f) Policy Statement IV Administrative PREA Client Risk Assessment, page 2, third paragraph, states, “A resident’s risk level shall be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness.”

(h) The Hilltop House Community Corrections PAQ states the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident’s own perception of vulnerability.

Policy Statement IV Administrative PREA Client Risk Assessment, page 2, fourth paragraph, states, “Residents may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked in the risk assessment.”

(i) Policy Statement IV Administrative PREA Client Risk Assessment, page 2, fifth paragraph, states, “Hilltop House shall implement 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.” Individuals that have access to the completed risk level are the resident’s Case Manager, Case Management Supervisor, Facility Supervisor/Manager, and the Executive Director.

Through such reviews, the facility meets the standard requirements.

115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Hilltop House Community Corrections PAQ
2. Policy Statement IV Administrative PREA Client Risk Assessment, dated 3.17.2023

Interviews:

1. Targeted Client
2. Facility Manager
3. Executive Director / PREA Coordinator

The interview with targeted clients stated they felt safe with whom they were housed in relation to their sexual identity and were respected in this regard by other clients.

The interviews with administrative staff demonstrated risk levels of clients were documented in Rite Track and vulnerable clients were never housed with aggressive clients.

On Site Observation:

Client bedrooms mostly house only two clients with four rooms, two on the female and two on the male side housing four clients each.

(a) The Hilltop House Community Corrections PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

Policy Statement IV Administrative PREA Client Risk Assessment, page 2, section Use of screening information, first paragraph, states, "Hilltop House shall use information from the risk screening required by PREA Requirements § 115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. "

(b) The Hilltop House Community Corrections PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident.

Policy Statement IV Administrative PREA Client Risk Assessment, page 2, section Use of screening information, second paragraph, states, "Hilltop House shall make individualized determinations about how to ensure the safety of each resident."

(c-g) The Hilltop House Community Corrections PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

Policy Statement IV Administrative PREA Client Risk Assessment, page 2, section Use of screening information, paragraphs 3-6, state, "In deciding whether to assign a transgender or intersex resident to a facility for male or female residents, and in making other housing and programming assignments, Hilltop House 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.

A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.

Transgender and intersex residents shall be given the opportunity to shower separately from other residents.

Hilltop House shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such residents.

Through such reviews, the facility meets the standard requirements.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Hilltop House Community Corrections PAQ
2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated
3. PREA Offender Orientation, not dated
4. PREA Rulebook Information, not dated

Interviews:

1. Random Clients
2. Targeted Clients
3. Correction Technicians
4. Executive Director / PREA Coordinator

Resident interviews demonstrated each were aware they could report to any staff, use the staff reporting or grievance boxes, through an anonymous process, call the hotline, write a letter to the ombudsman or through a third party.

Interviews with Correction Technicians demonstrated they would accept verbal, written, third party and anonymous reports and immediately report them to their supervisor.

Site Observations:

During the tour the Auditor was able to follow directions posted near client phones and call the agency state tips line at 970-247-5400. The phone rang into a voicemail providing instructions on how to leave a report, with or without the callers' name, to report a sexual harassment or sexual abuse allegation.

(a) The Hilltop House Community Corrections PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 3, section Reporting of Sexual Abuse and Sexual Harassment 1., states, "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.

Any Hilltop employee, client, resident, volunteer, contractor or other individual who has cause to believe that they, or another client in the program has been subjected to an act of sexual abuse, sexual harassment and or retaliation or receives a report of sexual abuse, sexual harassment and or retaliation or possible sexual abuse or sexual harassment and or retaliation, whether verbally or in writing, must immediately notify the proper authorities. "

The facility provided PREA Offender Orientation. Page 4, section III. Reporting and Investigation includes the following reporting information. "What to do if you've been assaulted or if sexual misconduct has occurred.

- Get to a safe place
- Report the assault / sexual misconduct
- You don't need to have any evidence to report that an assault happened.
- You can report an assault anytime: right after it happened or weeks later.
- Tell ANY staff person (case manager, teacher, correctional technician, cook etc.) Talk to any staff member you trust. You may talk to someone in person, send a note, or drop a letter in the grievance box. Find a way to tell someone who makes you comfortable.
- You may also call 1-877-362-8477 or 970-247-5400 report line or hotline. The hotline can also be used by anyone in the community to report incidences of sexual assault or staff sexual misconduct. You don't have to be the victim to use the line. You can report something that is happening to someone else. You don't have to leave your name or number; however, you need to provide enough information so an investigation can begin.
- Submit a grievance or mail a letter to the Program Director or Case Manager Supervisor.
- Seek Support for yourself
- It is important to find someone you trust to help you if you want to talk about the assault or get support.
- You can talk to a trusted friend, family member, staff member or counselor.
- Whether or not you plan to report the assault, you may choose to talk to

someone. But remember we cannot help you or stop this from happening to someone else if you don't report the assault.

- Support for rape victims is available through this institution. Contact the Director, Assistant Director, a Case Manager or other staff member for more information. Also note services are available for survivors no matter how long ago the assault occurred, even if it occurred before you were incarcerated.

The facility provided PREA Rulebook Information. Page 51, bottom section, states, "If you believe you're the victim of or witness Sexual Abuse or Sexual Harassment or retaliation report it immediately. You may remain anonymous upon request.

- 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 sally.frey@swcccc.org.
- 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 Avandia Del Sol Durango, Co 81301
- Call the Durango Police Department. SWCCCC - Hilltop House will accept third-party reports of sexual abuse and sexual harassment and a third-party may submit a report without disclosing his or her name. All third-party reports will be dealt with in the same manner as reports that come from victims themselves."

(b) The Hilltop House Community Corrections PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency. Policy compliance can be found in provision (a) of this standard.

(c) The Hilltop House Community Corrections PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policy and practice compliance can be found in provision (a) of this standard. The PAQ states, "A staff person receiving a verbal report should document the report and follow appropriate procedures by the end of their scheduled shift and may need to stay late to complete if necessary."

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 4,

section Reporting of Sexual Abuse and Sexual Harassment 4., states, “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.”

(d) The Hilltop House Community Corrections PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Employees are made aware of the following through the facility PREA policy training received at staff in-service meetings and annually thereafter. The PAQ states, “Staff receive training on PREA procedures annually and are provided access to the written protocols and procedures.”

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 4, section Reporting of Sexual Abuse and Sexual Harassment 4., B., states, “Staff members may report by calling the Director on her cell phone (970-317-9117), and or send an email to the address above, place a letter in the grievance box or slide it under the door to the Director, Facility Manager, or Case Management Supervisor’s office door.”

Through such reviews, the facility meets the standard requirements.

115.252	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Client Grievances, not dated 3. Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigation), dated 3.23.2023 4. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated <p>Interviews:</p>

1. Random Clients
2. Targeted Clients
3. Facility Manager

Interviews with clients demonstrated each were aware of the grievance procedures and understood they could complete a grievance. Clients were aware the grievance box was in the administrative building conference room or that they could hand a grievance to any staff member. Clients stated they could get a grievance form from the forms file on the wall by Control or by asking a staff member as being provided grievances was never an issue. Clients stated they are allowed to have their own writing utensils at all times

The interview with the Facility Manager demonstrated herself and the Executive Director were the only staff to have keys to the grievance box and each of them checked the box on a daily basis, Monday through Friday. Currently a staff had not been designated to check the grievance box on weekends or holidays.

Site Observation:

The facility did not have any grievances related to PREA filed within the last 12 months. Grievance forms were observed on the wall near the day room near the Control Center. A grievance box was observed in the conference room where administrative offices reside.

Recommendation:

Designate a staff member to check the Grievance box to ensure the 48-hour response requirement is met, should the need arise. Post audit the facility stated, "We will be moving the Grievance box so that it is accessible 24/7. We will designate a staff person to check it when management is not in house."

(a) The Hilltop House Community Corrections PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

Policy Statement IV Administrative Client Grievances, page 3, section Grievances as they relate to PREA, first paragraph, states, "Residents reporting that they are fearful of imminent risk of sexual abuse via the grievance system, will be considered of an emergent nature and safety measures and precautions should be put in place

within 24 hours to assure the victims safety.”

Policy Statement IV Administrative Client Grievances, page 4, third bullet, states, “Residents reporting that they are fearful of imminent risk of sexual abuse via the grievance system, will be considered of an emergent nature and safety measures and precautions should be put in place within 24 hours to assure the victims safety. Grievance decisions will be determined within 5 days in these situations.”

(b) The Hilltop House Community Corrections PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred.

Policy Statement IV Administrative Client Grievances, page 2, section Grievances as they relate to PREA, states, “Grievances regarding allegations of sexual abuse may be submitted at any time regardless of when the incident is alleged to have occurred. The victim is under no obligation to attempt to address their allegations with the staff member that is alleged to have abused them, in fact this would be a violation of the PREA investigation policy. This is not the case with other general grievances where this is encouraged. They may submit these grievances to the staff person in questions’ supervisor, which will be advised to forward immediately to the Director for investigation.”

(c) The Hilltop House Community Corrections PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Policy compliance can be found in provision (b) of this standard.

(d) The Hilltop House Community Corrections PAQ states the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse was zero. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero.

Policy Statement IV Administrative Client Grievances, page 3, section Grievances as they relate to PREA, second paragraph, states, “Decision on the merits of any

grievance or portion of a grievance alleging sexual abuse will be determined within 90 days of the filing of the grievance. If the processing of evidence is taking beyond the 90-day period, an extension will be afforded and reported in writing to the alleged victim and a date by which the disposition of the case will be determined.”

(e) The Hilltop House Community Corrections PAQ states agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident decline to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident’s decision to decline was zero.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 3, section Reporting of Sexual Abuse and Sexual Harassment 3., states, “Any person or persons advocating on behalf of a client may file a report. This includes: third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents.”

(f) The Hilltop House Community Corrections PAQ states the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. Policy compliance can be found in provision (a) of this standard.

(g) The Hilltop House Community Corrections PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero.

	<p>Policy Statement IV Administrative Client Grievances, page 3, section Grievances as they relate to PREA, third paragraph, states, "If the resident filing the grievance alleging sexual abuse is found to have filed the grievance in bad faith, they will be reported to local law enforcement for filing a false report of a criminal act. If, however the results of the grievance/investigation are unfounded/unsubstantiated but the resident filed the claim in good faith they will receive no discipline. "</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.253	Resident access to outside confidential support services
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated 3. No Means No Flyer, English and Spanish Versions 4. Memorandum of Understanding with the Sexual Assault Service Organization. <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Clients 2. Targeted Clients 3. Correction Technicians 4. Facility Manager <p>Staff and clients interviewed informally and formally were aware they would contact SASO for advocate needs.</p> <p>The interview with the Facility Manager demonstrated the SASO advocates come into the facility and conduct six week classes on 'How to Respond to Trauma', throughout the year. Each of the advocates from SASO have also received training on the facility PREA policies.</p>

Site Observation:

During the tour the Auditor phoned the hotline from a client pay phone. This call was free and it was answered by a voicemail stating "you have reached the Colorado Tips Hotline... this message can be anonymous." During the tour the SASO advocacy number was dialed from the client payphone. This call was free and an answering service answered on the first ring. After proper introductions and the reason for the call, the operator explained if this were a call from a client, he would request the name and a return contact number from the caller, contact an advocate who would return the call quickly. The answering service also stated the advocate would meet the victim at the hospital and contact local law enforcement if requested.

(a) The Hilltop House Community Corrections PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible. The PAQ states, "There are phones available in the administrative building as well as the facility sallyport that could be used to make an initial phone call for an appointment. Additionally, most residents are allowed cell phones in the facility within approximately 5-8 weeks of their placement and could use their own phones off-side, outside or in their private bedrooms."

The facility provided a No Means No flyer in English and Spanish which includes the following advocate information.

Southwest Colorado Community Corrections Center, Inc/Hilltop House has partnered with the Sexual Assault Services Organization (SASO) to provide survivors of sexual abuse with emotional support services. To access these services, contact 970-259-3074 or send a letter to: SASO, 701 Camino del Rio, Durango, CO 81301

(b) The Hilltop House Community Corrections PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.

During pre-audit discussion, the Executive Director stated the following.

Residents have access to a payphone, landline phone in the Sallyport of the facility, a landline phone in the administrative building, that they may make a phone call on. The only “monitoring” of these phones would be of people walking by. In the FACTS YOU SHOULD KNOW given to the residents it has the following statement:

NOTE: If you need to use a confidential phone for one of these above numbers, you may make an initial phone call on the sallyport phone, phone in the kitchen of the administrative building, and/or ask your case manager for a confidential spot to make a phone call.

(c) The Hilltop House Community Corrections PAQ states the agency or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.

The facility provided a Memorandum of Understanding with the Sexual Assault Service Organization. Page 2, section B. of the memorandum states the “Sexual Assault Service Organization agrees to provide the following service free of charge to survivors of sexual abuse or sexual harassment at Hilltop Community Corrections Facility. The Agreement is effective on 3.20.2023, for three years. The Agreement is signed and dated by the SWCCCC Director and the Executive Director Sexual Assault Services Organization on 3.20.2023.

Through such reviews of the ongoing advocate trauma training providing an ongoing presence at the facility and advocates completing facility PREA policy training, the facility exceeds the standard requirements.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review: <ul style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Visitor Notice of Sexual Abuse & Sexual Harassment flyer, not dated

3. Post Audit: Facts You Should Know, dated 5.2023

Interviews:

1. Random Clients
2. Targeted Clients
3. Correction Technicians
4. Executive Director / PREA Coordinator

Interviews with clients demonstrated five of 10 clients interviewed were not aware of third party reporting options.

Interviews with Correction Technicians demonstrated they would accept all reports of sexual harassment, sexual abuse and retaliation to include third party reports.

Site Observation:

During tours of all areas of the facility, Zero Tolerance postings were present with third party reporting information.

Recommendation:

When providing clients PREA education, ensure each is aware of all reporting options to include third party reporting. Post audit the facility stated, "The "Facts You Should Know" is part of the resident education in their new rulebooks and has been edited to include a discussion of third-party reporting." The facility provided the Facts You Should Know document. The document includes the following information.

- Hilltop House Zero Tolerance Policy
- Types of Prohibited Sexual Behavior
- Acts of Prohibited Sexual Behavior Include
- Self Protection
- Prevention/Intervention
- Reporting Procedures for Prohibited Behavior
- Confidentiality (to include, 'Tell a third party to contact anyone of the above on

your behalf.’

- Treatment and Counseling
- Seeking Relief from Retaliation
- Disciplinary Action for Making False Allegations

(a) The Hilltop House Community Corrections PAQ states the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents. The PAQ states, “We provide multiple ways in which reporting parties can report via third-party. Those ways are as follows:

- Call the TIPS Line 1-877-362-8477-0
- Call the PREA reporting line at 1-855-855-0611
- Call the Rape Crisis hotline at 1-800-809-2344 for emotional support and crisis intervention

The facility provided a Visitor Notice of Sexual Abuse & Sexual Harassment flyer. The flyer provides the following third party reporting information.

Hilltop House has a ZERO TOLERANCE for any sexual abuse, or sexual harassment.

If you wish to report an incident of Sexual Abuse or Sexual Harassment in this or any facility you may do so by:

Speak to the Director or another Hilltop House Staff member
Call the Director 970-247-1342 x13. If after hours leave a message on his confidential voicemail or send an email to sally.frey@swcccc.org

Privately report sexual abuse and sexual harassment of residents by:

Call the TIPS Hotline at 1-877-362-8477
Secure a message in an envelope and mail it to the attention of the Chairman of the Board of Directors at 1050 Avandia Del Sol Durango, Co. 81301.
Contact the Durango Police Department

	<p>At 6:15 pm, on 3.21.2023 this Auditor emailed the Executive Director and inquired as to how she would respond should she receive a third party report. Although the Executive Director did not reply to the email, during her interview she stated, depending on the amount of information received, she would respond to an allegation received from a third party in the same manner as any other report of sexual harassment and sexual abuse.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Random Clients 2. Targeted Clients 3. Correction Technicians 4. Administrative staff <p>Interviews with clients demonstrated they were aware they could report to any trusted staff, law enforcement or by calling the numbers on postings found throughout the facility.</p> <p>Interviews with staff demonstrated each actively practices and understood the importance of immediately reporting all allegations of sexual abuse and sexual harassment to their immediate supervisor, the Facility Manager and the Executive Director.</p> <p>Site Observations:</p>

The facility has not experienced an allegation of sexual harassment or sexual abuse in the past 12 months.

(a/d-e) The Hilltop House Community Corrections PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 1, section Purpose, third paragraph, states, "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."

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 3, section Reporting of Sexual Abuse and Sexual Harassment 3. A., states, "

3. Any person or persons advocating on behalf of a client may file a report. This includes: third

parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Any of these persons may report an act or threat of sexual abuse or sexual harassment anonymously to:

A. Any Hilltop House staff member, volunteer, contract employee, or any other individual may report the incident: by calling or e-mailing any of the members of the management team listed below:

a. Sally Frey, Executive Director

970-247-1342 x 13

sally.frey@swcccc.org

b. Facility Manager

	<p>970-247-1342 x 30</p> <p>XXX XXXX@swcccc.org</p> <p>c. Case Management Supervisor</p> <p>970-247-1342 x 15</p> <p>XXX XXXX@swcccc.org</p> <p>d. Send a letter to 1050 Avandia Del Sol Durango, Co. 81301.</p> <p>(b) The Hilltop House Community Corrections PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.</p> <p>Policy Statement IV Administrative Response to Sexual Assault on a Client, page 4, section Reporting of Sexual Abuse and Sexual Harassment 6., states, “Apart from reporting to designated supervisors or officials and designated state or local services agencies, all staff should keep confidential any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.”</p> <p>(c) This provision is not applicable as the facility does not employ medical or mental health personnel.</p> <p>(d) This provision is not applicable as the facility does not serve clients under the age of 18.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

	<p>1. Hilltop House Community Corrections PAQ</p> <p>2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated</p> <p>Interviews:</p> <p>1. Executive Director / PREA Coordinator / Facility Investigator</p> <p>Interviews with the Executive Director / PREA Coordinator demonstrated the facility staff act promptly and respond properly at the discovery of an incident.</p> <p>(a) The Hilltop House Community Corrections PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.</p> <p>Policy Statement IV Administrative Response to Sexual Assault on a Client, page 4, section Reporting Sexual Abuse and Sexual Harassment, states, "Upon receiving a report of sexual abuse or imminent risk of sexual abuse to a resident/client, staff shall: (see attached checklist)</p> <p>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 Director or designee, (request assistance to secure facility/crime scene). Listen to victim, remain professional and take notes. Assess client's medical needs Note: These should all be done prior to the end of the staff person receiving the report's shift. Staff may need to stay beyond the scheduled time to accomplish this."</p> <p>Through such reviews the facility meets the standard requirements.</p>
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115.263	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Hilltop House Community Corrections PAQ
2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated
3. Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), dated 3.23.2023

Interviews:

1. Executive Director / PREA Coordinator

The interview with the Executive Director / PREA Coordinator demonstrated that she was aware that upon receiving an allegation that a resident was sexually abused while confined at another facility, she had the responsibility to notify the head of the facility where the allegation occurred within 72 hours. The Executive Director stated this had happened in the past and she had worked closely with the facility notified of the allegation.

(a) The Hilltop House Community Corrections PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was zero.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 4, section Reporting Sexual Abuse and Sexual Harassment 5., states, "If the alleged victim reports that the sexual abuse occurred while confined at another facility, the Director (or designee) will notify the head of the facility or appropriate office of the agency/facility. This should occur the same day of the report, but no later than 72 hours. Efforts will be made to provide support (medical, emotional, etc.) to the reporting resident."

(b) The Hilltop House Community Corrections PAQ states the agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance can be found in provision (a) of this standard.

(c) The Hilltop House Community Corrections PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the

	<p>allegation. Policy compliance can be found in provision (a) of this standard.</p> <p>(d) The Hilltop House Community Corrections PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was zero.</p> <p>Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 4, first paragraph, states, "If a report of sexual abuse is received via the grievance procedures timeframes will be handled as indicated in the above timeframes and not the timeframes in the standard Grievance process in accordance with PREA Standard 115.253. These reports will be handled by the Director. If an allegation of sexual harassment, misconduct, and/or abuse is reported on a grievance form, the Director will address the process per the above Investigation policy process timelines and notify the victim as to those procedures."</p> <p>Through such reviews the facility meets the standard requirements.</p>
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115.264	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Correction Technicians <p>Interviews with Correction Technicians demonstrated they were aware of their first responder responsibilities. Staff stated reporting information is posted throughout the facility and they have access to a first responder checklist in the PREA binder in the Control Booth. Staff stated they would document PREA allegations and or incidents on the checklist and a written incident report for the Facility Manager or</p>

the Executive Director.

Site Observation:

The PREA binder with PREA policies and forms was observed in the Control Booth.

(a) The Hilltop House Community Corrections PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, 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 policy requires that, 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 preserve and protect any crime scene until appropriate steps can be taken to collect any evidence. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be 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. The policy requires that, upon learning of an allegation that a resident was sexually abused and the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report shall be required to ensure that the alleged abuser not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the past 12 months, zero allegations occurred where a resident was sexually abused.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 14, section PREA Immediate Response Procedures, states, "Upon witnessing or receiving a report of sexual abuse, the first responder shall:

- Ensure the victim and abuser(s) are separated.
- If incident occurred within 72 hours, instruct victim and abuser to not shower, brush teeth, urinate, defecate, eat or drink, change clothes or do anything that may destroy evidence. Secure crime scene.
- Is immediate medical attention required? If so, call 911
- Call Durango Police Department and report a possible sexual assault.

	<ul style="list-style-type: none"> · Contact victims advocate (SASO at 970-247-5400) · Contact On-Call Supervisor & Director · Complete all checklist and incident reports <p>Any victims and/or reporting parties of sexual abuse must be monitored for any retaliation for a minimum 90 days.”</p> <p>(b) The Hilltop House Community Corrections PAQ states the facility’s’ policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was zero. Policy compliance can be found in provision (a) of this standard.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Checklist for PREA Related Incidents Form, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Correction Technicians 2. Executive Director / PREA Coordinator <p>Interviews with the facility staff demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to facility coordinated response.</p> <p>Site Observation:</p>

	<p>The facility utilized a Checklist to ensure the response to allegations are completed as designed by agency policy and procedure.</p> <p>(a) The Hilltop House Community Corrections PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>The facility provided a Checklist for PREA Related Incidents form. The form includes instruction for the following departments.</p> <ul style="list-style-type: none"> · Initial Report / Time / Staff · Reporting Party secured in staff office · Contact Victim Advocate · Completed Survey of Sexual Victimization, 2021 · Immediate Notifications · Medical · Initial Responder · Documentation · Investigation · Follow Up After Incident · Incident Review <p>Through such reviews, the facility meets the standard requirements.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

	<p>1. Hilltop House Community Corrections PAQ</p> <p>Interviews:</p> <p>1. Executive Director / PREA Coordinator</p> <p>An interview with the Executive Director / PREA Coordinator demonstrated the facility is not responsible for collective bargaining.</p> <p>(a) The Hilltop House Community Corrections PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated 3. Client Retaliation Monitoring Form, not dated 4. Staff Retaliation Monitoring Form, not dated <p>Interviews:</p> <p>1. Executive Director / PREA Coordinator</p> <p>The interview with the Executive Director / PREA Coordinator demonstrated she has not had the need to implement retaliation monitoring; however, she would implement monitoring at the receipt of a sexual abuse allegation. The Executive Director stated she would monitor the victims' interactions with other clients and</p>

staff, review incident reports and case notes from the victims' Case Managers. The Executive Director stated she would initially document her first check in with the victim within two weeks and subsequent monitoring at least every 30 days for 90 days.

(a-b) The Hilltop House Community Corrections PAQ states the agency has 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. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PAQ states, "The Facility Manager is the designated retaliation monitor."

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 9, section Retaliation, states, "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 proceeding 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. Reports of retaliation must be reported

to the Director (or designee) who will respond immediately.”

The facility provided Client and Staff Retaliation Monitoring forms. Each form documents the following information.

- Client Name
- Today’s date
- Date of the Report / 90-day date / Extended until:
- Report involved - Sexual Abuse, Sexual Harassment or Retaliation
- Parties Involved
- Assigned Monitoring Staff Name
- Denote date of monitoring and list all concerns from the reporting staff member. All staff assigned to monitor retaliation shall act promptly to remedy any such retaliation
- When completing a monitor with a client who may be a subject of retaliation it’s important to consider the client’s disciplinary reports, housing, or program changes, or negative program and employment performance reviews.
- Date of periodic check and concerns

(c/d) The Hilltop House Community Corrections PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.

Through such reviews, the facility meets the standard requirements.

115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Document Review:

1. Hilltop House Community Corrections PAQ
2. Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), dated 3.23.2023
3. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated

Interviews:

1. Executive Director / PREA Coordinator / Investigator

The interview with the facility investigator demonstrated she understands and has set processes in place via the incident checklist for compiling evidence and conducting interviews to complete investigations.

Site Observation:

The facility has not had a criminal or administrative investigation in the past 12 months.

(a/b) The Hilltop House Community Corrections PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.

Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 1, section Purpose, states, "All staff has an affirmative duty to immediately report to the supervisor any knowledge, suspicion, or information regarding sexual abuse or sexual harassment involving a resident, staff volunteer or contractor and/or any retaliation or other violation of this policy. All reports of sexual abuse and sexual harassment shall be immediately documented."

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 4, section 4, states, "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."

(c) Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 5, section Administrative Investigations, first paragraph, states, "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 and or Chairman of the Board of Directors (and/or designee with specialized training) will be responsible for completing the administrative investigation promptly, thoroughly, and objectively.

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)."

(b) Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 4, section Administrative Investigations h., states, "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."

(e) Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 4, section Administrative Investigations b., states, "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."

Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 4, section Administrative Investigations d., states, "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."

(f) Policy Statement IV Administrative Response to Sexual Abuse / Sexual

Harassment (Investigations) page 4, section Administrative Investigations e., states, "Investigate whether staff actions or failures to act contributed to the abuse."

(g) Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 4, section Administrative Investigations c., states, "Notify the Director who will notify Durango Police Department. All Cases involving alleged sexual abuse or sexual harassment that may be criminal shall be documented and reported to Durango Police Department immediately"

(h) The Hilltop House Community Corrections PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be criminal that were referred for prosecution since August 20, 2012, or since the last PREA audit, whichever is later is zero.

(i) The Hilltop House Community Corrections PAQ states the agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 4, section Administrative Investigations i., states, "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) Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 6, section Reporting to Clients, last paragraph, states, "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."

Through such reviews, the facility meets the standard requirements.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard

	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), dated 3.23.2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director / PREA Coordinator / Investigator <p>The interview with facility investigator demonstrated the facility shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>(a) The Hilltop House Community Corrections PAQ Bureau states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations) page 4, section Administrative Investigations c, states, "Impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated."</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), dated 3.23.2023

Interviews:

1. Executive Director / PREA Coordinator

Interviews with the Executive Director / PREA Coordinator demonstrated she would personally verbally inform the client of the outcome of an investigation. The Executive Director / PREA Coordinator would also document the verbal notification within the incident checklist.

(a) The Hilltop House Community Corrections PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was zero.

Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 6, section Reporting to Clients, fourth paragraph states, "Hilltop House will notify a client of the above unless the facility has determined that the allegation is unfounded, or unless the client has been released from custody. All such notifications or attempted notifications shall be documented."

(b) The Hilltop House Community Corrections PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was zero.

Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 6, section Reporting to Clients, second paragraph states, "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. The client shall be informed as soon after the agency becomes aware of the findings of the criminal and administrative investigation."

(c) The Hilltop House Community Corrections PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident,

the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 6, section Reporting to Clients, third paragraph states, "In instances when Hilltop House did not conduct the investigation the Director will request relevant information in order to inform the client.

If the client's allegation involved a staff member, the Director shall inform the client whenever:

- The staff member is no longer posted within 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."

(d) The Hilltop House Community Corrections PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

Policy Statement IV Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 6, section Reporting to Clients, fifth paragraph states," 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."

(e) The Hilltop House Community Corrections PAQ states the agency has a policy that all notifications to residents described under this standard are documented. In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was zero. Policy compliance can be found in provision (b) of this standard.

Through such reviews, the facility meets the standard requirements.

115.276 Disciplinary sanctions for staff

Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Hilltop House Community Corrections PAQ
2. Disciplinary Process Document, not dated

Interviews:

1. Executive Director / PREA Coordinator

The interview with the Executive Director / PREA Coordinator demonstrated there were zero staff who were disciplined for violation of an agency sexual abuse or sexual harassment policy.

Site Observation:

During the last audit cycle, the facility did not have any staff subject to disciplinary action due to violating sexual abuse or sexual harassment policies.

(a) The Hilltop House Community Corrections PAQ states staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

Disciplinary Process Document, page 4, section Formal Disciplinary process, first

paragraph and first bullet, states, "There are certain situations and behaviors of staff that need serious and swift consequences once investigated and confirmation to the facts of the situation have been obtained. Such situations and behaviors include, but are not limited to the following:

- Confirmed Sexual Harassment/Relations of an employee with a resident or client of Southwest Colorado Community Corrections Center, Inc - Hilltop House."

(b) The Hilltop House Community Corrections PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies.

(c) The Hilltop House Community Corrections PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are 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. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment. Policy compliance can be found in provision (a) of this standard.

Disciplinary Process Document, page 4-5, section Formal Disciplinary process, last and first paragraph states, "In accordance with PREA standard 115.276 (c) - 1: Staff members that have been found, after an investigation, to be in violation of the sexual abuse and/or sexual harassment of a resident policy, will be terminated. Investigations that have potential criminal ramifications, meaning there are allegations of sexual contact/abuse, will be referred to the Durango Police Department for investigation and possible criminal prosecution (per PREA standard 115.276 (d) - 1). During the investigation, the staff member may be put on administrative leave pending the result of the investigation. This will be based on access to the alleged victim and if there is a possibility of having that person do other work tasks during the investigation. Individuals that resign prior to or instead of being terminated, shall have their investigation completed. If the results of the investigation indicate possible criminal wrongdoing, these will immediately be referred to law enforcement if it was not investigated by law enforcement in the first place. If the individual that either has resigned or is terminated is licensed by a state licensing board, a report of the criminal substantiated findings will be made to that licensing board."

(d) The Hilltop House Community Corrections PAQ states 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, are reported to

	<p>law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.</p> <p>Disciplinary Process Document, page 5, section Formal Disciplinary process, second paragraph states, “In accordance with PREA standard 115.276 (c) - 1: Staff members that have been found, after an investigation, to be in violation of the sexual abuse and/or sexual harassment of a resident policy, will be terminated. Investigations that have potential criminal ramifications, meaning there are allegations of sexual contact/abuse, will be referred to the Durango Police Department for investigation and possible criminal prosecution (per PREA standard 115.276 (d) - 1). During the investigation, the staff member may be put on administrative leave pending the result of the investigation. This will be based on access to the alleged victim and if there is a possibility of having that person do other work tasks during the investigation. “</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.277	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> Hilltop House Community Corrections PAQ Policy Statement IV. Administrative Employee & Volunteer Training and Policies, dated 3.14.2023 <p>Interviews:</p> <ol style="list-style-type: none"> Executive Director / PREA Coordinator <p>The interview with the Executive Director / PREA Coordinator demonstrated there were zero volunteers or contractors who were disciplined for violation of an agency sexual abuse or sexual harassment policy.</p> <p>Site Observation:</p>

During the last audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action due to violating sexual abuse or sexual harassment policies.

(a) The Hilltop House Community Corrections PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, contractors or volunteers have not been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.

Policy Statement IV. Administrative Employee & Volunteer Training and Policies, page 1, section General Provisions, states, "Any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies.

Any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

Hilltop House will take appropriate remedial measures and considers 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."

(b) The Hilltop House Community Corrections PAQ the facility takes appropriate remedial measures and considers 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.

Through such reviews, the facility meets the standard requirements.

115.278	Disciplinary sanctions for residents
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Document Review:

1. Hilltop House Community Corrections PAQ
2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated
3. PREA in Rulebook, dated 3.2023

Interviews:

1. Executive Director / PREA Coordinator

The interview with the Executive Director / PREA Coordinator demonstrated residents would be held to disciplinary action as stated in the resident handbooks.

(a-b) The Hilltop House Community Corrections PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was zero. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 10, section Residential Sanctions, paragraphs two through four states "If the alleged sexual contact is between residents, and an investigation completed that found allegations to be substantiated, with consent or not, then the resident(s) may receive a class 100 level write-up and sanction. The resident rulebook reads:

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 discovered, residents 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, residents or visitors. This includes any behavior of a sexual or romantic nature whether verbal, nonverbal, or physical.”

(c) Policy Statement IV Administrative Response to Sexual Assault on a Client, page 10, section Disciplinary Process, states, “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.”

(d) This provision is not applicable as the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.

(b) The Hilltop House Community Corrections PAQ states the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 10, section Disciplinary Process, first paragraph, states, “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. The presumption will be that the resident would be removed from the program and explore criminal investigation.”

(c) Policy Statement IV Administrative Response to Sexual Assault on a Client, page 9, last paragraph, states, “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.”

(g) The Hilltop House Community Corrections PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 3,

	<p>section Zero Tolerance, states, “The practice of not permitting undesirable behavior from offenders or staff to persist by applying immediate consequences for prohibited sexual conduct or incidents of retaliation related to the reporting of sexual abuse and sexual harassment.”</p> <p>PREA in Rulebook, page 51, second bullet, states, “Sexual abuse and sexual harassment of any type among residents or between residents and staff members will not be tolerated, regardless of whether such conduct is consensual. There is no consensual sex between residents and staff members.”</p> <p>(h) The Hilltop House Community Corrections PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director <p>The interview with the Executive Director demonstrated the facility does not have medical or mental health staff; however, emergency services would be provided by Mercy Regional Medical Center in Durango, Colorado upon receipt of an allegation of sexual abuse including perpetration.</p>

Site Observation:

In the past 12 months the facility has not experienced a sexual abuse allegation that resulted in emergency medical and mental health services.

(a/b) The Hilltop House Community Corrections PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 6, section Medical B., states, "Access to Emergency Medical and Mental Health Services. (These services will be provided by an external medical agency/personnel and coordinated with the Sexual Assault Service Organization)

- 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."

(c) The Hilltop House Community Corrections PAQ states, resident victims of sexual abuse while incarcerated are 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. Policy compliance can be found in provision (a/b) of this standard.

(d) The Hilltop House Community Corrections PAQ states, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 6-7, section Medical C. fifth bullet, states, Treatment services are provided to the victim

	<p>without financial cost “and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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<p>115.283</p>	<p>Ongoing medical and mental health care for sexual abuse victims and abusers</p>
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director <p>The interview with the Executive Director demonstrated the facility does not have medical or mental health staff; however, emergency services would be provided by Mercy Regional Medical Center, Access Mental Health and or SASO Advocacy Services.</p> <p>Site Observation:</p> <p>In the past 12 months the facility has not experienced a sexual abuse allegation that resulted in the need of emergency medical and or mental health services.</p> <p>(a-c/g) The Hilltop House Community Corrections PAQ states the facility offers 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.</p> <p>Policy Statement IV Administrative Response to Sexual Assault on a Client, page 6, section Medical first bullet, states, “Ongoing Medical and Mental Health Care for</p>

Sexual Abuse Victims and Abusers. (These services will be provided by external medical agency/personnel and coordinated with the Sexual Assault Service Organization)

· The facility refers and assists with coordination with medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, community confinement facility or juvenile facility. 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.”

(d) The Hilltop House Community Corrections PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 6, section Medical, C. second bullet, states “Alleged client victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.”

(e) The Hilltop House Community Corrections PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 6, section Medical, C. second bullet, states “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.”

(f) The Hilltop House Community Corrections PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 6, section Medical, C. fourth bullet, states, “Alleged client victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.”

	<p>(h) The Hilltop House Community Corrections PAQ states the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>Policy Statement IV Administrative Response to Sexual Assault on a Client, page 7, section Medical, C. first bullet, states, “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).”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.286	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV. Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), dated 3.2023 <p>Interviews:</p> <ol style="list-style-type: none"> 1. Executive Director / PREA Coordinator <p>The Executive Director clearly articulated the review of all incidents reported and investigations of sexual harassment and sexual abuse. The facility team triangulates evidence, reviews history of such incidents, mental health factors, interview outcomes of those involved and anyone who could have been in the area or has information on a client or staff history regarding a related issue. The onsite team discusses each of these issues with external members of the community confinement board members.</p>

(a) The Hilltop House Community Corrections PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been one criminal and or administrative investigations of alleged sexual abuse completed at the facility,

Policy Statement IV. Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 6, section Incident Review, first paragraph states, "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."

(b) The Hilltop House Community Corrections PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents were zero. Policy compliance can be found in provision (a) of this standard.

(c) The Hilltop House Community Corrections PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Policy Statement IV. Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 7, section Incident Review, first paragraph states, "The review team shall include Director, Case Manager Supervisor, client Case Manager, Facility Manager, a member of line staff, investigators, and medical and mental health providers."

(d) The Hilltop House Community Corrections PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and PREA Coordinator.

Policy Statement IV. Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 7, section Incident Review, second paragraph states, "The

	<p>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:</p> <ul style="list-style-type: none"> · Examine the area in the facility where the incident allegedly occurred to assess whether <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> supervision by staff.” <p>(e) The Hilltop House Community Corrections PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>Policy Statement IV. Administrative Response to Sexual Abuse / Sexual Harassment (Investigations), page 7, section Incident Review, last paragraph states, “The review team shall prepare a report to be submitted to the Director 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 or the reasons documented for not doing so.”</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.287	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated

3. Annual PREA Numbers 2019-2022
4. Checklist for PREA Related Incidents, dated 6.15.2016
5. SSV-IA Survey of Sexual Victimization, 2021 Substantiated Incident Form (Adult)
6. Policy Statement IV Administrative Storage & Destruction of File Material, dated 3.2023

Interviews:

1. Executive Director

The interview with the Executive Director demonstrated the agency reviews all incident reports of sexual harassment and sexual abuse, staff and clients involved in allegations, compile year end reports and look for common trends. The agency focuses on areas to address in the past year and identifies areas needing corrective action.

(a) The Hilltop House Community Corrections PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 8, section Tracking, states, "The Director shall maintain a tracking system that records all allegations of sexual abuse and sexual harassment 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 necessary to answer all questions from the most recent survey of the Survey of Sexual Violence conducted by the Department of Justice. The form currently being used is called the SURVEY OF SEXUAL VICTIMIZATION, 2021. These forms will be completed by the PREA Coordinator (or designee)."

Checklist for PREA Related Incidents. The checklists include the following components.

- Initial Report
- Time initial report made / staff

- Reporting party secured in staff office name
- Contact victim advocate (SASO) 970.247.5400
- Immediate Notifications
 - o Facility Supervisor, Director, Case Manager Supervisor, Case Manager, Durango Police - Officer Name, date and time
- Medical
 - o Did victim sustain any physical injury
 - o Victim offered medical services
 - o Victim refused medical services
 - o Transported to medical service - time
 - o Informed Medical Personnel of possible sexual assault
 - o Victim requested to speak to Mental Health
 - o Mental Health contacted
- Initial Responder
 - o Secure crime scene where allegation was reported to happen - location - time secured
 - o Allegation occurred less than 72 hours ago. Consider the following:
 - § Don't allow the victim or perpetrator to do the following until after Durango Police investigators allow
 - § Change clothes, brush hair, cut fingernail, use bathroom, spit, shower, eat/drink
 - o Alleged perpetrator identified. Name
 - o Keep alleged perpetrator and victim separated make notes of ny comments made by either party.
- Documentation
 - o Reports completed (attach this checklist to all reports)
 - o Information passed to those that 'need to know'
 - o Staff printed name / date
 - o Staff signature

(b) The Hilltop House Community Corrections PAQ states the agency aggregates the incident-based sexual abuse at least annually.

The facility provided an annual PREA numbers grid for aggregate data in years 2019 through 2022. Each year provides the following information.

- Resident to resident sexual harassment
- Resident to resident abusive sexual contact
- Resident to Resident non-consensual sexual act
- Staff to resident sexual misconduct
- Staff to resident sexual harassment
- Total all allegations

Each category can have one of the following outcomes,

- Substantiated
- Unsubstantiated
- Unfounded
- Pending External
- Pending Internal

(b) The Hilltop House Community Corrections PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.

Policy Statement IV Administrative Response to Sexual Assault on a Client, page 9, section Tracking, states, "This data shall be tracked on a standardized spreadsheet and documented on the SWCCCC - Hilltop House website (www.SWCCCC.org) All such information shall be provided to the Department of Justice upon request."

The facility provided the SSV-IA Survey of Sexual Victimization, 2021 Substantiated Incident Form (Adult) to demonstrate the form is used to answer all questions from the most recent version.

(d) The Hilltop House Community Corrections PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

Policy Statement IV Administrative Storage & Destruction of File Material, page 1, section Procedure, states, "All files shall be stored in the Hilltop House Administration basement in a designated locked room. It can only be unlocked with 2 keys (one with the director & one with the business manager or administrative assistant) in clearly marked storage boxes marked with month/year of discharge according to the following categories. The basement shall be locked at all times. Clients, volunteers, contractors etc. shall not have access to the basement without staff supervision.

All files will be maintained as specified in the categories indicate below:

1) Client Files: All client files will be maintained for a period of 7 years. At that files can be reduced to the following:

- a. Executive Assignment Orders, court orders & mittimus
- b. Termination Reports
- c. Client Picture
- d. Copy of ID's, social security card, etc."

(e) The Hilltop House Community Corrections PAQ states N/A as the agency does not contract with private facilities.

(f) The Hilltop House Community Corrections PAQ states the agency did not provide DOJ with data from the previous calendar year upon request.

Through such reviews, the facility meets the standard requirements.

115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

Document Review:

1. Hilltop House Community Corrections PAQ
2. Policy Statement IV Administrative Response to Sexual Assault on a Client, not dated
3. PREA Report for Southwest Colorado Community Corrections Hilltop House Years 2019-2022
4. Agency website agency report: PREA – Hilltop House Community Corrections (swcccc.org)

(a) The Hilltop House Community Corrections PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.

PREA Report for Southwest Colorado Community Corrections Hilltop House Years 2019-2022. The report includes the following information.

- Introduction to the Prison Rape Elimination Act
- Investigation and outcomes
- Recommendations
- Aggregate data 2019-2022

The report is signed on 3.31.2023 by the Executive Director.

(b) The Hilltop House Community Corrections PAQ states the annual report includes a comparison of the current year's data and corrective actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. Policy compliance can be found in provision (a) of this standard.

(c) The Hilltop House Community Corrections PAQ states the agency makes its annual report readily available to the public, at least annually, through its website. Annual reports are approved by the agency head and are available at PREA – Hilltop House Community Corrections (swcccc.org)

	<p>1. The Hilltop House Community Corrections PAQ states when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.289	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Document Review:</p> <ol style="list-style-type: none"> 1. Hilltop House Community Corrections PAQ 2. Policy Statement IV Administrative Storage & Destruction of File Material, dated 3.2023 <p>(a/d) The Hilltop House Community Corrections PAQ states the agency ensures that incident-based and aggregate data are securely retained.</p> <p>Policy Statement IV Administrative Storage & Destruction of File Material, page 1, section Procedure, states, "All files shall be stored in the Hilltop House Administration basement in a designated locked room. It can only be unlocked with 2 keys (one with the director & one with the business manager or administrative assistant) in clearly marked storage boxes marked with month/year of discharge according to the following categories. The basement shall be locked at all times. Clients, volunteers, contractors etc. shall not have access to the basement without staff supervision.</p> <p>All files will be maintained as specified in the categories indicate below: Client Files: All client files will be maintained for a period of 7 years."</p> <p>(b) The Hilltop House Community Corrections PAQ states the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private</p>

	<p>facilities with which it contracts be made readily available to the public at least annually through its website at PREA - Hilltop House Community Corrections (swcccc.org)</p> <p>(c) The Hilltop House Community Corrections PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>Through such reviews, the facility meets the standard requirements.</p>
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115.401 Frequency and scope of audits	
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>(a) This standard is not applicable as the facility is a standalone facility and not part of an agency of facilities.</p> <p>(b) This is the second audit cycle for Hilltop House Community Corrections Center and the first year of the fourth audit cycle.</p> <p>(h) The Auditor was granted complete access to, and the ability to observe, all areas of the facility.</p> <p>(i) The Auditor was permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>(m) The Auditor was permitted to conduct private interviews with residents.</p> <p>(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.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(b) The agency has their 2018 audit report posted on their facility website.</p> <p>Through such reviews, the facility meets the standard requirements.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	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 adopt and 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.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	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.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	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	na

	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.)	
	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.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	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
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	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
	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
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	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 the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	no
	Does the facility document all cross-gender pat-down searches of female residents?	no
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical 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?	
	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
115.215 (e)	Limits to cross-gender viewing and searches	
	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
	If the 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
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	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
	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

	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities?	yes
	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
	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: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	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
115.217 (a)	Hiring and promotion decisions	
	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
	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
	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 two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the 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
	Does the agency prohibit the enlistment of the 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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the 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 two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	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
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217	Hiring and promotion decisions	

(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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	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
115.218 (b)	Upgrades to facilities and technology	
	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	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	na
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	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
	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
115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	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
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	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
115.232 (b)	Volunteer and contractor training	
	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
115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	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
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	na
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	na
	Do medical and mental health care practitioners contracted by	na

	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.)	
115.241 (a)	Screening for risk of victimization and abusiveness	
	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
	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
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
115.241 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
	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
	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
	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
115.241 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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
115.241 (f)	Screening for risk of victimization and abusiveness	
	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

115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	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
115.241 (h)	Screening for risk of victimization and abusiveness	
	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
115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	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
	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
	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

	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
	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
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
115.242 (c)	Use of screening information	
	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
	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
115.242 (d)	Use of screening information	
	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
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
115.242	Use of screening information	

(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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	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
	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
115.251 (b)	Resident reporting	

	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
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address 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
115.252 (b)	Exhaustion of administrative remedies	
	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
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
115.252 (c)	Exhaustion of administrative remedies	
	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
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	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 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
	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
115.252 (e)	Exhaustion of administrative remedies	
	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
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	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.)	
	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
115.252 (f)	Exhaustion of administrative remedies	
	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
	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
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to	yes

	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.)	
115.253 (a)	Resident access to outside confidential support services	
	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
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	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
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
115.261 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.261 (b)	Staff and agency reporting duties	
	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
115.261 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.261 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes

115.262 (a)	Agency protection duties	
	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
115.263 (a)	Reporting to other confinement facilities	
	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
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	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
	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
	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,	yes

	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?	
	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
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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?	no
115.267 (a)	Agency protection against retaliation	
	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

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	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
115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	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
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271	Criminal and administrative agency investigations	

(h)		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.271 (i)	Criminal and administrative agency investigations	
	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
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	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
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes

	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.)	
115.273 (c)	Reporting to residents	
	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
	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
	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
	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
115.273 (d)	Reporting to residents	
	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
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	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
115.278 (b)	Disciplinary sanctions for residents	
	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
115.278 (c)	Disciplinary sanctions for residents	
	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
115.278 (d)	Disciplinary sanctions for residents	
	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	no

	condition of access to programming and other benefits?	
115.278 (e)	Disciplinary sanctions for residents	
	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
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	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
115.282 (a)	Access to emergency medical and mental health services	
	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
115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287	Data collection	

(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
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.288 (a)	Data review for corrective action	
	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
	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
	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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

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