

Auditor Information

Auditor name: Gerald McCormac
Address: PO Box 15561, Colorado Springs CO 80910
Email: mccormacjer@gmail.com
Telephone number: 267-679-2308
Date of facility visit: January 26-29, 2016 Facility Information

Facility name: Arapahoe Community Treatment Center
Facility physical address: 3265 W. Girard Avenue, Englewood CO
Facility mailing address: (if different from above)
Facility telephone number: 303-761-7685
The facility is: Private for profit Private not for profit
Facility type: Halfway house

Name of facility's Chief Executive Officer: Leslie Harris
Number of staff assigned to the facility in the last 12 months: 19
Designed facility capacity: 130
Current population of facility: 114
Facility security levels/inmate custody levels: Minimum
Age range of the population: 18-65+
Name of PREA Compliance Manager: Al Stocker Title: Program Coordinator
Email address: alactc@qwestoffice.net Telephone number:
303-761-7685 Agency Information
Name of agency: Arapahoe Community Treatment Center
Governing authority or parent agency: (if applicable)
Physical address: 3265 W. Girard Avenue, Englewood CO 80110
Mailing address: (if different from above)
Telephone number: 303-761-7685 Agency Chief Executive Officer
Name: Dave Cutler Title:
Executive Director
Email address: davecutler@qwestoffice.net Telephone number:
303-761-7685 Agency-Wide PREA Coordinator
Name: Al Stocker Title:
Program Coordinator
Email address: alactc@qwestoffice.net Telephone number:
303-761-7685

AUDIT FINDINGS

On January 26, 2016, the onsite portion of the PREA audit was conducted at Arapahoe Community Treatment Center. ACTC is a 130 bed male facility currently operating under contract with the Colorado Division of Criminal Justice and Arapahoe County, respectively, to provide community reentry services for offenders.

The PREA audit notice was posted by the ACTC Staff on December 15, 2015; six weeks prior to the onsite audit. No communication or correspondence from ACTC residents, staff, visitors, or other third party individuals were received by this auditor related to the ACTC facility and their PREA audit.

The onsite audit commenced shortly after 9:00 am on January 26, 2016. Following a brief entrance meeting, in which the expected audit schedule and format was discussed, a tour of the ACTC facility was conducted. The tour of the ACTC Facility was conducted in accordance with the PREA audit compliance tool, "Instruction for PREA Audit Tour", with emphasis on resident living quarters, resident shower and bathroom areas, intake area, cafeteria, kitchen, laundry room, recreational area, and other resident accessible areas as it relates to staff's ability to monitor, supervise and otherwise detect, prevent, and deter incidents of sexual assault and sexual harassment within the ACTC Facility. The ACTC Facility has actively worked to minimize, if not eliminate, potential blind spots utilizing multiple tools to enhance Arapahoe Community Treatment Center staff's ability to prevent, detect, and deter incidents of sexual

abuse and sexual harassment within the ACTC Facility. Upon conclusion of the facility tour, random staff and resident interviews commenced.

Random and specialized staff interviews were conducted using the format and protocols for community confinement centers available on the National PREA Resource Center's website. In total, well over 70% of the ACTC staff were interviewed and the staff sample group included Arapahoe Community Treatment Center staff from all job classifications as well as encompassing staff from all shifts. Additionally, approximately 15% of the ACTC resident population were interviewed during the onsite portion of the audit. All resident interviews followed the interview protocols for community confinement centers available on the PREA resource center website with emphasis on ensuring the sample size of residents interviewed included residents from each of the populations served at ACTC, those specifically identified in the resident interviews protocols, and from varying room assignments.

Prior to the onsite audit, and as part of the post audit review, supporting documentation provided by the ACTC Facility was reviewed. These items included: Organizational Chart, ACTC Facility floor plan, Arapahoe Community Treatment Center PREA Advisements (staff, resident, contractors, etc.), MOUs with local community entities and supportive services (as will be noted and named throughout this report), Arapahoe Community Treatment Center training curriculum, Arapahoe Community Treatment Center employee personnel files (background checks and training records), Arapahoe Community Treatment Center Coordinated Response plan and flow chart, pre-audit questionnaire, and other documentation referred to in the remainder of this audit report.

FACILITY CHARACTERISTICS

Located at 3265 W. Girard Avenue, ACTC is situated in a section of Englewood, Colorado comprised of primarily residential dwellings. The ACTC facility is a two story round building. The ACTC facility has a maximum rated capacity of 130 male offenders with risk factors ranging from minimum to low-medium risk offenders. ACTC provides residents with adequate privacy when showering, changing, or using the lavatory. The ACTC facility is currently equipped with one DVR recording video footage from 12 cameras strategically placed so as to actively reduce blind spots and assist staff in detecting, deterring and preventing sexual abuse and sexual harassment.

SUMMARY OF AUDIT FINDINGS

ACTC did not have a PREA related allegation in the 12 months prior to the onsite audit.

The ACTC staff have actively worked to achieve compliance with the PREA standards. There are PREA posters posted throughout the facility which contain toll free telephone numbers and addresses for PREA reporting, information related to emotional supportive services available to Arapahoe Community Treatment Center residents, and the facility's zero tolerance policies on sexual abuse and sexual harassment. This information is also available through a variety of printed materials (Resident Handbook, PREA advisement, and PREA informational pamphlet). ACTC residents, in addition to having access to community resources, also have access to emergency services through their own approved cell phones or through Arapahoe Community Treatment Center provided payphones for which the calls to the posted help line telephone numbers are toll free. During the onsite audit the auditor was able to confirm contact with the posted tip lines from the residential payphones. As conveyed during the random resident interviews, residents of ACTC were each provided with the facility's resident handbook, PREA pamphlet, Arapahoe Community Treatment Center PREA advisement and have all received screenings related to assessment of the individuals' potential for victimization and/or abusiveness during the intake process. Residents also relayed that staff "knock and announce" their presence whenever entering a resident's housing area and when entering the bathroom/shower area. ACTC residents were generally aware of the process for reporting PREA related concerns and were also generally aware of community resources available to them. The ACTC staff also actively work to implement a safe, secure environment for residents and staff alike. The staff, for the most part, were generally aware of their responsibilities to create a zero tolerance environment, reporting responsibilities, and first responder duties as was conveyed to this auditor during the staff interviews. Staff were also able to confirm receipt of PREA related trainings during their orientation and recent PREA refresher training(s).

With regards to the physical plant, at the time of the onsite audit, ACTC was encouraged to keep all unoccupied offices, rooms, closets, etcetera secured. A thorough review was performed of the supporting

documentation provided by the ACTC facility. The results of this review, along with the information gathered from the tour as well as the interviews, were used to generate this report. Noted throughout this report will be references to the documentation used to support the determinations of compliance, non-compliance, or non-applicable. Overall, the audit findings for the ACTC facility are as follows:

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

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

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.

Arapahoe Community Transition Center (ACTC), during the course the PREA audit process has developed and implemented policies mandating zero tolerance toward "all forms of sexual abuse" as noted in the ACTC PREA Policy statements referenced below. As was recommended, ACTC revised their written staff directives, to better reflect the verbiage and scope of this particular standard. Throughout the audit process, the agency worked to create policies which not only mirrored the verbiage found in the national PREA standards but also provided clarity to staff on how to accomplish the agency's objectives and fulfillment of their individual (and/or collective) responsibilities. Specifically, these recommendations included:

- Addressing contradictions between individualized policy statements
- Combining disjointed and individualized policy statements for PREA standard subsets into a congruent, complete and comprehensive policy.
- Inclusion of the agency PREA policy (policies) as part of the agency's Operational Policies and Procedures and Personnel Policies and Procedures (where applicable).
- Include language to better reflect the specific verbiage of §115.211(a)

With the identified policy revisions completed and forwarded to the auditor for review and audit record retention, ACTC's policies has met the requirements of §115.211(a) and speak to the expectations and required actions of ACTC staff members when such conduct occurs or is suspected of having occurred.

ACTC has established an upper-level PREA Coordinator position who has sufficient time, authority, empowerment within the position to effectively implement policies and procedures aimed at preventing, detecting, and responding to all incidents of sexual abuses and sexual harassment. The ACTC PREA Coordinator is actively involved with various aspects of facility operations, policy development, revisions, and implementation.

The ACTC organizational chart establishes the ACTC PREA Coordinator position as a "direct report" to the ACTC Director and is empowered to act in accordance with the expectations §115.211(b).

Arapahoe Community Treatment Center has met the requirements of this standard. Policy Referenced: ACTP 3-075

§115.213 - Supervision and Monitoring

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

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.

ACTC has created a Staffing Plan specific to the ACTC facility. The ACTC facility staffing plan utilizes staffing levels (based on full complement of staffing positions filled) and video surveillance equipment in their efforts to protect residents from sexual abuse. In calculating the adequacy of staffing levels at the ACTC facility, the staffing plan addresses all four required components of §115.213(a) (1-4) and was developed utilizing input from both the ACTC management staff and the ACTC agency wide PREA coordinator.

The ACTC staffing plan provided was the facility's initial staffing plan. Annual review of the staff plan, per §115.213(c), will be required moving forward. Year to date, ACTC has not deviated from the staffing plan identified.

ACTC has met all the requirements for this standard. Policy Referenced: ACTP 3-075

§115.215 - Limits to cross-gender viewing and searches

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

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.

ACTC, as outlined in ACTC PREA policy prohibit staff from performing cross gender strip searches and cross gender visual body cavity searches. ACTC employees are also prohibited from performing a search of a resident in order to determine their genital status. Staff are formally trained in transgender and intersex resident pat down searches procedures as explained and demonstrated through Vimeo Video titled "Cross Gender and Transgender Pat Searches". ACTC also identifies a mechanism by which performance of a pat search on a transgender or intersex individual will be established with input from the individual clients as required by §115.242.

All searches performed are documented in the facility's computer software program per contractual requirements. All employees are provided trainings on the performance of pat down searches, strip searches, and searches of transgender and intersex residents in a professional, respectful, and the least intrusive manner possible while not compromising the safety and security of the facility. The current placement of the cameras does not allow for cross gender staff viewing of residents while showering, changing, or performing any other bodily functions.

ACTC has developed and implemented practices which require staff members of the opposite gender to knock and announce their presence when entering an area where residents are likely to be changing, showering, or performing bodily functions. During the corrective action period, the agency included this expectation, as noted in §115.215(d), in the agency's PREA policy as was noted in the initial PREA auditor summary report.

Arapahoe Community Treatment Center has met the requirements of this standard. Policy Referenced: ACTP 3-075

§115.216 - Residents with disabilities and residents who are limited English proficient

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

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.

ACTC, is actively attempting to establish an MOU with the Spring Institute for Intercultural Learning, in order to establish a method and mechanism by which their residents have access to interpreters who can impartially, accurately, and effectively communicate via sign language and with limited English proficient individuals in many languages to include rare and exotic languages spoken in Asia, Africa, Middle East, Eastern and Western Europe. In that regard, ACTC has demonstrated due diligence in their attempts to secure a written agreement with the Springs Institute.

Additional auxiliary aids can also be arranged through the ACTC management staff if needed. ACTC does not utilize resident interpreters, confirmed via resident and staff interviews, and this is a practice that is prohibited by the ACTC PREA Policy Statement (referenced below) unless delays in communicating with an individual would present immediate danger to the individual's safety, compromise the performance of first responder duties, or the investigation of PREA allegations.

ACTC 's client educational materials are provided in formats and through methods that ensure effective communication with residents with disabilities, including intellectual disabilities, limited reading skills, or who are blind or have low vision. As a result, all the PREA educational and informational materials are published in English and Spanish (resident training video, ACTC PREA pamphlet, ACTC Resident PREA Advisement). ACTC, is hopeful it will have the ability to provide translated materials in other languages through their agreement with the Springs Institute once established.

ACTC has met all the requirements for this standard. Policy Referenced: ACTP 3-075

§115.217 - Hiring and Promotion Decisions

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

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

The ACTC PREA Policy (referenced below), developed during the corrective action period, outlines the process and expectations on the performance of background checks for all employees prior to being hired and specifically speak to background checks being performed for contractors and volunteers having contact with ACTC. Though it was clear ACTC did not hire or promote anyone who may have contact with residents who may have questionable characteristics, morals, etc., the ACTC policy now specifically speak to the disqualification of candidates or employees who have engaged in any of the activities notated in §115.217(a) (1-3).

Though the Colorado Division of Criminal Justice, the governing authority for the agency's contracted services, has developed processes to capture both new NCIC entries for persons cleared to work in Colorado Community Corrections centers and procedures to perform the 5-year background checks for existing staff members, inclusion of policies and procedures for performance background checks for contractors and volunteers every five years was recommended.

With regards to the requirements of §115.217(f)-(h), ACTC worked to incorporate a mechanism to capture staff's continuing duty to disclose all incidents as part of the annual employee evaluation process as is required and described in §115.217(a)-(h). The auditor recommended that is continuing duty to disclose be formally review and acknowledged by staff on an annual basis and not simply upon the employee's commencement of employment with the agency.

These revised policies, along with a sampling of employee and contractor background checks (initial and 5-year) and completed examples of staff's "continuing duty to re-affirm", were forwarded to the auditor for review and audit record retention.

Arapahoe Community Treatment Center has met the requirements of this standard. Policy Referenced: ACTP 3-075

§115.218 - Upgrades to facilities and technologies

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

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

§115.218(a) is not necessarily applicable to the ACTC facility as there has not been any substantial expansion to the facility nor acquisition of a new facility; however, ACTC has taken efforts to upgrade their technology.

As evidenced in the ACTC staffing plan and through the information acquired through the on-site staff interviews, ACTC is actively attempting to better eliminate blind spots in the facility utilizing the strategic placement of the facility's cameras, mirrors, and staff monitoring.

The placement of cameras as well as upgrades to the surveillance equipment is factored into the purchase, installation and placement of additional equipment and resources to aid staff in their efforts to detect, deter, and prevent incident of sexual abuse and/or sexual harassment. To that point, a concerted effort between the ACTC PREA audit team discussed, reviewed the placement of auxiliary monitoring aids to assist ACTC staff in their efforts to provide a safe and secure environment.

ACTC has met all the requirements for this standard. Policy Referenced: ACTP 3-075

§115.221 - Evidence protocol and forensic medical examinations

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

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

§115.218 - Upgrades to facilities and technologies

§115.221 - Evidence protocol and forensic medical examinations

ACTC is responsible for conducting Administrative Investigations of sexual abuse. Sexual abuse investigations that do not appear to be criminal in nature are conducted by ACTC management staff selected and trained in accordance with §115.234. Documentation of said training was provided to the auditor during the corrective action period by the agency as demonstration of compliance with §115.221 and §115.234 respectively.

Criminal investigations would be conducted by the Arapahoe County Sheriff's Department. ACTC and ACSD have established a memorandum of understanding consistent with §115.221(f) and reflective of adherence to a uniform evidence protocol adapted from the "United States Department of Justice's Office on Violence Against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations' Adult/Adolescents', or a similar protocol" when investigating alleged incidents of sexual abuse involving ACTC resident victims.

ACTC has entered into a MOU with the Denver Health Medical Center in order to provide ACTC resident victims with access to Sexual Assault Forensic Examiners and Sexual Assault Nurse Examiners 24 hours

a day and seven days a week without financial cost to the resident victim. In said MOU, ACTC residents would be taken to the Denver Health Medical Center in the event that they are involved in an incident of sexual assault. Denver Health Medical Center has agreed to provide a Sexual Abuse Nurse Examiner or Sexual Abuse Forensic Examiner per the established MOU. Denver Medical Health Center has SAFEs/SANEs available 24 hours a day to provide medical and forensic response to victims of sexual assault and follow a uniform evidence protocol that maximizes the potential for obtaining usable evidence consistent with the requirements of §115.221(b) and are identified in the Colorado's Coalition Against Sexual Assault's medical forensic/sexual assault nurse examiner's program listing.

ACTC also has entered into a MOU with the Blue Bench to provide resident victims with a variety of services to include: support through the forensic exam and investigatory interview process; crisis intervention; emotional support; follow-up services; mental health services; and referrals to other community agencies as needed.

Arapahoe Community Treatment Center has met the requirements of this standard. Policies Referenced: 115.221, 115.222(5)(8)

§115.222 - Policies to ensure referrals of allegations for investigations

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

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

The initial ACTC PREA Policy Statement (referenced below) speaking to the handling of allegations of sexual abuse and/or sexual harassment will be investigated relied fully upon externally parties (Arapahoe County Sheriff's Department) and did not account for the possibility of administrative investigations where:

§115.222 - Policies to ensure referrals of allegations for investigations

-Outside entities opt not to investigate; outside law enforcement entities need additional prompting from contractual oversight agencies (as has occurred with other community corrections allegations forwarded and handled through this department);

-ACTC investigations into incidents of non-criminal sexual harassment;

-ACTC investigations, into seemingly non-PREA related allegations, lead to the discovery of a potential criminal PREA related acts; and/or,

-Parallel administrative investigations involving resident/staff violations of the ACTC zero tolerance environment with disciplinary action levied prior to final disposition of any criminal case (i.e., Garrity warnings, §115.234).

During the corrective action period, ACTC worked to develop a comprehensive agency PREA policy addressing the potential for an administrative investigation. Upon development and subsequent review of the policy by the auditor, ACTC presented said policy to the local community board as their mechanism, per §115.222(b), for interested parties to gain insight into ACTC's zero tolerance policy as well as their intent to fully investigate all allegations of sexual abuse and/or sexual harassment.

Confirmation of the agency's public distribution of their policies related to §115.222, was provided to the auditor for audit record retention.

Arapahoe Community Treatment Center has met the requirements of this standard.
Policy Referenced: ACTP 3-075

§115.231 - Employee Training

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

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

As revealed following a review of ACTC employee training records and the PREA related training curriculum, ACTC staff have all received training on the identified required elements of the §115.231(a) (1-8). The bulk of the staff training curriculum is based on "Colorado Community Corrections PREA: Prison Rape Elimination Act 2003" which captured many, but not all, of the required elements of 115.231(a) (1-10). Specifically, this training curriculum addressed eight of the ten required training items. ACTC has added additional slides to the power point materials to address the remaining two required training topics. As such, ACTC's site specific training curriculum addresses all ten required topics. All ACTC staff have been trained in all aspects required by §115.231 to include the aforementioned added training topics. ACTC staff have also received the new PREA policies developed

§115.231 - Employee Training during the corrective action period.

As ACTC, as an agency, houses only male offender and all staff have been trained using the curriculum which covers search procedures for clients to include universal pat search techniques and specialized pat search procedures for transgendered and/or intersex clients. All employee trainings are recorded and documented with acknowledgment from the employee of the receipt and understanding of the training materials presented. Staff member interviews confirmed the receipt of the aforementioned trainings and the routine reviews of the ACTC PREA materials, expectations, and processes during recent "All Staff" meetings.

Arapahoe Community Treatment Center has met the requirements of this standard.
Policy Referenced: ACTP 3-075

§115.232 - Volunteer and Contractor Training

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

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.

ACTC provides notification to all visitors of their zero tolerance policies related to sexual abuse, sexual harassment, and sexual misconduct. During the corrective action period, ACTC forwarded documentation of training of ACTC volunteers and contractors having unsupervised access/contact with ACTC residents on their duties and responsibilities as it relates to the ACTC zero tolerance policies in preventing, detecting, deterring, and responding to incidents of sexual abuse, sexual harassment, and/or sexual misconduct. Training sessions for contractors/volunteers are documented and retained by the agency in accordance with the expectations set forth in §115.232.

Arapahoe Community Treatment Center has met the requirements of this standard.
Policy Referenced: ACTP 3-075

§115.232 - Volunteer and Contractor Training

- o Exceeds Standard (substantially exceeds requirement of standard)
- o Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- o Does Not Meet Standard (requires corrective action)

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

ACTC provides notification to all visitors of their zero tolerance policies related to sexual abuse, sexual harassment, and sexual misconduct. During the corrective action period, ACTC forwarded documentation of training of ACTC volunteers and contractors having unsupervised access/contact with ACTC residents on their duties and responsibilities as it relates to the ACTC zero tolerance policies in preventing, detecting, deterring, and responding to incidents of sexual abuse, sexual harassment, and/or sexual misconduct. Training sessions for contractors/volunteers are documented and retained by the agency in accordance with the expectations set forth in §115.232.

Arapahoe Community Treatment Center has met the requirements of this standard.

Policy Referenced: ACTP 3-075

§115.233 - Resident Education

- o Exceeds Standard (substantially exceeds requirement of standard)
- o Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- o Does Not Meet Standard (requires corrective action)

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

Upon intake, as was confirmed in a review of the facility's supporting documentation and as was communicated through the ACTC resident interview process, all residents receive information educating them on: the agency's zero-tolerance policy regarding sexual abuse and sexual harassment; how to report incidents or suspicions of sexual abuse and sexual harassment; their right to be free from

retaliation for reporting such incidents; and, the agency policies and procedures for responding to such incidents. This information is provided to all residents upon their intake via a PREA pamphlet, PREA advisement, and through a short PREA video all residents watch as part of the intake process.

ACTC, as noted previously in the auditor's summary for §115.216, is attempting to establish a MOU with the Spring Institute for Intercultural Learning, in order to provide their clients/staff with access to interpreters who can impartially, accurately, and effectively communicate via sign language and with limited English proficient individuals.

Additional auxiliary aids can also be arranged through the ACTC management staff. All PREA educational and informational materials are available to ACTC's residents in both English and Spanish; the two most common languages spoken amongst the ACTC resident population.

The translated educational and informational materials include: PREA related orientation videos, PREA Advisement, and the ACTC PREA pamphlets. The material is provided to all ACTC residents immediately upon intake and also reviewed with each resident in an individualized setting within the first few days of the resident's admission in the program to ensure all the resident's questions and/or concerns are addressed.

ACTC has met all the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.234 - Specialized training: Investigations

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

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

The original ACTC PREA policy statement(s), submitted in conjunction with the pre-audit questionnaire presented conflicting information about the selection and training of an ACTC PREA investigator. ACTC PREA Policy statement submitted as demonstration of compliance with §115.234 affirmed an ACTC upper management personnel was selected and trained on conducting administrative specialized investigations in community settings; however, contradictory information was presented in ACTC PREA Policy statements submitted for §115.221 and §115.222 respectively. Documentation of receipt of the specialized training was also not provided with the pre-audit documentation nor during the performance of the audit onsite audit. During the corrective action period, ACTC worked diligently to develop a cohesive and comprehensive PREA policy inclusion of the concerns noted above as well as providing the auditor with documentation establishing receipt of specialized training by the employee tasked with conducting

PREA related administrative investigations for the agency. The training curriculum covers the specific topics identified in 115.234(b).

ACTC staff do not conduct criminal investigations but rather refer sexual abuse and sexual harassment allegations appearing to be of possible criminal nature to the Arapahoe County Sheriff's Department for criminal investigation in accordance with and pursuant to the collective requirements set forth in §115.221, §115.222, and S115.271 respectively.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.235 - Specialized training: Medical and mental health care

ACTC does not have mental health or medical staff who work in the facility regularly or irregularly whether on a fulltime or part-time basis. As such, this standard would not apply to ACTC during this audit cycle.

§115.241 - Screening for Risk of Victimization and Abusiveness

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

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

The initial ACTC PREA policy statement, submitted in conjunction with the agency's pre audit questionnaire, ACTC residents were being assessed for their risk of potential for victimization and/or abusiveness at four placement milestones. The milestones being:

- Within 72-hours of the client's admission, w
- Within 30 days of their admission; u
- Upon receipt of new information; u
- Upon receipt of an allegation involving the resident (alleged victim and/or alleged abuser).

115.242 - Use of Screening Information

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. The individualized ACTC PREA policy statements (referenced below), as submitted during the pre-audit phase of this audit, spoke directly to the standard requirements set forth by §115.241(a-f). That said, ACTC, as has been mentioned throughout this report, the agency was tasked with refining the agency's PREA directives into a comprehensive, cohesive policy outlining the procedures to be followed and clarifying expected staff actions to be taken in order to maintain the agency's compliance with the national PREA standards. During the corrective action period, the agency developed and implemented an agency policy inclusive of the aforementioned recommendation and forward said policy to the auditor for review and audit record retention. In the review of documentation submitted with the pre-audit questionnaire, and as was relayed by staff during the onsite random staff interviews, the information acquired by ACTC staff in the assessment process performed pursuant to §115.241 is used to help management staff determine the most appropriate housing assignment. The agency employees have several housing assignment options which allow for enhanced visual prominence of clients at higher risk of vulnerability and/or abusiveness. The electronic software program utilized by the ACTC staff, and containing each resident's electronic case file, is equipped with mechanisms to either limit each permitted user's scope of informational access or expand the user's scope of informational access dependent upon individual needs related to the performance of expected duties. For instance, to ensure resident safety pursuant to §115.242 and §115.262, the resident's electronic case file information is available to staff who would need such information to make an immediate and appropriate housing assignment change. ACTC has the ability to accommodate individualized showers for their transgender and/or intersex residents and provide each resident with a PREA related pamphlet at intake in which residents are informed that individualized shower accommodations can be made available if needed. Finally, within the scope of their authority as conveyed via the staff interview process, the ACTC staff consider the safety and health of a transgender or intersex individual in the determination of housing placement. ACTC staff employs due diligence in the determination of which room (or bed) the individual is placed. It is recommended that ACTC continue to utilize the information gathered during the assessment process and document the manner and times this information is used in housing or program assignments.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

During the corrective action period, ACTC staff worked to develop and implement an agency PREA policy which also speaks to the performance of a PREA risk assessment upon transfer to another facility (unsuccessful discharge) and inclusive of §115.241(d)(5) as criteria to be evaluated during the client's risk assessment process pursuant to §115.241. All assessments are performed utilizing an objective screening instrument, encompassing all ten criteria identified in §115.241(d) and documented in the resident's electronic case file. A review of randomly selected completed risk assessments revealed that

greater than 80% of the residents' screenings reviewed were completed within the 72-hour time frame identified in the PREA standard. The performance of a re-assessment/review of the individual's risk levels of victimization and/or abusiveness within 30 days of their intake date was also greater than 80% compliant.

The agency's PREA policy, as required standard 115.241(i), instruct ACTC staff to maintain confidentiality with regards to information obtained as a result of the risk assessment and also now provide information and direction on how ACTC should endeavor to do so.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.251 - Resident Reporting

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.

Agency staff inform all ACTC residents with the multiple channels available for the reporting sexual abuse and sexual harassment, retaliation and other PREA related violations. All ACTC residents are provided contact information for the Colorado Department of Corrections Tip Line (1-877-DOC-TIPS), contact information for rape crisis counseling through the Blue Bench organization with whom ACTC has a MOU and does accept toll free calls. In addition to these resources, ACTC residents are also encouraged to contact local law enforcement, their assigned parole officer, DOC liaison, and/or any staff member.

This information is available in written format for all residents to retain during their placement at the ACTC facility and is also posted throughout the facility and is available in English and Spanish. ACTC is attempting to establish a mechanism in which this information can be translated into several other languages should the need arise. ACTC accepts all reports of sexual abuse and/or sexual harassment to include anonymous and third party reporting, without weighted differentials for verbal or written reports.

Finally, as is required by §115.253(d), ACTC has established several mechanisms for staff to utilize in reporting PREA related concerns privately through the Colorado Department of Corrections.

ACTC has met all the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.252 - Exhaustion of Administrative Remedies

- o Exceeds Standard (substantially exceeds requirement of standard)
- o Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- o Does Not Meet Standard (requires corrective action)

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

While the agency PREA statement written for this standard mirrored the requirements, time frames and thresholds set forth in §115.252; the agency was tasked with the development of a comprehensive, cohesive agency policy inclusion of the PREA requirements for this standard with clear expression of the agency's expected process to be followed and identification of staff duties to be performed. During the corrective action period, the agency developed and implemented an agency policy which incorporate both the above recommendation as well as the requirements set forth in §115.252.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.253 Resident Access to Outside Confidential Supportive Services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. As previously noted, ACTC has entered into a MOU with the Blue Bench and the Arapahoe Douglas Mental Health Center to provide emotional supportive and mental health services to residents of their program. This MOU also covers rape crisis advocacy; hospital accompaniment; support and accompaniment of the victim through the forensic examination process and the investigatory process; crisis intervention services, referrals for follow-up services and/or additional community resources as needed. The contact information for the Blue Bench is included in the ACTC PREA pamphlet provided to all residents at intake and is posted throughout the facility. A signed acknowledgment of the resident's receipt of the PREA information, via a PREA Advisement form, is retained in the resident's case file. Speaking specifically to the standard's requirement that the facility "enable reasonable communication between residents and these organizations in as confidential a manner as possible", ACTC residents are permitted to possess and use cell phones as well as having access to a plethora of community resources outside the facility. The payphones provided by the ACTC facility can make out going toll free phone calls. Additionally, ACTC staff inform residents the extent to which their communication with community resources will be monitored and which information will be sought in communication with these external entities via the completion of a

release of information form; however, it was recommended the agency include mandatory reporting laws (as verbalized in C.R.S. 19-3-304) within development of their policies. During the corrective action period, ACTC, as has been noted throughout this report, developed and implemented a PREA policy inclusive of the audit recommendation noted above.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.254 – Third Party Reporting

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. Pursuant to the requirements set forth through §115.254(a), ACTC was required to publicly distribute the methods through which incidents of sexual abuse and/or sexual harassment can be reported during the corrective action period. It was suggested this information be made publically available through the local community board meetings which are open to the public as agency did not have website available for such. Documentation of ACTC’s public distribution of their third party reporting methods were forwarded to the auditor for review and audit record retention.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.261 - Staff and Agency Reporting Duties

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

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

information on specific corrective actions taken by the facility.

In review of the agency's PREA statement submitted in conjunction with the pre-audit questionnaire, the directives set forth did not completely capture all of the requirements of the §115.261(a-e). Speaking specifically to the requirement of §115.261(a), it was recommended that the ACTC PREA policy incorporate language articulating that neither the location of an alleged incident nor the time period in which it is alleged to have occurred will impact the ACTC staff's responsibility/obligation to report the allegation in accordance with the ACTC coordinated response and the PREA standards. In essence, providing clear instruction to ACTC employees that reporting of information received does not have finite boundaries (such as ACTC specific allegations, suspicions, etc.) but their duty to report extends to information they may receive from a variety of sources and without regard to the length of time between the receipt of an allegation, the location of the alleged incident, and/or the date of the alleged incident of sexual abuse and or sexual harassment. It was also recommended that development of an agency PREA policy incorporate additional clarity about and reference to C.R.S. 19-3-304 so as to provide staff with information on their duties as mandated reporters within the State of Colorado.

During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of these recommendations. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

§115.263(c) would not apply to ACTC as they do not employ medical or mental health care practitioners.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.262 - Agency Protection Duties

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

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

Through information acquired during the staff interviews, ACTC staff have mechanisms in place to immediately ensure the resident's safety; however, as was noted in the initial auditor summary report, the ACTC PREA statements provided did not articulate how staff will accomplish compliance with this standard and ensure protection of the resident from imminent harm. During the corrective action period,

agency staff worked to development and implement an agency PREA policy inclusive of this recommendation. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

Staff members interviewed expressed knowledge of the agency coordinated response (specifically their duties as first responders), management responsibilities for the coordination of external parties with whom ACTC has a MOU, and consideration of resident safety in the facilitation of their respective job duties. In that regard, ACTC has the ability to transfer residents to additional housing units within the ACTC facility in order to be closer to the posted security technicians.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.263 - Reporting to Other Confinement Facilities

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. ACTC Policy Statement (referenced below) outlines the Agency's expectation for communication of information pertaining to allegations of sexual abuse which occurred at another confinement facility to the head of said institution/agency/facility. The PREA policy statement does not specify which ACTC staff member will make notification to the facility head of the institution at which the sexual abuse/sexual harassment is alleged to have occurred. ACTC policy statement clearly identifies the 72-hour time frame mandated by §115.263(b) ACTC Policy Statement (referenced below) outlines the expectation that notification is to be formally documented as required in §115.263(C) as well as the expectation that the head of the agency/institution receiving the allegation ensures the allegation is investigated in accordance with the PREA standards as noted in §115.263(d). It was recommended that the development of a comprehensive, cohesive agency PREA policy include language articulating how this will be accomplished, the expected frequency of follow up efforts, and the manner in which this is to be memorialized. During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of the recommendations above. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

In the 12 months prior to this audit, ACTC has not received information nor allegation requiring notification to another confinement facility.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.264 - Staff First Responder Duties

- o **Exceeds Standard (substantially exceeds requirement of standard)**

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

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

ACTC Policy Statement(s) (referenced below) and the ACTC coordinated response plan covers all of the requirements in §115.264(a) (1-4) (b) with overall intent of preserving any evidence and protecting the crime scene and exceed the requirements of the standard with regards to ensuring all staff are trained in first responder duties. The ACTC PREA policy statements and the ACTC written coordinated response clearly capture all requirements of §115.264(a) (1-4). Year to date, ACTC has not had any incidents requiring a first responder response.

While ACTC ensures all staff are trained in and familiar with first responder duties, to be enacted following an allegation of sexual abuse, and does not differentiate between the job classifications of the first ACTC staff member to respond to a sexual abuse incident, the PREA standard does make that distinction in §115.264(a) and §115.264(b) instructing non-security first responder staff only to request that the alleged victim not take any actions that could destroy evidence and then notify security staff.

The Arapahoe Community Treatment Center has met the requirements for this standard and exceed the requirements for individuals trained in first responder duties.

Policy Referenced: ACTP 3-075

§115.265 - Coordinated Response

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

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

ACTC has a written institutional plan of coordinated actions taken in response to an incident of sexual abuse (flow chart) as well as in written policy (ACTC PREA Policy). ACTC coordinated response plan is specific to the ACTC facility, as ACTC operates only one facility.

The coordinated plan, in order to meet the requirements of §115.265(a), was revised to coordinate actions between first responders, facility management staff and external parties such as those with whom ACTC has a MOU to provide services for ACTC clients who are the victim of sexual abuse. The initial agency coordinated response plan captures and outlines the responsibilities of the ACTC staff (first responders, management staff, and ACTC executive staff); however, did not capture the expected duties/responsibilities of the external agencies. These external parties included: law enforcement entities; victim advocacy services, and SAFE/SANE services at no cost to the resident victim.

During the corrective action period, the agency revised their coordinate response plan, as recommended above, and forward a copy of the revised plan for review and audit record retention.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.266 Preservation of Ability to Protect Residents From Contact With Abusers

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

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

ACTC employees, including those employed at their ACTC facility, are not unionized and no collective bargaining agreement exists. As such, there is nothing prohibiting the management staff of the ACTC from removing any alleged staff abusers from contact with any residents.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.267 - Agency Protection Against Retaliation

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

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

ACTC Policy Statement (referenced below) has established multiple mechanisms to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse and/or sexual harassment investigations from retaliation by other residents or staff. ACTC was asked to identify which staff member(s)/department(s) are responsible for monitoring of both residents and non-resident persons as part of the corrective action pertaining to the agency's PREA policy development. During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of the recommendations above. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

Monitoring would occur for at least 90 days following a report and can extend the monitoring period if circumstances and/or evidence suggest otherwise. Monitoring would terminate if the allegation was determined to be unfounded or if the resident is released from supervision prior to the expiration of the ninety-day monitoring period. ACTC has identified a retaliation monitoring form which covers all the required elements of §115.267 should retaliation monitoring need to be enacted.

Year to date, ACTC hasn't had any PREA related reports/allegations requiring retaliation monitoring and one incident in which retaliation monitoring occurred for a resident whose incident of sexual abuse occurred during a prior placement at another facility.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.271 - Criminal and Administrative Investigations

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. As outlined in ACTC Policy Statement (referenced below), ACTC has established policies for investigating allegations. ACTC staff do not conduct criminal investigations; rather, these are forwarded to local law enforcement, as noted in §115.221 (Arapahoe County Sheriff’s Department), and/or the Colorado Inspector General’s Office depending on the classification of the alleged victim. As noted in §115.221, ACTC has entered into an MOU with Arapahoe County Sheriff’s Department establishing their collective efforts to remain in compliance with the national PREA standards. In the 12 months prior to this audit, ACTC did not receive any reports or allegations of sexual abuse. ACTC staff would be responsible for conducting administrative investigations of sexual abuse and/or sexual harassment involving ACTC residents; as was noted in §115.221 and §115.222, the agency was required to account for a potential administrative investigation as well as provide demonstration of compliance with the specialized training requirements required by §115.234. During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of the recommendations above. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff training consistent with §115.234.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.272 Evidentiary Standard for Administrative Investigations

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

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

ACTC has not had any incident involving the sexual harassment or sexual abuse of ACTC resident in the 12 months prior to this audit.

The agency PREA policy is consistent with the intent, expectations and spirit of §115.272. ACTC as an organization, and ACTC as an extension of agency, utilizes the “preponderance of the evidence” as the standard in determining whether allegations of sexual abuse and/or sexual harassment are substantiated, unsubstantiated, or unfounded. During the corrective action period, agency staff worked to development

and implement an agency PREA policy inclusive of the requirements of this standard. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.273 - Reporting to Residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. The initial ACTC staff directives provided in concert with the pre-audit questionnaire outlined the expectation that resident victims of sexual abuse suffered in an agency facility will be informed of the outcome of an investigation into an allegation. ACTC further expressed the expectation that the administrator to be vigilant in their efforts to remain informed about an ongoing investigation so as to be able to keep the resident victim informed. It was recommended that delegation of this duty be specifically assigned to a position reflected on the ACTC organizational chart. Additionally, this directive covered most but not all of elements required by §115.273. it does not completely capture the specific requirements of §115.273. The notification milestones missing being:- Employee removed from post/position (possibly pending investigation)

During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of the recommendations above. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.276 - Disciplinary Sanctions for Staff

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

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

ACTC, through ACTC Employee Agreement, clearly identified ACTC employee prohibited behaviors which may lead to termination, however, said agreement did not contain all elements of required elements by §115.276. The agency was tasked with incorporating the external reporting requirements identified in §115.276 as well as the disciplinary thresholds and limitations identified in same standard into the agency PREA policy to be developed. This was also recommended to be included in applicable section of the agency's human resources manual. During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of the recommendations above as well as applicable sections of the agency HR manual. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.277 - Corrective Action for Contractors and Volunteers

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

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

Although the ACTC written directives and visitor notifications clearly identified ACTC prohibited behaviors which may lead to termination of services, these directives did not contain all elements of required elements by §115.276. The agency was tasked with incorporating the external reporting requirements identified in §115.276 as well as the disciplinary thresholds and limitations identified in same standard into the agency PREA policy to be developed. This was also recommended to be included in applicable section of the agency's human resources manual and/or contractor/visitor notifications forms. During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of the recommendations above. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming contractor's receipt

of the recently updated informational materials.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.278 - Disciplinary Sanctions for Residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. The original ACTC PREA directives mirrored the requirements of 115.278; however, as has been previously noted, the agency was tasked with revising, consolidating and developing a more cohesive agency PREA policy informing and directing staff of expected ACTC practices. Additionally, it was further recommended that elements of the PREA standards also be incorporated into existing ACTC educational and informational materials. To that point, incorporation of resident applicable resident disciplinary actions (as well as PREA grievance procedures noted in previous PREA audit narrative) was recommended to be included in the ACTC resident handbook. §115.278(d) would not be applicable to ACTC for two reasons. First, ACTC does not offer therapy, counseling or other interventions; rather, ACTC outsources these services from approved vendors as identified by the contractor. To that point, ACTC has mechanisms in place (as is required by DCJ standard 3.200) to access community resources and continued dialogue with said community resources to help address deviant or prohibited behaviors and/or concerns in advance of any sexual abuse. Note: The latter is also covered through the Colorado Sex Offender Management Board supervision guidelines for identified sex offenders.

Second, it is important to note, as a private contractor providing services to Colorado Department of Corrections, Colorado Division of Criminal Justice (DCJ), et al, ACTC would not be permitted to retain a resident accused of sexual abuse; rather, the appropriate legal entities (DOC, Arapahoe County Sheriff's Department, etc.) would remand the alleged abuser until final disposition.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

115.282 - Access to Emergency Medical and Mental Health Services

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. The ACTC Policy Statement (referenced below), outlines the Agency's stated objectives to provide resident victims of sexual abuse with access to emergency medical treatment and crisis intervention services. ACTC's MOU with the Blue Bench and the Arapahoe Douglas Mental Health Network provide for advocacy, mental health, and emotional supportive services; furthermore, ACTC's MOU with Denver Health Medical Center (DHMC) outlines the expected duties of both ACTC and DHMC and adhere to the requirements set forth in §115.282(a)-(d).

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.283 - Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. The existing arrangements with local community resources, as captured in the aforementioned MOU's (Blue Bench, Denver Medical Health Center, etc.) and via documented efforts to establish said MOU's, provide for the ongoing medical and mental health care for sexual abuse victims consistent with the level of care offered in the community.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075 Policy Referenced: 115.283

§115.286 - Sexual Abuse Incident Reviews

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

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

ACTC Policy Statement (referenced below) outlines the Agency's expectation on the scope, the participants, responsibilities and areas to be reviewed, and functionality of sexual incident review committee. During the pre-audit and onsite audit, the auditor worked with the facility to develop a template for recording the sexual abuse incident review committee's meeting minutes. The template includes all the criteria identified in §115.286(d) (1-6).

ACTC has not had any incidents of sexual abuse occurring, or allegedly occurring, at ACTC in the 12-month period prior this audit. As such, ACTC has not had reason to convene a Sexual Abuse Incident Review committee. It was recommended:

- The Arapahoe Community Transition Center PREA policy to be developed also identify a multi-dimensional committee with participation from executive, upper, and middle management personnel as well as accounting for the potential input from external medical and/or mental health professionals (as appropriate).
- The PREA policy articulates the agency's expectations of the committee.
- The PREA policy should also speak to how ACTC expects their staff assigned to the Sexual Abuse Incident Review Committee would carry out their responsibilities, the manner in which it is to be memorialized, and/or reporting method to agency executives.

During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of the recommendations above. The agency forward documentation demonstration the distribution of the newly developed PREA policy as well as documentation confirming staff's receipt of said policy.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.287 - Data Collection §115.287 - Data Collection

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

Auditor discussion, including the evidence relied upon in making the compliance or non-

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

As an agency, ACTC, as directed by agency PREA policy, collect accurate and uniform data for every allegation of sexual abuse at its facility. The agency does so by using a set of definitions. This information, formally captured in the form of an annual report, is available for public review.

While ACTC has forwarded the auditor their annual report prior to the corrective action period, the same was required the documentation confirming the public distribution of their annual report, policies, and methods for third party reporting. During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of articulation of the requirements of this standard. The agency forwarded documentation demonstration the distribution of the newly developed PREA policy, documentation confirming staff's receipt of said policy, and confirmation of public availability of this information.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.288 - Data Review for Corrective Action

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

As an agency, ACTC, as directed by agency PREA policy, collect accurate and uniform data for every allegation of sexual abuse at its facility. The agency does so by using a set of definitions. This information, formally captured in the form of an annual report, is available for public review.

While ACTC has forwarded the auditor their annual report prior to the corrective action period, the same was required the documentation confirming the public distribution of their annual report, policies, and methods for third party reporting. During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of articulation of the requirements of this standard. The agency forwarded documentation demonstration the distribution of the newly developed PREA policy, documentation confirming staff's receipt of said policy, and confirmation of public availability of this information.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

§115.289 - Data Storage, Publication, and Destruction

- o Exceeds Standard (substantially exceeds requirement of standard)
- o Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- o Does Not Meet Standard (requires corrective action)

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

The agency PREA policy captures all of the required elements set forth in §115.289(a-d) and as noted above in §115.287 and §115.288, data has been collected pursuant to §115.287 and has been aggregated, analyzed, and made available for public consumption in the form of an Annual PREA report. The report provided a comparison of 2015, 2014, and 2013 data for the ACTC facility. While ACTC has forwarded the auditor their annual report prior to the corrective action period, the same was required the documentation confirming the public distribution of their annual report, policies, and methods for third party reporting.

During the corrective action period, agency staff worked to development and implement an agency PREA policy inclusive of articulation of the requirements of this standard. The agency forwarded documentation demonstration the distribution of the newly developed PREA policy, documentation confirming staff's receipt of said policy, and confirmation of public availability of this information.

The Arapahoe Community Treatment Center has met the requirements for this standard.

Policy Referenced: ACTP 3-075

AUDITOR CERTIFICATION

I certify that:

- “ The contents of this report are accurate to the best of my knowledge.
- “ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- “ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

AUDITOR CERTIFICATION

I certify that:

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

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

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



Auditor Signature

August 16, 2016 _____

Date