



<u>ADMINISTRATIVE REGULATION</u>		REGULATION NUMBER 100-40	PAGE NUMBER 1 OF 28
		CHAPTER: Administration/Organization	
COLORADO DEPARTMENT OF CORRECTIONS		SUBJECT: Prison Rape Elimination Procedure	
RELATED STANDARDS: ACA Standards 4-4281-1 through 4-4281-8 and 4-4406		EFFECTIVE DATE: March 15, 2014	
		SUPERSESION: 11/1/13	
OPR: EDO	REVIEW MONTH: DECEMBER	 Rick Raemisch Executive Director	

I. POLICY

*The Colorado Department of Corrections (DOC) has a zero tolerance policy regarding sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment [4-4056] [2-CO-1C-11] [4-APPFS-3E-0600] (115.11(a), 115.211(a)). It is the policy of the DOC to provide a coordinated victim-centered response to reports of sexual assault. This includes providing medical and mental health counseling to victims of sexual assault/rape, sexual abuse and sexual harassment and fully investigating and **aggressively prosecuting those who are involved in such conduct [4-4281-3].***

The Department trains all DOC employees, contract workers, and volunteers to recognize sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and how to take appropriate action. The Department ensures offenders receive an orientation including information related to sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and the DOC provides a mechanism for pursuing disciplinary and/or criminal prosecution, when warranted, for those who engage in sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment.

II. PURPOSE

The purpose of this administrative regulation (AR) is to **provide guidelines to address** sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment **and procedures to identify, monitor, counsel, and track offenders who have a propensity for committing** sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment **and offenders vulnerable to becoming a victim of sexual abuse, sexual assault/rape or sexual harassment [4-4281-4][4-4281-5].**

III. DEFINITIONS

A. Community Confinement Facility: A community treatment center, halfway house, restitution center, mental health facility, alcohol or drug rehabilitation center, or other community correction facility, in which individuals reside as part of a term of imprisonment, while participating in gainful employment search efforts, community service, vocational training treatment, educational programs, or similar facility-approved programs during nonresidential hours.

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- B. Confidential: To be shared only with those whose official capacity dictates their absolute need to know or by order of a court.
- C. Exigent Circumstance: Circumstances that would cause a reasonable person to believe that prompt action is necessary to prevent physical harm, the destruction of relevant evidence, escape, or other emergent consequence.
- D. Facility PREA Coordinator: An individual at each facility with the authority to coordinate the facility's efforts to comply with the PREA standards **(115.11(c))**. This is referred to as the PREA Compliance Manager in the Federal PREA Standards.
- E. Forensic medical exam: An examination provided to a sexual assault victim by medical personnel trained to gather evidence of a sexual assault in a manner suitable for use in a court of law.
- F. Gender Nonconforming: A person whose appearance or manner does not conform to traditional societal gender expectations associated with his or her birth sex.
- G. Intersex: A person whose sexual or reproductive anatomy or chromosomal pattern does not fit typical definitions of male or female. Intersex medical conditions are sometimes referred to as disorders of sex development.
- H. PREA Administrator: An upper-level, agency-wide individual with sufficient time and authority to develop, implement, and oversee DOC efforts to comply with the PREA standards in all its facilities and manage the PREA Administration and Compliance Services Program. **(115.11(b))**. This is referred to as the PREA Coordinator in the Federal PREA Standards.
- I. PREA First Responder: A shift commander (CO III or above), an investigator, or a licensed nurse who has completed the PREA first responder training and that may be present to collect and/or assist with trace evidence collection under the direction of an investigator.
- J. PREA Program Specialist: An individual assigned to the PREA Administration and Compliance Services Program who will maintain statistics on sexual abuse, sexual assault/rape and sexual harassment, and retaliation in the DOC; compile reports and conduct sexually aggressive and sexual vulnerability assessments on offenders involved in PREA incidents.
- K. Prison Rape Elimination Act (PREA): Federal statute 42 U.S.C.A. § 15601 enacted in September 2003 requiring all Correctional Institutions to assess all incarcerated offenders, whether adult or juvenile, for propensity to commit or to be victimized by sexual behavior/activity and to prevent, detect and respond to those crimes.
- L. Prison Rape Elimination Act (PREA) Standards: The Department of Justice released the final rule to prevent, detect and respond to sexual abuse in confinement facilities in accordance with the PREA act of 2003. There are four distinct sets of standards, each apply to a different type of facility: Adult Prisons and Jails; Lockups; Community Confinement facilities and Juvenile facilities. Specific PREA standards are noted in Administrative Regulations by adding the corresponding number and new policy language. Adult Prisons and Jail standards are numbered 115.11 through 115.89 and Community Confinement standards are numbered 115.211 through 115.289.
- M. Sexual Abuse: Sexual abuse covers all sexual behavior including sexual harassment, sexual assault and sexual misconduct and specifically includes actions directed towards a person that does not or cannot consent or is coerced to include but not limited to any of the following acts:

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1. Contact between the mouth, penis, breast, buttocks, vulva, anus or any body part with the intent to abuse, arouse, stimulate or gratify sexual desire; to include kissing or hugging.
 2. Any other intentional contact, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, or where the DOC employee, contract worker or volunteer has the intent to abuse, arouse, or gratify sexual desire, excluding contact incidental to a physical altercation;
 3. Any attempt, threat, or request to engage in the activities described in paragraphs 1-2 of this section
 4. Any threat of physical force or pressure for sexual acts or requests (by staff) to engage in sexual acts.
 5. Romantic or sexual relationships between DOC employees, contractors, or volunteers and offenders are prohibited.
 6. Any act of penetration however slight, by a hand, finger, object, or other instrument or contact of the anal, oral or genital opening of another person
- N. Sexual Assault Nurse Examiner (SANE): A nurse specifically educated and trained to provide comprehensive care to patients affected by violence and abuse. A SANE demonstrates clinical competence in the collection of forensic evidence from both victims of violence as well as perpetrators and has the ability to provide expert testimony in a court of law. SANE's work collaboratively with law enforcement, prosecutors, victim advocates and community agencies.
- O. Sexual Assault/Rape: The act of unwanted sexual intrusion, touching or penetration however slight, by a hand, finger, object, or other instrument or contact of the anal, oral or genital opening of another person or touching of the breast or other body part however slight, by a hand, finger, object, or other instrument. This also includes contact, by any person on another by force, overt or implied threat, coercion, intimidation, compulsion, inducement, or impairment of one's faculties, pursuant to administrative regulation 150-01, *Code of Penal Discipline* and/or Colorado Revised Statutes (CRS) 18-3-401 through 18-3-415.5.
- P. Sexual Conduct in a Correctional Institution: The act of any DOC employee, contract worker, volunteer, or individual who performs work or volunteer functions for the DOC or private correctional facilities including community confinement facilities who engage in sexual contact, sexual assault or sexual abuse with an offender under the supervision of the DOC, pursuant to C.R.S. 18-7-701.
- Q. Sexual Harassment: Includes any non-contact behavior or act that subjects another person to verbal or written statements or gestures of a sexual or romantic nature; creating or encouraging an atmosphere of intimidation, hostility, or offensiveness as perceived by the individual who observes the sexually offensive behavior or act, including but not limited to the following:
1. Any repeated and/or unwelcome sexual advances, requests for sexual favors, obscene or profane language or verbal comments or actions of a derogatory or offensive sexual nature, including demeaning references to gender, inappropriate, sexually suggestive or derogatory comments about body or clothing, or obscene language or sexually harassing gestures, or written statements of a sexual or romantic nature.
 2. Indecent exposure or any intentional or unwanted displays of anus, genitals, breasts or other body parts to sexually harass another person or masturbation in the presence or direct vision of another person.

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3. Voyeurism or invasion of privacy for the purpose of sexual gratification or intent to abuse or arouse sexual desire.
 4. Taking or soliciting photographs or images of a person's nude breasts, genitalia, buttocks, naked body or while performing bodily functions.
 5. Any unwelcome sexual advances, requests for sexual favors, unequal treatment, or other unwelcome verbal and physical conduct based on sex when:
 - a. Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment; or
 - b. Submission to or rejection of such conduct is used as the basis for employment decisions about a person; or
 - c. Such conduct has the purpose or effect of substantially and unreasonably interfering with a DOC employee's work performance or creating an intimidating, hostile, or offensive work or educational environment.
- R. Sexual Misconduct: A person commits this offense when they have active or passive contact, which was not coerced or forced, between the genitals, hand(s), mouth, buttocks, anus, breast or with an object and the genitals, hand(s), mouth, buttocks, anus or breast of another person. Contact can be with or without clothing being worn by one or both parties.
- S. Sexual Orientation: A term used to refer to a person's emotional and sexual attraction to individuals of a particular gender (male or female). Sexual orientation is generally divided into four categories: heterosexual; bisexual; homosexual; or asexual.
- T. Transgender: A person whose gender identity (*i.e.*, internal sense of feeling male or female) is different from the person's assigned sex at birth.
- U. OIG Victim Rights Coordinator: An individual assigned to the OIG PREA Administration and Compliance Services Program who will coordinate offender victim advocacy, crisis counseling and will provide victim rights, emotional support, information and referrals or coordinate offender victim advocate services. This position can provide victim rights when no victim advocate is available. This individual will monitor and track retaliation and report investigation results or agency decisions regarding DOC employees, contract workers or volunteers alleged to have committed sexual assault, sexual abuse or sexual harassment against an offender.
- V. Youthful Inmate: Any person under the age of 18 who is under adult court supervision and incarcerated or detained in a prison or jail.
- W. Zero Tolerance: 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 any prohibited act of prohibited sexual conduct.

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IV. PROCEDURES

A. General Information

1. DOC employees, contract workers and volunteers may not knowingly maintain social, emotional or sexual associations with current offenders, former offenders, or the family and/or friends of offenders. Refer to AR 1450-1 Staff Code of Conduct.
2. *Offenders lack the ability to consent to sexual or romantic behavior between he/she and DOC employees, contract workers, or volunteers as they are physically under the control of others while incarcerated in a state correctional facility. There is no “consensual sex” in a custodial setting or supervisory relationship. All sexual behavior and romantic relationships between DOC employees, contract workers, or volunteers, and offenders are inconsistent with the professional and ethical principles, and policies of the DOC. All allegations of sexual assault/rape, sexual abuse and sexual harassment shall be investigated. If applicable, criminal charges will be filed and/or a professional standards investigation will be conducted. Professional standards investigation may result in corrective and/or disciplinary action, up to and including termination. [4-4281-6] Failure of DOC employees, contract workers, and volunteers to report incidents of sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment may result in corrective and/or disciplinary action.*
3. The DOC has zero tolerance for retaliation or acts of intimidation. Offenders, DOC employees, contract workers and volunteers have the right to be free from retaliation for reporting sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment and for cooperating with investigations. Any retaliation against individuals because of their involvement in the reporting or investigation shall be reported to the Office of the Inspector General (OIG) and a copy sent to the PREA Administrator. The Facility PREA Coordinator will monitor the conduct and treatment of offenders and DOC employees, contractors, and volunteers, who report sexual assault/rape, sexual abuse or sexual harassment or cooperate with an investigation, to determine if retaliation has occurred and will report suspicions and/or observations back to the OIG Victims Rights Coordinator **(115.67(a), 115.267(a))**.

If any DOC employee, contract worker or volunteer learns that an offender is subject to a substantial risk of imminent sexual abuse or sexual assault/rape, that person shall take immediate action to protect the offender **(115.62, 115.262)**.
4. Any new contracts and revisions to existing contracts with a private agency, government entity or other entities for the confinement of offenders shall contain an obligation on the entity to adopt and comply with the PREA standards and allow the DOC to monitor to ensure that the contractor is complying with the PREA standards **(115.12, 115.212)**.
5. In order to enable offenders to shower, perform bodily functions and change clothing without nonmedical staff of the opposite gender viewing their breast, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks, staff of the opposite gender will announce their presence when entering an offender housing unit at the beginning of each shift. If opposite gender status quo changes during that shift then another announcement is required **(115.15(d))**. For example, if a female staff member is assigned to a male housing unit for the duration of a shift, only one announcement at the beginning of the shift is required in regards to that gender’s presence. The announcement shall be made in such a manner that is most likely to be heard, such as the intercom system, and shall make it clear that a staff member of the opposite

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gender has entered the unit (i.e. “A male/female staff member is on the floor/unit.”). Non-routine visits to the unit, to include tours or vendors, will be announced.

Written notice to offenders shall be posted prominently in all units indicating that staff of the opposite gender may be present during each shift.

6. All DOC employees, contract workers, volunteers and the public may access all DOC PREA related information on the Department website at <http://www.doc.state.co.us/prison-rape-elimination-act> (**115.22 (b), 115.222(b)**).

B. Categories of Incidents

1. Offender-on-Offender: All sexual activity between offenders is prohibited and will be disciplined and/or criminally charged for such activity pursuant to AR 150-01, *Code of Penal Discipline*, C.R.S. 18-3-401 through 18-3-414.4 or AR 250-41, *Parole Violation Process* (**115.78(g), 115.278(g)**).
2. Offender-on-DOC Employee/Contract Worker/Volunteer/Visitor: All cases involving sexual assault/rape, sexual abuse and sexual harassment will be referred to the OIG. If appropriate, the OIG will refer such cases to the district attorney for prosecution. Offenders may also be charged pursuant to AR 150-01, *Code of Penal Discipline* or AR 250-41, *Parole Violation Process*, however, offenders may only be disciplined for engaging in sexual assault/rape, sexual abuse or sexual harassment with a DOC employee, contract worker or volunteer upon a finding that the DOC employee, contract worker or volunteer was forced, threatened, or did not consent to such behavior (**115.78(e), 115.278(e)**).
3. DOC Employee/Contract Worker/Volunteer-on-Offender: Acts of sexual assault/rape, sexual abuse and sexual harassment against offenders; retaliation against offenders who refuse to submit to sexual activity, and intimidation of a witness may be a crime. ***All cases involving sexual assault/rape, sexual abuse and sexual harassment will be referred to the Office of the Inspector General. If appropriate, the OIG will refer such cases to the district attorney for prosecution [4-4281-6].***
 - a. All cases involving sexual assault/rape, sexual abuse and sexual harassment in community confinement facilities shall be immediately reported to the DOC OIG or the local law enforcement agency with jurisdiction over the physical facility at which the incident took place.
 - b. DOC Employees, contract workers and volunteers in state owned prisons, private prisons and community confinement facilities may be criminally charged under C.R.S. 18-7-701 with Sexual Conduct in a Correctional Institution or any other statutory provision.
 - c. DOC employees, contract workers and volunteers may be subject to corrective and/or disciplinary sanctions up to and including termination for violating department policies, post orders and clinical standards (**115.76(a), 115.276(a)**).
 - d. Any contract worker or volunteer who engages in sexual assault/rape, sexual abuse or sexual harassment with an offender, or retaliates against an offender who reports sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment or cooperates with the investigation where such behavior rises to the level of criminal behavior, shall be prohibited from contact with offenders and reported to the OIG or local law enforcement and to relevant licensing bodies. In the case of any other violation of department policies by a contract worker or volunteer, the facility shall take appropriate

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remedial measures, and shall consider whether to prohibit further contact with offenders (**115.77, 115.277**).

- e. Procedures that are required by department policy or practice such as, but not limited to: staff taking pictures/photographs in the performance of their duties, pat searches or medical exams are not defined as sexual abuse, sexual assault/rape or sexual harassment.

C. DOC Employee, Contract Worker, and Volunteer Training

1. PREA training will be provided to all DOC employees, volunteers, and contract workers during basic training, volunteer training, or contract workers, temporary employees and interns training (CTI) and annually thereafter. Community confinement facilities providing services to DOC offenders will be responsible for providing initial PREA training to its employees, volunteers and contract workers, and refresher training at least annually thereafter. Training will include, but is not limited to (**115.31(a) 115.231(a), 115.35 (d),115.235(d)**):
 - a. Review of this administrative regulation, the Prison Rape Elimination Act of 2003, and any other applicable state or federal laws.
 - b. Information on DOC's policy of zero tolerance for sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment.
 - c. How to fulfill their requirements under DOC's sexual assault, sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures. (**115.32(a), 115.232(a)**).
 - d. Information on reporting and responding to such incidents.
 - e. Recognition of warning signs that someone has been a victim of sexual assault/rape, sexual abuse and sexual harassment and regarding available medical and mental health treatment.
 - f. Information related to the investigation of incidents of sexual assault/rape, sexual abuse and sexual harassment and the prosecution of perpetrators.
 - g. In addition to the above, training will cover the following:
 - 1) Common reactions of victims;
 - 2) Sensitivity to offender allegations of sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment;
 - 3) Offenders right to be free from sexual assault/rape, sexual abuse and sexual harassment and to be free from retaliation for reporting such behavior;
 - 4) How to communicate effectively with offenders, including lesbian, gay, bisexual, transgender, intersex,or gender nonconforming offenders;
 - 5) Confidentiality;

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- 6) Dynamics of sexual assault/rape, sexual misconduct, sexual abuse and sexual harassment in confinement;
 - 7) Recognition of signs of predatory offenders and potential victims;
 - 8) DOC employee, contract worker, or volunteer involvement with offenders and how to avoid inappropriate relationships with offenders;
 - 9) Compliance with relevant laws related to mandatory reporting of sexual assault/rape, sexual abuse and sexual harassment; and
 - 10) Consequences for failure to report (**115.31, 115.231**).
- h. Each DOC employee, contract worker and volunteer will document through signature or electronic verification that they understand the training they have received (**115.31(d), 115.231(d), 115.32(c), 115.232 (c)**).
 - i. Staff shall be trained in how to conduct a universal pat search which includes searches of transgender and intersex offenders. (**115.15(f), 115.215(f)**).
2. Additional specialized training is required for PREA First Responders. This training may include, but is not limited to: crime scene management, elimination of evidence cross-contamination, evidence collection protocol, and sexual assault crisis intervention.
 3. All full-and part-time medical health care professionals and mental health clinicians who work regularly in facilities will be trained in:
 - a. How to detect and assess signs of sexual assault/rape, sexual abuse and sexual harassment;
 - b. How to preserve physical evidence;
 - c. How to respond effectively and professionally to victims of sexual assault/rape, sexual abuse and sexual harassment; and
 - d. How and to whom to report allegations or suspicions of sexual assault/rape, sexual abuse and sexual harassment (**115.35(a), 115.235(a)**).
 - e. DOC shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere. (**115.35(c), 115.235(c)**).
 4. Investigators shall be trained in:
 - a. Conducting investigations of sexual assault/rape, sexual abuse and sexual harassment in confinement settings;
 - b. Interview techniques;
 - c. Evidence collection in confinement settings;

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- d. Criteria required to substantiate a case for administrative action or prosecution referral; and
- e. Proper use of Miranda and Garrity advisements.
- f. Documentation verifying completion of the specialized training is required (**115.34(a)**, **115.234(a)**, **115.71(b)**, **115.271(b)**, **115.34 (c)**, **115.234(c)**, **115.34((b)**, **115.234(b)**).

D. Offender Screening and Placement

1. *All offenders will be screened within 24 hours of their arrival into a reception and diagnostic facility and again upon transfer between facilities and community corrections, for potential risk of sexual vulnerability or potential risk of sexually aggressive behavior utilizing in accordance with AR 700-03 "Mental Health Scope of Service" (115.41(a), 115.241(a)). Housing assignments are made accordingly [4-4281-2]. Information obtained during the orientation, assessment, and screening process along with the sexually aggressive behavior (SAB) and sexual vulnerability risk (SVR) assessment report shall be used to determine appropriate housing assignments [4-4281-2].*
 - a. Offenders will not be disciplined for refusing to answer, or for not disclosing complete information, in response to questions asked in the SAB/SVR assessment (**115.41(h)**, **115.241(h)**).
 - b. Appropriate controls will be used on the dissemination of information in order to ensure that sensitive information contained in responses to SAB/SVR assessments is not exploited by staff or other offenders (**115.41(i)**, **115.241(i)**).
 - c. Any information related to sexual victimization or aggressiveness occurring in an institutional setting shall be confidential and strictly limited to medical and mental health clinicians and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments or as otherwise required by law (**115.81(d)**).
2. **Diagnostic Assessment:** The Assessment and Classification Unit, and/or the YOS diagnostic system, will complete an initial SAB/SVR assessment within 30 days (**115.41(f)**, **115.241(f)**).
 - a. Diagnostic Programmers will assign a risk level code based on the potential for SVR and SAB using the computerized scoring screens provided by the DOC.
 - 1) All offenders shall be assessed during intake for their risk of being sexually victimized or sexually aggressive (**115.41(a)**, **115.241(a)**).
 - 2) The initial screening shall consider prior acts or history of sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct; prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct in assessing offenders for risk of being sexually aggressive.
 - b. If the initial intake assessment indicates the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender shall be offered a follow-up meeting with a mental health or SOTMP clinician within 14 days of the initial intake assessment (**115.81(a)**, **(115.81(b))**).

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3. Offender Placement

- a. ***Information obtained during the intake assessment processes will be used to assist in the initial classification and facility assignment of the offender, [4-4281-2]*** pursuant to AR 600-01, *Offender Classification*, and AR 650-03, *Administrative Segregation*. ***Facilities will screen offenders within 24 hours of arrival to determine housing assignments*** in accordance with AR 700-3, ***“Mental Health Scope of Service” Mental Health Screening Form A to (115.41(b), 115.241(b)) [4-4281-2]***
- b. The facility intake screening shall ordinarily take place within 72 hours of arrival at the facility (115.41(b), 115.241(b)). This assessment shall be conducted using the SAB/SVR Assessment.
- c. A report of the offenders with SAB and SVR levels of 3 or higher is sent weekly to the appointing authority/designee and shall be used to assist with facility housing, bed, work, education, and programming assignments. Individualized determinations will be made for each offender (115.42(b), 115.242(b)).
- d. DOC employees shall use information from the SAB/SVR assessments to inform housing, bed, work, education, and program assignments with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually aggressive (115.42(a), 115.242(a)).
- e. Youthful inmates shall not be placed in housing units in which they will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters (115.14(a)).
 - 1) In areas outside of housing units, DOC shall either: maintain sight and sound separation between youthful inmates and adult offenders, or provide direct staff supervision when youthful inmates and adult offenders have sight, sound, or physical contact (115.14(b)).
 - 2) Facilities shall make best efforts to avoid placing youthful inmates in isolation to comply with this provision. Absent exigent circumstances, facilities shall not deny youthful inmates daily large-muscle exercise or any legally required special education services to comply with this provision. Youthful inmates shall also have access to other programs and work opportunities to the extent possible (115.14(c)).
- f. In making facility, cell/unit housing and programmatic assignments for transgender or intersex offenders the DOC shall consider on a case-by-case basis whether the assignment would ensure the offender’s health and safety, and whether the assignment would present management or security problems (115.42(c), 115.242(c)).
 - 1) A transgender or intersex offender’s own views with respect to his or her own safety shall be given serious consideration (115.42(e), 115.242(d)).
 - 2) Transgender and intersex offenders shall be given the opportunity to request waterproof stall screens and given the opportunity to shower separately from other offenders (115.42(f), 115.242(e)).

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- g. DOC shall not place lesbian, gay, bisexual, transgender, or intersex offenders 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 offenders **(115.42(g), 115.242(f))**.
 - h. The facility shall not search or physically examine a transgender or intersex offender for the sole purpose of determining the offender's genital status. If the offender's genital status is unknown, it may be determined during conversations with the offender, 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 **(115.15(e), 115.215(e))**.
- E. Sexually Aggressive Behavior/Sexual Vulnerability Risk (SAB/SVR) Assessment:
1. Within 30 days from the offender's arrival at the facility, the case manager will reassess the inmate's risk of sexual victimization or sexual aggressiveness creating an updated SAB and SVR assessment. **(115.41(f), 115.241(f))**.
 2. The case manager will re-assess the offender's risk level annually and update the SAB/SVR assessment. Transgender and intersex offenders SVR will be re-assessed twice a year to review any threats to safety experienced by the offender **(115.42(d))**
 3. If the case manager receives new information that the offender has experienced prior sexual victimization or previously perpetrated sexual aggressiveness, whether in an institutional setting or in the community, the offender shall be offered a follow-up meeting with a mental health or a SOTMP clinician to occur within 14 days **(115.81(a), 115.81(b))**.
 4. An offender's risk level shall be reassessed when warranted by the PREA Program Specialist due to a referral, request, incident of sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness **(115.41(g), 115.241(g))**.
 5. If an offender is suspected of being a potential sexual victim or potentially sexually aggressive at any time during his/her incarceration; is convicted of a Code of Penal Discipline (COPD) for I-09 Rape, II06.5 Sexual Misconduct, or II24.5 Sexual Harassment; or if the offender is involved in an incident of sexual assault/rape, sexual abuse, sexual harassment or sexual misconduct during their incarceration, an SAB/SVR re-assessment will be completed to determine the appropriate risk level and the following will occur:
 - a. When an offender is identified as the victim in an incident of sexual assault/rape, sexual abuse or sexual harassment the PREA Program Specialist will update the offender's SVR assessment and notify the offender's case manager or community parole officer of any SVR level change.
 - b. When an offender is identified as the aggressor in an incident of sexual assault/rape, sexual abuse or sexual harassment or receives a felony conviction for an institutional sexual assault, the PREA Program Specialist will update the offender's SAB assessment and notify the offender's case manager or community parole officer of any SAB level change.
 - c. When an offender is identified as being involved in an incident of sexual misconduct where no victim or aggressor is identified, the PREA Program Specialist will update each offender's SVR assessment

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on all offenders involved in the incident. The PREA Program Specialist will notify each offender's case manager or community parole officer of any SVR level change.

- d. In incidents with confidential information or involving DOC employees, contract workers, or volunteers, the PREA Program Specialist will update the appropriate offender's SAB and/or SVR assessment and notify the offender's case manager or community parole officer of any SAB or SVR level change.
6. Offenders newly identified as an SAB level 3 or higher who have not already been referred, shall be referred for placement in the Sex Offender Treatment and Monitoring Program to address and correct underlying reasons or motivations for the abuse. This referral will be done by the PREA Program Specialist, the offender's case manager or community parole officer, whoever updates the SAB to this new level. This referral will be documented in the SAB comments or in the Offender Chronlog.
7. Offenders newly identified as being sexually vulnerable, SVR level 3 or higher, shall be referred for mental health treatment by the PREA Program Specialist, the offender's case manager or community parole officer, whoever updates the SVR to this level. This referral will be documented in the SVR comments or in the Offender Chronlog.
8. When there are extenuating circumstances that would lead to a higher or lower SAB or SVR assessment level on an offender than would otherwise be given, a PREA administrative override can be requested on the offender.
 - a. PREA administrative override requests must go through the case manager supervisor or community parole supervisor.
 - b. If an offender is in the Sex Offender Treatment and Monitoring Program (SOTMP) or is in Mental Health, then the request can go through the SOTMP Coordinator or mental health supervisor.
 - c. It is the responsibility of the case manager supervisor, community parole supervisor, SOTMP coordinator, and mental health supervisor to forward the documentation to the PREA Program Specialist.
 - d. The PREA Program Specialist will be responsible to update the offender's assessment after the administrative override review.
9. SOTMP shall initiate an evaluation of all known offender-on-offender sexual aggressors within 60 days of learning of such sexually aggressive or abusive history and offer treatment when deemed appropriate **(115.83(h), 115.283(h))**. SOTMP shall consider whether to require the offender to participate in such treatment, while incarcerated and/or in the community **(115.78(d), 115.278(d))**.
10. Offenders with SAB or SVR levels of 3 or higher, transitioning to Community Corrections, Intensive Supervision Program (ISP), Parole, and YOS Phase II shall be assessed for continued treatment and appropriately referred for mental health counseling by the community parole officer.
11. The SAB and SVR assessment information regarding sexually aggressive offenders or sexually vulnerable offenders with a level 3 or higher will be available in the DCIS ETMOVES and ETMOVE screens when the

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identified offender is transferred from one facility to another or when released to Community Corrections, ISP, YOS Phase III, or parole.

F. Offender Orientation and Education

1. Within 30 days of intake, ***all offenders entering DOC and upon subsequent transfer between facilities and community confinement facilities shall receive orientation material regarding*** their rights to be free from ***sexual assault/rape, sexual abuse and sexual harassment*** and to be free from retaliation for reporting such incidents or behavior, and regarding agency policies and procedures for responding to sexual abuse, sexual assault/rape, sexual harassment or sexual misconduct ***[4-4281-1](115.33(b)(c))***.
2. ***The orientation information will be communicated orally, either in person or by video, and in written form in a manner that is clearly understood by the offender. In accordance with AR 100-19 Communication with Offenders and AR 750-04, Americans with Disabilities Act – Offender Request for Accommodation, appropriate provisions shall be made to ensure effective communication for offenders not fluent in English, those with low literacy levels, and persons with disabilities.*** DOC shall provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills. DOC shall maintain documentation of offender participation in these education sessions. ***(115.33(d-e), 115.233(d-e)) Information provided will include, but not be limited to:***
 - a. ***DOC's zero tolerance policy.***
 - b. ***Self-protection.***
 - c. ***Prevention/intervention.***
 - d. ***Reporting procedures.***
 - e. ***Treatment and counseling.***
 - f. ***Protection against retaliation.***
 - g. ***Disciplinary actions for making false allegations. [4-4281-1]***
3. Offenders shall receive a copy of the "Facts You Should Know" brochure at intake (DRDC/DWCF/YOS).
4. Offenders will be required to sign an offender orientation verification form (AR 850-07A) acknowledging receipt of this information. A copy of the offender orientation verification form will be maintained in the offender's working file.
5. Key information is continuously and readily available or visible to offenders through brochures, posters, policies, offender handbook and the offender PREA resource guide ***(115.33 (f), 115.233(f))***.
6. Each facility's PREA orientation will be developed and approved in conjunction with the PREA Administrator.

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G. Data Collection/Tracking

1. All allegations of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment shall be forwarded to the facility IG investigator within 72 hours of notification of an incident.
2. For tracking purposes, any written documentation regarding alleged sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment that has not been entered into the PCDCIS Incident Tracking System, pursuant to AR 100-07, *Reportable Incidents* and AR 100-41, *Incident Tracking System*, shall be forwarded to the PREA Administrator by the next business day following the incident or notification. The PREA Administration and Compliance Services Program shall collect, review, and maintain data as needed from all available incident-based documents, including reports, investigation files, and facility PREA incident reviews **(115.87(d), 115.287(d))**. This data collected will be maintained in a secure area and will only be shared on a need to know basis by the PREA Administration and Compliance Services Program.
3. Case Records: *In accordance with the Department of Personnel & Administration State Archives and Public Records – Record Disposition Schedule, Archives No. 09-28 and any subsequent updates or supersessions thereof, all case records associated with claims of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling, are retained by the Office of the Inspector General or CDOC forever. Information required as part of the offender’s medical care will be maintained in their medical record in accordance with AR 950-02, Health Records/Confidentiality/Access [4-4281-8] (115.89(d), 115.289(d)).*
4. The PREA Administration and Compliance Services Program and the Office of Planning and Analysis will be responsible to aggregate and report on the incident-based sexual assault/rape, sexual abuse and sexual harassment at least annually **(115.87(b), 115.287(b))**. DOC also shall obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its offenders.
5. The Office of Planning and Analysis shall make all aggregated sexual abuse, sexual assault and sexual harassment 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 after removal of all personal identifiers **(115.87(e), 115.287(e), 115.89 (b-c), 115.289(b-c))**.
6. The PREA Administration and Compliance Services Program and the Office of Planning and Analysis will be responsible for compiling records and reporting statistical data to the Federal Bureau of Justice Statistics, as required by PREA of 2003 and the Colorado judiciary committees, pursuant to C.R.S. 17-1-115.5. Upon request, DOC shall provide all such data from the previous calendar year to the Department of Justice no later than June 30 **(115.87(f), 115.287(f))**.

H. Reporting PREA Incidents

1. Offender Reporting Methods:
 - a. *Offenders incarcerated in a DOC facility or contract private prison may report any act of sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment or retaliation for reporting such behavior by the following means (115.51(a), 115.251(a)):*

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- 1) Tell a DOC employee, contract worker or volunteer
- 2) **Call the CIPS pre-programmed number 1-877-DOC-TIPS-0 (362-8477-0). TTY accessible.** The CIPS number is located on posters throughout DOC and private prisons in areas such as medical, visiting rooms, libraries, offender work areas and housing units. These phone calls are confidential.
- 3) Mail a letter to the PREA Administrator at 2862 South Circle Drive Colorado Springs, CO 80906
- 4) Send a Request for Interview (kite) or give a note directly to any DOC employee, contract worker or volunteer
- 5) Request to talk to mental health or medical.
- 6) Send a note or letter in a sealed envelope to the facility investigator, intelligence officer or warden. **[4-4281-7]**
- 7) Call the PREA Reporting line at CIPS #06. These calls are at no cost to the offender and reports can be left anonymously. These calls are answered by an agency outside of DOC, who will report the information provided to the Office of the Inspector General or the Division of Community Corrections, Parole and YOS ~~(115.51(b))~~.
- 8) Offenders can report sexual abuse, sexual assault or sexual harassment to an agency that is not part of CDOC. To do so, offenders can report in writing using AR Form 100-40G, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency. The outside PREA reporting agency will immediately forward written reports of sexual abuse, sexual assault or sexual harassment to the CDOC PREA Administrator. Offenders can remain anonymous by not identifying themselves on the form. Correspondence addressed to this address will be treated as confidential. **(115.51(b))**.

PREA Reporting
P.O. Box 41118
Olympia WA 98504-1118

- b. Reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation **(115.78(f), 115.278(f))**.
- c. Code of Penal Discipline (COPD) and/or criminal charges may be filed by the Office of the Inspector General on offenders who intentionally make false allegations.
- d. Community confinement offender reporting procedure:
 - 1) **All offenders in a community confinement facility**, Intensive Supervision Program, YOS Phase III, parolees and the general public **may report any incident of** sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment **by calling the** toll-free DOC TIPS line at 1-877-DOC-TIPS (362-8477) (TTY accessible), calling the toll-free PREA Reporting line at 1-855-855-0611, or contacting local law enforcement. **115.251(b)**.

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- 2) Posters with the confidential toll-free DOC TIPS line number will be available in all DOC parole office visiting rooms.
- 3) Reports of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment can be made by a third-party on behalf of an offender by calling the DOC Tips line, PREA Reporting line or mailing a letter to the PREA Administrator at the address mentioned above **(115.54, 115.254)**.
- 4) Additional information on how to report sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment is located at www.doc.state.co.us under the Operations Tab then Inspector General Tab then Prison Rape Elimination Act link.

2. DOC Employee/Contract Worker/Volunteer Reporting Procedure:

- a. DOC employees, contract workers and volunteers shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports and shall immediately and confidentially report to their supervisor or the shift commander **(115.51(c), 115.251(c))**:
 - 1) Any knowledge, suspicion, or information (including third party and anonymous kites, letters, and reports), regarding incidents of sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment in a correctional setting, (including DOC prisons, private prisons and community confinement facilities);
 - 2) Any incidents of retaliation against offenders or DOC employees, contract workers or volunteers who reported such incidents; and
 - 3) Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. **(115.61(a), 115.261(a))**.
- b. If a DOC employee, contract worker or volunteer believes they cannot go through their normal facility protocol to make a report, DOC provides a private phone message reporting line at 719-226-4621 **(115.51(d))**.
- c. The shift commander will notify the appointing authority, or designee, the Facility PREA Coordinator and the facility IG investigator **(115.61(e), 115.261(e))**. A detailed report should be completed pursuant to AR 100-07 *Reportable Incidents* and AR 100-41 *Incident Tracking System* and a copy of this report sent to the PREA Administrator.
- d. DOC employees, contract workers and volunteers shall not reveal any information related to a sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment report to anyone other than to supervisors, investigators and designated officials. Such information shall be limited to information necessary to make treatment, investigation, and other security and management decisions **(115.61(b), 115.261(b))**.
- e. If the alleged sexual assault/rape, sexual abuse, sexual misconduct or sexual harassment involves a return to custody offender, the community parole officer will immediately notify the IG investigator, otherwise local law enforcement will be contacted. A detailed report shall be completed by the community parole

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officer pursuant to AR 100-07 Reportable Incidents and AR 100-41 Incident Tracking System and a copy sent to the PREA Administrator. In a community corrections facility, any letter or kite shall immediately be referred to the community parole officer who will notify the IG investigator or request the local law enforcement agency be contacted. The community parole officer will send copies of all documents to the PREA Administrator.

- f. If a DOC employee or contract worker receives a grievance alleging sexual assault/rape, sexual abuse, or sexual harassment, a copy shall be forwarded to the Facility PREA Coordinator and the PREA Administrator, upon receipt of the grievance. Grievances shall comply with AR 850-04, *Grievance Procedure*.
 - g. All incidents or information involving **only offenders** will be reported pursuant to AR 100-07, *Reportable Incidents* and AR 100-41, *Incident Tracking System*.
 - h. If the incident involves an offender and a DOC employee, contract worker, volunteer or employee of a private prison the information is to be immediately and confidentially reported using facility protocol. Each facility shall have in place an Implementation Adjustment (IA) or written protocol establishing their facility's procedures to ensure a detailed report is sent to the Shift Commander, Duty Officer, or Appointing Authority, who will in turn notify the IG Investigator. A detailed report is to be sent to the IG investigator, the Facility PREA Coordinator, and PREA Administrator.
 - i. If the incident involves a community corrections facility employee, contract worker or volunteer, the information is to be immediately reported using facility protocol which includes the community parole officer. The community parole officer will notify the IG investigator or local law enforcement and the Appointing Authority. A detailed report is to be written and sent to the PREA Administrator and the Facility PREA Coordinator.
 - j. C.R.S. 17-1-115.5(1)(a) requires disciplinary action for DOC employees who fail to report incidents of sexual assault/rape, sexual abuse, or sexual harassment in a correctional setting to the Office of the Inspector General.
 - k. If the alleged victim is under the age of 18 or considered a vulnerable adult in accordance with CRS 18-6.5-103 Crimes Against At-Risk Adults and At-Risk Juveniles – Classification. DOC shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws (**115.61(d)**, **115.261(d)**).
 - l. Medical practitioners and mental health practitioners shall be required to report sexual abuse and sexual assault and to inform offenders of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services (**115.61(c)**, **115.261(c)**).
3. Reporting to other confinement facilities (**115.63**, **115.263**):
- a. Within 72 hours of receiving an allegation that an offender was the victim of sexual assault/rape, sexual abuse, or sexual harassment while confined at another facility, the information will be reported to the Facility PREA Coordinator, IG Investigator and mental health staff at the facility where the incident was reported. A written report will be generated pursuant to AR 100-07, *Reportable Incidents* and AR 100-41, *Incident Tracking System*.

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- b. The Facility PREA Coordinator at the facility where the incident was reported shall notify the Facility PREA Coordinator at the facility where the incident allegedly occurred. Such notification shall be documented by the Facility PREA Coordinator at the reporting facility and the appointing authority at the facility that receives such notification shall ensure that the allegation is investigated.
 - c. If the facility where the incident allegedly occurred is not a DOC facility, the appointing authority or the Facility PREA Coordinator on behalf of the appointing authority at where the incident was reported shall notify the head of the facility or appropriate office of the agency where the alleged incident occurred.
- I. **Immediate Response Procedures:** Each facility, including private prisons and community correction programs, shall use the attached PREA Process flowchart (AR Form 100-40C or 100-40D, as applicable) and PREA Response Plan Guideline for Sexual Assault or Sexual Abuse, (AR Form 100-40E), to develop a written PREA facility response plan (**115.65, 115.265**) The facility-specific PREA response plan shall coordinate actions among first responders, medical professionals, mental health clinicians, OIG investigations or local law enforcement, facility leadership, victim rights and advocacy in response to an incident of sexual assault or sexual activity. (**116.64, 116.264**) Each DOC facility PREA response plan must be approved by the PREA Administrator. Appropriate security procedures will include, at a minimum:
1. ***Separate the perpetrator and victim. [4-4406]***
 2. Instruct the suspect and request the victim not to shower, wash, brush his/her teeth, urinate, defecate, eat, drink, and change clothing or anything else that might destroy evidence. (**115.64(b), 115.264(b)**).
 3. The first responding staff will notify the Shift Commander who will follow their facility PREA response plan in response to an incident of sexual assault or sexual activity.
 4. The Shift Commander will conduct threshold questioning then contact the IG investigator following facility protocol. The Shift Commander will relay information to the IG investigator describing the sexual activity or behavior. The IG investigator will direct the Shift Commander on what actions, to take, if any.
 5. An IG investigator will immediately respond if there is any reasonable suspicion that a sexual assault or sexual activity has occurred. It is the responsibility of the IG investigator to determine whether a victim is transported for a forensic medical exam.
 6. If through observation or credible information, the IG investigator has determined that offenders have engaged in non-coerced or non-forced sexual misconduct, it may not be treated as a sexual assault or sexual abuse. The crime scene will remain secured until released by an IG investigator.
 7. An IG investigator is required to conduct a follow-up interview with both offenders the next day following the incident. The offenders will be kept separate until the IG Investigator interviews them.
 8. It is noted that even non-coerced or non-forced sexual behavior is prohibited and incidents of this nature are violations of the Code of Penal Discipline and shall be subject to disciplinary actions. Written reports will be generated pursuant to AR 100- 07, *Reportable Incidents* and AR 100-41, *Incident Tracking System*.

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9. During the investigation or at any point thereafter, if an offender reports being forced or coerced, protocols for sexual assault will be taken immediately. Immediately notify the shift commander, who will report the information to the appointing authority/duty officer and contact the IG investigator following facility protocol.
 - a. Notify the health services administrator (HSA), who will in turn notify mental health staff. If no qualified medical professional or mental health clinician is on duty at the time a report of a recent sexual assault is made, security staff/first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate Health Services Administrator (HSA) or designee and the on-call mental health clinician **(115.82(b), 115.282(b))**.
 - b. Transport the victim to Clinical Services for a cursory medical assessment.
 - c. Secure perpetrator, under supervision, in holding cell and ensure the perpetrator is not allowed to wash, shower, brush his/her teeth, urinate, defecate, eat, drink, change clothes or anything else that might destroy evidence. Assign an employee to secure the perpetrator, if necessary.
10. DOC may not rely on offenders for assistance if an offender suspect or victim is deaf or hard of hearing, blind, or low vision or for those who have intellectual, psychiatric or speech disabilities, or are limited English proficient. For information on acquiring appropriate interpretation and translation services see AR 100-19, *Communication with Offenders* **(115.16(a), 115.216(a))**.
11. Shift Commanders will have a checklist to follow for documenting steps taken in response to an incident of sexual assault or a sexual activity.

J. Treatment for Victims of Sexual Assault

1. Treatment:
 - a. *Acute trauma care will be provided to victims of sexual assault including but not limited to, treatment of injuries, HIV/AIDS prophylactic measures, and testing for sexually transmitted diseases. When appropriate, prophylactic therapy will immediately be administered for infectious disease exposures [4-4406] (115.83(f), 115.283(f)).*
 - b. Clinical Services will conduct a cursory assessment of any victim of a sexual assault. Urgent and emergent medical care will be provided at the facility, as needed. Any additional medical care will be provided during or after the forensic exam. Victims of sexual assault shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by clinical services according to their professional judgment **(115.82(a), 115.282(a))**.
 - c. Victims of sexual assault while incarcerated shall be offered timely information from clinical services about access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care **(115.82(c), 115.282(c))**.
 - d. Clinical Services will consider any treatment of the victim of sexual assault as a medical emergency. The victim of sexual assault will be provided outside medical treatment pursuant to DOC clinical protocols, when necessary, and transported to a medical facility for a forensic medical exam with a SANE, upon request by the IG investigator. When an IG investigator is not responsible for investigating allegations of sexual assault, the

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DOC will request that the investigating law enforcement agency follow the requirements outlined in this policy as well as the PREA standards **(115.21(f), 115.221(f))**.

- 1) ***Victims of sexual assault are referred under appropriate security provisions to a community medical facility for treatment and gathering of forensic evidence. [4-4406]***
 - 2) In cases where outside medical treatment including forensic evidence collection is required, sign language or language interpreters must be obtained for offenders requiring these services per AR 100-19, *Communication with Offenders*.
 - 3) Each facility clinical services area will provide supplies for trace evidence collection for use on offenders during a PREA incident.
 - 4) At no time will the staff leave the victim alone until the victim is evaluated by mental health staff. A referral to Mental Health may be made by any DOC employee, contract worker, or volunteer during any step of this process.
 - 5) The HSA or designee will ensure that ***offenders will be referred to Mental Health and/or medical for crisis intervention, treatment/counseling, and long term follow-up care. [4-4406]***
 - 6) ***Offenders identified as being a victim of DOC employee, contract worker, or volunteer-on-offender sexual assault/rape, sexual abuse, or sexual harassment will be referred to Mental Health for treatment/counseling by the Health Services Administrator (HSA) or designee. [4-4281-4] [4-4281-5]***
- e. 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. **(115.82 (d), 115.282(d), 115.83(g), 115.283(g))**
 - f. Offender victims of vaginal penetration while incarcerated shall be offered pregnancy tests **(115.83(d), 115.283(d))**. If pregnancy results, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services, to include prophylactic treatment. Refer to AR 700-12 **(115.83(e), 115.283(e))**.
 - g. Forensic medical examinations conducted by a SANE nurse will not be completed without the victim's consent.

2. Housing:

- a. The Shift Commander or Duty Officer will arrange housing for victims and perpetrators of any sexual assault. All housing options should be considered, and should include input from the victim whenever possible. Following a report of sexual assault/abuse, the involved offenders may be removed from population within the guidelines of AR 600-1, *Offender Classification*, pending further review of the incident.
- b. Offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault shall not be placed in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation

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from likely abusers. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in involuntary segregated housing for less than 24 hours while completing the assessment **(115.43(a) 115.68)**.

- 1) The facility shall document the basis for this housing determination and the reason why no alternative can be arranged. Offenders placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document the opportunities limited, the reason for such limitations, and the duration of the limitation **(115.43(b), 115.68)**.
 2. The facility shall assign such offenders to involuntary removal from population(RFP) housing only until an alternative means of separation from likely abusers can be arranged, and such an assignment shall not ordinarily exceed a period of 30 days **(115.43(c), 115.68)**.
 3. If an involuntary segregated housing assignment is made for this purpose the facility shall clearly document, utilizing the PREA RFP Offender Housing Review form 100-40F, the basis for the facility's concern for the offender's safety; and the reason why no alternative means of separation can be arranged **(115.43(d), 115.68)**.
 4. Offenders at high risk for sexual victimization or alleged to have suffered sexual abuse or sexual assault requiring RFP housing beyond 30 days shall be held and reviewed in accordance with AR 600-2, *Protective Custody*, **(115.43 (e), 115.68)**.
- c. A housing and programming plan will be developed to identify potential threats or risks to an offender's safety. Those involved in identifying housing and programming placement and/or needs include, but are not limited to, security, housing, case management, medical, mental health, intelligence officer, Facility PREA Coordinator, warden or designee. If an offender is transferred to another facility, the Facility PREA Coordinator will ensure information is provided to the receiving facility's PREA Coordinator.
3. Victim Advocacy:
- a. The PREA Administration and Compliance Services Program shall attempt to make available to the victim of a suspected sexual assault a victim advocate from a rape crisis center. If a victim advocate from a rape crisis center is not available to provide victim advocate services, the OIG Victims Rights Coordinator or a victim advocate from a community-based organization will respond **(115.21(d), 115.221(d))**.
 - b. If requested by the victim, the victim advocate or OIG Victims Rights Coordinator shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals **(115.21(e), 115.221(e))**.
 - c. Additional information on victim advocacy can be found in AR 1150-18.

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K. Investigation Procedures

1. General Procedures

- a. Except where otherwise provided in statutes and/or local law enforcement agreements, the Office of the Inspector General will conduct all investigations into allegations of sexual abuse, sexual assault/rape, sexual misconduct or sexual harassment that occur in, DOC facilities, private prisons and correctional facilities operated by or pursuant to a contract with the DOC (including return to custody offenders in community confinement facilities). (**115.22(c), 115.222(c)**).
 - 1) For facilities in the City and County of Denver, Denver Police will be contacted to investigate allegations of sexual abuse, sexual harassment and sexual assault.
 - 2) Community confinement facilities have an obligation to contact local law enforcement.
- b. Investigation into allegations, including third-party and anonymous reports, shall be conducted promptly, thoroughly, and objectively (**115.71(a), 115.271(a)**).
 - c. The OIG shall ensure that an investigation is completed for all allegations of sexual abuse, sexual assault and sexual harassment and will ensure that for all cases alleging criminal behavior, they are referred for investigation to an agency with the legal authority to conduct criminal investigations (**115.22(a)(b), 115.222(a)(b)**). IG investigators shall document all such referrals in the Inspector General Offense Reporting system. When outside agencies conduct investigations, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation (**115.71(l), 115.271(l)**).
 - d. Criminal investigations shall be documented in a written report containing a thorough description of physical, testimonial and documentary evidence with copies of all documentary evidence attached where feasible (**115.71 (g), 115.271(g)**).
 - e. Investigations shall be completed in accordance with AR 1150-07, *Crime Scene Management and Criminal Evidence Handling*, AR 1150-15 *Responsibility and Authority of the OIG*, AR 1150-04 *Professional Standards Investigation* and C.R.S. 18-3-401 thru 18-3-415.5.
 - f. The use of a sign language interpreter for offenders whose primary means of communication is through sign language is required during the investigation. DOC shall not rely on offender interpreters, offender readers, or other types of offender assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety or impede the performance of first-response duties (**115.16(c), 115.216(c)**). If an offender interpreter, offender reader, or other type of offender assistant was used, the IG investigator will document it in their report and will notify the OIG Victim Rights Coordinator, who will document it in their victim contact database.
 - g. Investigations involving DOC employee, contract worker, or volunteer sexual assault/rape, sexual abuse, or sexual harassment and for retaliation for reporting or cooperating with the investigation will be handled by the Office of the Inspector General, in accordance with ARs 1450-01, *Code of Conduct*, 1450-05, *Unlawful Discrimination/Sexual Harassment*, and 1150-04, *Professional Standards Investigations*.

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- h. The IG investigator will provide a “Crime Victim Rights for Offenders” brochure to victims of sexual abuse, sexual assault or sexual harassment and victims of retaliation related to the reporting of such behavior. The IG investigator will explain the right(s) the offender has concerning the investigation and prosecution.
 - i. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as offender or staff. DOC shall not require an offender who alleges an act of sexual assault/rape, sexual abuse, or sexual harassment to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation (**115.71(e), 115.71(e)**).
 - j. The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual assault, sexual abuse or sexual harassment are substantiated (**115.72, 115.272**).
 - k. After completing an investigation of sexual abuse, sexual assault, sexual harassment or retaliation for reporting such behavior in a correctional setting that was substantiated, the IG investigator shall submit the findings to the district attorney with jurisdiction over the facility in which the alleged behavior or retaliation for reporting such behavior occurred for prosecution, per established District Attorney guidelines. (**115.71(h), 115.271(h)**).
 - l. The departure of the suspect or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation (**115.71(j), 115.271(j)**).
2. Sexual Assault Collection of evidence
- a. The IG investigator shall follow a sexual assault uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions (see AR 1150-07 for additional information) (**115.21(a) 115.221(a)**). Collection of evidence will be done by a qualified PREA First Responder in coordination with the Office of Inspector General, and/or the Colorado Bureau of Investigation.
 - b. The requesting IG investigator shall be onsite and present to ensure appropriate chain of custody, during trace evidence collection at the facility, prior to transport for a forensic medical exam, in order to ensure appropriate chain of custody. (The only exception is when an investigator is not geographically available to the facility.)
 - c. During the trace evidence collection ordered by the IG investigator, any anatomical exam will be done in accordance with Clinical Standards and Procedures for Sexual Assault/Rape.
 - d. In the event that the offender’s injuries prevent the offender from standing to participate in trace evidence collection, the offender will have this process conducted at the hospital by the SANE. A medical facility with an available SANE is preferred to ensure proper procedures are followed for the collection of evidence.
 - e. Access to forensic medical examinations will be free of charge. Once the IG Investigator determines a forensic medical examination is needed, such examinations shall be performed by Sexual Assault Forensic Examiners (SAFE) or Sexual Assault Nurse Examiners (SANE) where possible. If a SAFE or

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SANE cannot be made available, the examination can be performed by other qualified medical practitioners at the hospital. DOC shall document its efforts to provide a forensic medical exam performed by a SAFE or SANE (**115.21(c), 115.221(c)**).

- f. In cases where outside medical treatment including forensic evidence collection is required, sign language interpreters are required for offender's who communicate primarily in sign language. Sign language interpreters are requested through the office of the AIC according to procedures contained in AR 100-19, *Communication with Offenders*.
 - g. Victims who do not wish to cooperate with the investigation may be offered, a forensic medical exam by the IG investigator. If a victim of a sexual assault crime wishes to receive a forensic medical exam but does not at the time of receiving the exam want to participate in the investigation, the offender may be transported to a hospital for a forensic medical exam.
- L. Victim Services:
1. The facility shall provide offenders with access to outside victim advocates for emotional support services through the following (**115.53(a), 115.253(a)**):
 - a. The PREA Resource Guide, which contains contact information for statewide, national and local rape crisis centers, is available in the library or through the Facility PREA Coordinator.
 - b. Offenders can contact the rape crisis hotline at CIPS number #05 or toll-free line at 800-809-2344. Offenders shall be advised these calls are free, confidential and are not recorded or monitored. The rape crisis advocates are mandatory reporters and are required to report threats of suicide or homicide and reports of child abuse to the OIG or appropriate agency. Abuse of the rape crisis hotline will be reported to the OIG by the rape crisis advocate and may result in disciplinary action. Disciplinary action may include, but is not limited to, blocking of calls to the rape crisis line and/or COPD charges (**115.53(b), 115.253(b)**).
 2. Following an investigation into an offender's allegation that he or she suffered sexual abuse or sexual assault/rape in a DOC or private prison or community confinement facility, the OIG Victims Rights Coordinator shall inform the offender in writing as to whether their allegation has been determined to be substantiated, unsubstantiated, or unfounded (**115.73(a), 115.273(a)**). If DOC did not conduct the investigation, DOC shall request the relevant information from the investigative agency in order to inform the offender (**115.73(b), 115.273(b)**).
 3. Mental Health counselors are available for crisis counseling upon offender request.

M. Supervision and Monitoring

1. Whenever necessary, but no less frequently than once each year, each facility operated by DOC, in consultation with the PREA Administrator and Facility PREA Coordinator, shall assess, determine, and document whether adjustments are needed to the facility staffing plan.
2. Lieutenants or higher-level supervisors shall conduct and document unannounced rounds to identify and deter sexual assault/rape, sexual abuse, sexual misconduct and sexual harassment. Such unannounced rounds will occur during all shifts. DOC employees are prohibited from alerting others that these

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supervisory rounds are occurring unless such announcement is related to the legitimate operational functions of the facility **(115.13(d))**.

N. PREA Incident Reviews and Data Review for Corrective Action:

1. PREA incident Reviews and Audits

- a. Upon completion of the IG investigation for sexual abuse or sexual assault, the PREA Administration and Compliance Services Program will send the completed investigation and accompanying documents to the Facility PREA Coordinator.
- b. Facilities shall conduct a PREA Incident Audit at the conclusion of every investigation. The PREA Incident Audit shall be conducted even when the allegation has not been substantiated. If an allegation has been determined to be unfounded, no PREA Incident Audit needs to be completed **(115.86(a), 115.286(a))**.
 - 1) The PREA Incident Audit shall ordinarily occur within 30 days of the conclusion of the investigation **(115.86(b), 115.286(b))**.
 - 2) The Facility PREA Coordinator will arrange and oversee the PREA Incident Audit.
 - 3) The PREA Incident Audit Team shall include upper-level management officials, with input from line supervisors, investigators, medical or mental health practitioners/SOTMP, case manager supervisors, and intelligence officers **(115.86(c), 115.286(c))**.
 - 4) The PREA Incident Audit Team shall **(115.86(d), 115.286(d))**:
 - a) Consider whether the allegation or investigation indicates a need to change policy or practice.
 - b) 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 was motivated or otherwise caused by other group dynamics at the facility.
 - c) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable sexual abuse or sexual assault.
 - d) Assess the adequacy of staffing levels in that area during different shifts; Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.
 - e) Prepare a report of its findings, including but not necessarily limited to determinations made above, and any recommendations for improvement and submit such report to the facility head, Director and Deputy Director of Prison Operations and PREA Administrator.
 - f) The facility shall implement the recommendations for improvement, or shall document its

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reasons for not doing so **(115.86 (e), 115.286)**.

2. PREA Administrative Reviews: The PREA Administrator shall:

- a. Review data collected and aggregate the information in order to assess and improve the effectiveness of DOC's prevention, detection, and response policies, practices, and training;
- b. Identify problem areas;
- c. Recommend corrective action on an ongoing basis; and
- d. Prepare an annual report of findings and corrective actions for each facility, as well as DOC as a whole. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of DOC's progress in addressing sexual assault/rape, sexual abuse, and sexual harassment. DOC's report shall be approved by the DOC Executive Director and made readily available to the public through its website. DOC may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted **(115.88, 115.288)**.

3. On a quarterly or as needed basis, PREA incidents and facility review documents will be audited by DOC's PREA Audit Committee. The committee shall consist of members from Prison Operations, Office of Inspector General, Clinical Services and YOS, Community Corrections/Parole and include Facility PREA Coordinators and shall be chaired by the PREA Administrator. The committee will review incidents for consistency and to ensure policies, procedures and standards were followed and that follow-up medical and mental health counseling was provided.

4. The PREA Administrator will review the audit reports and incident data collected to develop aggregated reports to improve the effectiveness of DOC's sexual assault/rape, sexual abuse, and sexual harassment prevention, detection, and response policies, practices and training.

O. Appointment of an Individual to State Service **(115.17)**: Appointing Authorities shall ensure any incidents of sexual harassment are considered in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with offenders. Human Resources personnel will be responsible to notify the Appointing Authority of any such incident when providing a referral list.

V. RESPONSIBILITY

- A. Each appointing authority and/or warden will be responsible to ensure that every offender under their area of responsibility receives information regarding this policy.
- B. All PREA training curriculum shall be reviewed and approved by the Corrections Training Academy in conjunction with the PREA Administrator prior to implementation.

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VI. AUTHORITY

- A. 42 U.S.C.A. § 15601. Prison Rape Elimination Act of 2003.
- B. 28 C.F.R. § Part 115, *et seq.* National Standards to Prevent, Detect and Respond to Prison Rape subpart A- Standards for Adult Prisons and Jails, subpart C-Community Confinement Facilities.
- C. CRS 16-2.5-101. Peace officer - description - general authority.
- D. CRS 16.2.5-134. Department of corrections inspector general - department of corrections investigator.
- E. CRS 16-2.5-135. Executive director of the department of corrections - warden - corrections officer.
- F. CRS 16-2.5-136. Community parole officer.
- G. CRS 17-1-103.8. Duties of executive director - inspector general - investigators - duties.
- H. CRS 17-1-115.5. Prison Sexual Assault Prevention program.
- I. CRS 18-3-401 through 18-3-415.5. Unlawful sexual behavior.
- J. CRS 18-3-407.5 Victim evidence – forensic evidence – electronic lie detector exam without victim’s consent prohibited
- K. CRS 18-7-701. Sexual conduct in Correctional Institutions.
- L. CRS 24-4.1-301 through 24-4.1-304 Assuring the Rights of Victims and Witnesses to Crimes
- M. ADA Litigation Remedial Plan
- N. 28 C.F.R. § 115.5-115.501 (2012) Prison Rape Elimination Act National Standards.
- O. House Bill 08-1217

VII. HISTORY

November 1, 2013
 March 15, 2013
 June 15, 2012
 June 15, 2011
 June 15, 2010
 April 15, 2009
 September 15, 2007
 April 15, 2007
 April 15, 2006
 December 15, 2005

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- ATTACHMENTS:
- A. AR Form 100-40A, Facts You Should Know
 - B. AR Form 100-40B, Facts You Should Know – Spanish
 - C. AR Form 100-40C, PREA Process Flowchart
 - D. AR Form 100-40D, PREA Process for Community Corrections Programs Flowchart
 - E. AR Form 100-40E, PREA Response Plan Guideline for Sexual Assault or Sexual Abuse Incidents
 - F. AR Form 100-40F, PREA Removal From Population Offender Housing Review
 - G. AR Form 100-40G, Report of Prison Rape Elimination Act (PREA) Allegation to an Outside Agency.
 - H. AR Form 100-01A, Administrative Regulation Implementation/Adjustments

FACTS YOU SHOULD KNOW:

All SEXUAL ACTIVITY is PROHIBITED while you are under the jurisdiction/custody of the Colorado Department of Corrections.

CDOC has policies and procedures addressing prohibited sexual behavior. Prohibited sexual behavior is any sexual activity or act which includes sexual assault, sexual abuse, sexual misconduct and sexual harassment.

Facts to know:

- CDOC has a zero tolerance policy.
- There are reporting procedures for prohibited sexual behavior
- Treatment is available through medical and mental health.
- You may report incidents of prohibited sexual behavior or seek relief against retaliation by calling:
 - The pre-programmed CIPS number at 1-877-DOC-TIPS-0 (362-8477-0) (TTY accessible).
 - The toll-free DOC TIPS Line at 1-877-DOC-TIPS (362-8477) (TTY accessible).

For more information regarding sexual abuse, sexual assault/rape, sexual misconduct and sexual harassment, you can access the prison rape elimination procedure administrative regulation (AR 100-40) through library access.

Additional information is available in the PREA Resource Guide which is available in the library or through your case manager.

A. CDOC Zero tolerance Policy

Sexual behavior of any type is PROHIBITED. Your participation in sexual activity will be investigated and is subject to sanctions under the Code of Penal Discipline (COPD). All reports of institutional sexual behavior may be referred to the Inspector General's Office for criminal investigation and possible prosecution.

Types of Prohibited Sexual Behavior:

- Offender-on-offender.
- DOC employee/contract worker/volunteer-on-offender.

Acts of Prohibited Sexual Behavior Include:

- The physical act.
- The attempt of the physical act, including inappropriate touching and exhibitionism.
- Threats, intimidation, and actions/communications meant to coerce or pressure another to engage in the inappropriate act.
- Retaliation against individuals reporting sexual assault/rape, sexual misconduct or sexual harassment is prohibited and punishable.
- There is NO allowable consensual agreement between CDOC employees, contract workers, volunteers or offenders to engage in any sex act.

B. Self- Protection

You have the right to be safe from sexual abuse, sexual assault/rape, and sexual harassment. You have the right to be safe from unwanted sexual advances.

- Say NO to anyone who tries to pressure you to participate or consent to engage in any type of sexual activity.
- Immediately report any prohibited sexual behavior to a CDOC employee, contract worker, volunteer or the Office of the Inspector General.

C. Prevention/Intervention

You can help prevent sexual assault/rape or sexual abuse and intervene for your own welfare by adhering to some basic behaviors listed below.

- Carry yourself in a confident manner. Many rapists choose individuals who look like they won't defend themselves.
- Trust your instincts. Be aware of situations that make you feel uncomfortable.
- Do not accept gifts, loans, or favors from other offenders.
- Do not allow another offender to be your protector.
- Report incidents and dangerous situations to a CDOC employee, contract worker, or volunteer.
- Secure your property.
- Be aware of your physical surroundings.
- Do not become involved with drugs or alcohol in prison.
- Do not become involved in bartering or contraband introduction.
- Do not give mixed signals. Be direct and firm when saying NO.
- Get involved in CDOC approved activities and programs.
- Know who you are associating with. Don't be in the mix.
- Avoid becoming involved in gang activity.
- Do not engage in sexual activity

D. Reporting Procedures for Prohibited Sexual Behavior.

Confidentiality: All CDOC employees, contract workers, and volunteers are required to keep the reported information confidential, except to report the information to specific CDOC employees.

If you have been a victim of sexual assault/rape, sexual abuse or sexual harassment, witnessed, or you have knowledge of any incident of prohibited sexual behavior, let staff know, especially in an urgent situation, in one of the following ways:

- Tell a CDOC employee, contract worker, or volunteer.
- Call the offender DOC TIPS line number:

The CIPS number 1-877-DOC-TIPS-0 (362-8477-0).

Or the toll-free DOC TIPS Line at 1-877- DOC-TIPS (362-8477).

Both numbers are TTY accessible.

The tip lines are checked daily for messages.

- Write a letter, kite, or note:
 - Mail a letter to the PREA Administrator at 2862 S. Circle Drive, Colorado Springs, CO 80906.
 - Send a Request for Interview (kite) or give a note directly to a CDOC employee, contract worker, or volunteer.
 - Send a note or letter in a sealed envelope to the facility intelligence officer, warden, or major.

E. Treatment and Counseling

Treatment and counseling are available.

- In the event of a sexual assault/rape, do not change your clothes, brush your teeth, shower or use the bathroom. You may destroy important evidence.
- Seek medical help immediately. It's important to be assessed and treated for sexually transmitted diseases. Treatment will be offered for the prevention of transmitting HIV and other sexually transmitted diseases. **To effectively restrict the transmission of these diseases, treatment must be received within four hours of exposure.**
- Seek professional counseling from Mental Health by:
 - Completing a sick call request to see Mental Health.

Mental Health employees and contract workers are available for crisis care.

- Ask CDOC employees, contract workers, or volunteers to contact Mental Health.
- Contact the rape crisis hotline at CIPS number # 5 or toll-free line at 800-809-2344

F. Seeking Relief from Retaliation

If you are being retaliated against by an offender or a CDOC employee, contract worker, or volunteer for reporting an incident of prohibited sexual behavior you should do one of the following:

- Report the situation immediately to a supervisory person.
- Contact the Office of the Inspector General utilizing the DOC TIPS Line 1-877-DOC-TIPS (362-8477) or CIPS number 1-877-DOC-TIPS-0 (362-8477-0) (both are TTY accessible).
- Write to the PREA Administrator.

G. Disciplinary Actions for Making False Allegations

Making false allegations shall result in a Code of Penal Discipline (COPD) charge and may result in criminal charges being filed by the Office of the Inspector General.

INFORMACIÓN QUE USTED DEBE SABER:

SE PROHIBE toda ACTIVIDAD SEXUAL mientras usted esté bajo la jurisdicción y custodia del Departamento de Correcciones del Estado de Colorado (CDOC).

El CDOC tiene reglas y procedimientos que tratan sobre la actividad sexual prohibida. La actividad prohibida sexual es cualquier actividad sexual o acto que incluye el sexual la violación sexual, abuso sexual, la mala conducta sexual y el acosamiento sexual.

Información que usted debe saber:

- El CDOC tiene una política de **CERO TOLERANCIA, AR 100-40**
- Existen procedimientos para denunciar el comportamiento sexual prohibido.
- El tratamiento de salud médica y mental está disponible
- Usted puede denunciar incidentes del comportamiento sexual prohibido:
 - Al número de CIPS: 1-877-DOC-TIPS-0 (362-8477-0).
 - A la línea gratuita del CDOC TIPS: 1-877-DOC-TIPS (362-8477).

Para obtener más información en cuanto al asalto sexual, la violación sexual y la mala conducta sexual y el acosamiento sexual, usted puede consultar la regla administrativa de la prevención de violación (AR 100-40) en la biblioteca de la prisión.

Para más información vea el PERA Resource Guide que se encuentra en la biblioteca o comuníquese con encargado de su caso.

A. Política de cero-tolerancia del CDOC

SE PROHÍBE el asalto o violación sexual, el acosamiento sexual y la mala conducta sexual de todo tipo. Su participación en actividades sexuales será investigada y está conforme a sanciones bajo el código de disciplina penal (COPD). Todos los informes del comportamiento sexual en la prisión se pueden referir a la Oficina del Inspector General para llevar a cabo una investigación criminal y el posible procesamiento legal.

Los tipos de el comportamiento sexual prohibido:

- Un preso hacia otro preso.
- Un preso hacia un empleado, voluntario o contratista del CDOC.
- Un empleado, voluntario o contratista del CDOC hacia un preso.

Los actos de el comportamiento sexual prohibido:

- El acto físico en sí
- La tentativa del acto físico, incluyendo el manoseo y el exhibicionismo.
- Las amenazas, la intimidación, y acciones o comunicaciones que se realizan con la intención de forzar o ejercer presión sobre otro para llevar a cabo el acto no apropiado.
- La venganza contra los individuos que denuncian un asalto o violación sexual o la mala conducta sexual y el acosamiento sexual está prohibida y es castigable.
- Conforme a la regla administrativa 100-40, NO se permite ningún acuerdo consensual entre empleados, voluntarios o contratistas del CDOC y los presas para participar en cualquier tipo de acto sexual.

B. Cómo protegerse personalmente

Usted tiene el derecho a estar protegido contra el comportamiento sexual prohibido. Usted tiene el derecho a estar protegido contra los avances sexuales no deseados.

- Diga “NO” a toda persona que intente presionarle para que participe o consienta a participar en cualquier tipo de actividad sexual.
- Denuncie de inmediato todo asalto o violación sexual, el acosamiento sexual o la intención de cometer asalto o violación sexual ante un empleado, voluntario o contratista del CDOC, o ante la Oficina del Inspector General.

C. Prevención

Usted puede ayudar a prevenir el asalto, el acosamiento sexual y la violación sexual y a intervenir por su propio bienestar, cumpliendo con los siguientes comportamientos básicos enumerados a continuación:

- Compórtese seguro de sí mismo. Muchos violadores eligen a individuos que aparentan no poder defenderse.
- Confíe en sus instintos. Esté al tanto de las situaciones que le hacen sentirse incómodo.
- No acepte regalos, préstamos ni favores de otros presos.
- No permita que otro preso sea su protector.
- Denuncie los incidentes y las situaciones peligrosas a un empleado, voluntario o contratista del CDOC.
- Cuide su propiedad personal.
- Manténgase consciente de sus alrededores.
- No participe con drogas o alcohol en la prisión.
- No participe en el trueque o la introducción del contrabando.
- No dé las señales confusas. Sea directo y firme al decir “No”.
- Tome parte en actividades y programas aprobados por el CDOC.
- Sepa con quiénes se está asociando. No participe en la mezcla.
- No participe en las pandillas.
- No participe en ninguna actividad sexual

D. Procedimientos para reportar el comportamiento sexual prohibido

Confidencialidad: Se requiere que todos los empleados del CDOC, y los trabajadores voluntarios y contratados, mantengan en forma privada la información denunciada y solamente la pueden divulgar a ciertos empleados en particular del CDOC.

Si usted haya sido víctima de asalto sexual, la violación sexual el acosamiento sexual o de mala conducta sexual o tiene conocimiento de cualquier incidente de asalto, violación sexual el acosamiento sexual o mala conducta sexual, puede denunciarlo al personal, en particular, si se trata de una situación urgente, de una de las siguientes maneras:

- **Dígale a uno de los empleados, contratistas o voluntarios del CDOC.**
- **Llame a la línea telefónica para presos DOC TIPS:**
El número de la CIPS es 1-877-DOC-TIPS-0 (362-8477-0)
o la línea telefónica gratis de DOC TIPS al 1-877-DOC-TIPS (362-8477)
Los mensajes de la línea telefónica de TIPS se escuchan diario.

- **Envíe una carta, un pedido de entrevista (kite) o un mensaje escrito**
 - Envíe una carta a la gerente de PREA a: 2862 S. Circle Drive, Colorado Springs, CO 80906.
 - Envíe una solicitud de entrevista (kite) o entregue un mensaje escrito directamente a uno de los empleados, contratistas o voluntarios del CDOC.
 - Envíe un mensaje escrito o una carta en un sobre sellado al oficial de inteligencia, al director de la prisión o al comandante.

E. Tratamiento y asesoramiento

El tratamiento y el asesoramiento están a su disposición.

- En caso de un asalto o violación sexual, no se cambie de ropa, no se cepille los dientes, no se duche ni utilice el cuarto de baño. Podría destruir evidencia importante.
- Busque ayuda médica de inmediato. Es importante que le examinen y le traten contra las enfermedades de transmisión sexual. Se le ofrecerá tratamiento para la prevención de la transmisión del VIH y otras enfermedades de transmisión sexual. **Para tratar estas enfermedades de manera eficaz, uno debe recibir atención médica dentro de un lapso de cuatro horas después de haber quedado expuesto.**
- Busque asesoramiento profesional de salud mental de la siguiente manera:
 - Complete una solicitud de enfermedad para una cita con salud mental.

Los asesores de Salud Mental están disponibles para ofrecer asistencia en casos de crisis.

- Pida a un empleado, un voluntario o un contratado del CDOC que se comunique con el departamento de Salud Mental.
- Llame al número dedicado para la prevención del asalto sexual en: CIPS No. 5 o gratis al 800-809-2344

F. Cómo protegerse contra la venganza

En caso de que un preso o empleado, voluntario o contratista del CDOC esté tomando represalias contra usted por haber denunciado un incidente de el comportamiento sexual prohibido,

- usted debe comunicar la situación de inmediato a un supervisor o comunicarse con la oficina del Inspector General utilizando la línea gratuita del CDOC TIPS: 1-877-DOC-TIPS (362-8477),
- el número de CIPS 1-877-DOC-TIPS-0 (362-8477-0)
- escriba a la gerente de PREA

G. Medidas disciplinarias por alegaciones falsas

La fabricación de denuncias falsas resultarán en un cargo formal del código de disciplina penal (COPD), y podría dar lugar a cargos criminales entablados por la oficina del Inspector General.

PREA PROCESS

**Sexual Activity Observed/Reported
(sexual assault/rape or sexual act)**

Standard Procedure

- Subjects involved removed from cell and separated
- Contact Health Services Administrator (HSA)
- cursory medical assessment and emergency medical care rendered, if appropriate
- Preliminary investigation done by Shift Commander or Housing Supervisor
- Cell preserved as “crime scene” for evidence collection

Preliminary Investigation

- Any allegations by either offender regarding use of force or intimidation to perform sexual act (Criminal)
- Allegations of staff sexual involvement with offenders is a Staff Misconduct (Professional Standards)
- Both offenders were willing to engage in sexual act with one another (COPD)*

* Any sexual activity within CDOC facilities and private prisons is a violation of either COPD (Administrative) or the Colorado Revised Statutes (Criminal). If the offenders involved are willing participants the violation is a COPD violation (Administrative). If either offender makes allegations of being physically forced or intimidated to engage in a sexual act the incident is a violation Colorado Revised Statutes (Criminal).

Code of Penal Discipline Violation (Administrative)

Colorado Revised Statutes Violation (Criminal)

Code of Penal Discipline Violation (Administrative)

- Conduct medical anatomical
- Make necessary notifications according to Facility procedure
 - Duty Officer
 - Warden
 - Associate Warden
 - Facility PREA Coordinator (who will send a copy to the PREA Administrator)
 - Health Services Administrator
 - Incident Reporting in PCDCIS/DCIS (detailed) according to AR100-07 Reportable Incidents and AR 100-41 Incident Tracking
 - Notify facility Investigator following business day
- PREA Program completes SAB and SVR assessments

Colorado Revised Statutes Violation (Criminal)

- Contact IG Investigator
 - Investigator will ask for trace evidence and anatomical will be assessed accordingly at the same time.
 - Give brochure within 72 hours of sex assault report
 - Files criminal charges, if appropriate
- Make notifications according to Facility procedure
- Notify the Facility PREA Coordinator (who will send a copy to the PREA Administrator)
- Incident Reporting (detailed) in PCDCIS/DCIS according to AR100-07 Reportable Incidents and AR 100-41 Incident Tracking unless employee misconduct
- Contact Offender Services
- Clinical Services will refer to Mental Health
- PREA Program completes SAB and SVR assessments

Sexual Activity Observed/Reported
(sexual assault/rape, sexual act, staff sexual misconduct, or sexual harassment))

- Standard Procedure**
- Separate clients
 - Cursory assessment of any urgent medical needs
 - Preliminary investigation done by highest level Supervisor at facility
 - Preserve "crime scene" for evidence collection, if applicable
 - If staff involved –notify the appointing authority to initiate appropriate personnel process.

Preliminary Investigation

- Any allegations by either client regarding use of force or intimidation to perform sexual act (Criminal)
- Allegations of staff sexual involvement with client is a Staff Sexual Misconduct (Criminal)
- Both clients were willing to engage in sexual act with one another (Non-criminal: Internal Sanctions)
- Any allegations involving sexual comments/gestures (Non-criminal: Internal Sanctions)

For sexual activity alleged prior to placement in community corrections, (jail, CDOC, private prison) send report to CDOC Community Parole Officer for Investigation processing/referral, copy PREA Administrator.

Non-Criminal

Criminal

- Make necessary notifications according to Community Corrections program procedures
- Supervisor/Director/Facility PREA Coordinator
 - Contact Community Parole Officer (CPO) for CDOC client and Probation Liaison for Diversion client
 - Write detailed report
 - Send report to CPO, Division of Criminal Justice (DCJ), Community Corrections board or Probation Liaison for Diversion client
 - CPO must notify and send documentation to CDOC PREA Administrator for CDOC client

- Make necessary notifications according to Community Corrections program procedures
- Supervisor/Director/Facility PREA Coordinator
 - If staff involved, place staff on administrative leave pending investigation
 - Contact Community Parole Officer (CPO) for CDOC client and Probation Liaison for Diversion client
 - Contact CDOC Inspector General Investigator (Return to Custody client)
 - Contact law enforcement agency (All other clients)
 - Write detailed report
 - Send report to CPO, DCJ, Community Corrections board or Probation Liaison for Diversion client
 - CPO must notify and send documentation to CDOC PREA Administrator for CDOC client

PREA Response Plan Guideline for Sexual Assault or Sexual Abuse Incidents:

- _____ Any information indicating sexual activity occurred, (such as; staff observation, claims of not forced or coerced sexual activity, allegations of force used or intimidation to perform sexual activity, allegations of staff sexual involvement, physical evidence visible, witness statements or allegations, etc...) ask no further questions except as indicated below or as directed by the IG investigator.
- _____ Secure crime scene in accordance with AR 1150-07 Crime Scene Management and Criminal Evidence Handling.
- _____ Separate offenders and place under continuous staff observation with no plumbing access. No water for cleaning self. No questions asked by staff. Offenders' bodies and clothing are potential crime scene/evidence. Request the alleged victim not take any actions to destroy physical evidence, including as appropriate washing, brushing teeth, changing clothes, urinating, defecating, eating and drinking.
- _____ Separate/segregate potential witnesses and cellmates of victim and/or perpetrator pending IG Investigator interviews.
- _____ Transport the victim to Clinical Services for a cursory medical assessment and render emergency medical care if appropriate.
- _____ If there is life threatening trauma, the offender(s) will be transported by ambulance to the hospital (place an orange jumpsuit over the clothes to protect trace evidence). Consult IG Investigator on collecting the evidence.
- _____ Shift Commander/first responder begins threshold questions: who, what, where, when, and hygiene questions. Have they showered, brushed their teeth, changed clothes, urinated, or had a bowel movement?
- _____ Record all spontaneous utterances. Do not interrupt to question.
- _____ Notify Duty Officer by phone. Duty Officer to contact Appointing Authority.
- _____ Notify First Call Investigator by phone.
- _____ Notify HSA by phone, who will also notify mental health. (115.82 (b), 115.282 (b))
- _____ Complete Prison Operations and PREA Program (DOC_PREA_Program@state.co.us) email.
- _____ While under direct supervision, escort victim to Medical for trace evidence collection.
- _____ While ensuring no visual or verbal contact between potential victim(s) and perpetrator (s) and while under direct staff supervision, escort perpetrator to medical or, if necessary to maintain separation or for security purposes, direct medical staff to respond to separate area.
- _____ Clinical services staff will conduct a brief anatomical while trace evidence is collected.
- _____ Make sure all evidence bags are properly marked with a brief description; i.e., offender name and number, name of person collecting, date and time of collection, and secure bag with evidence tape. Secure evidence as directed by IG Investigator.

- _____ If so ordered by IG Investigator, apply transport restraints and transport potential victim to hospital for forensic medical examination. (Use hospitals with SANE, if possible).
- _____ Inform Officers they cannot sign for the offender for the forensic medical exam; only the offender can. Instruct the officers to direct any questions asked of them, by hospital medical staff, to IG Investigator.
- _____ Upon return to the facility, the Shift Commander will ensure the offender remains under continuous direct supervision. Notify the HSA who will notify Mental Health.
- _____ Thorough written documentation by everyone involved is required.
- _____ Ensure incident reports are completed in PCDCIS.

Each facility including private prisons and community correction programs shall use this guideline to develop their own written PREA facility response plan.

DEPARTMENT OF CORRECTIONS
PREA REMOVAL FROM POPULATION OFFENDER HOUSING REVIEW
FACILITY _____

OFFENDER NAME: _____ DOC NUMBER: _____

CUSTODY LEVEL: _____ CURRENT PMD/PED: _____ SAB _____ SVR _____

SEGREGATED HOUSING: THE OFFENDER IS BEING ~~SEGREGATED~~ REMOVED FROM GENERAL POPULATION FOR THEIR SAFETY AND/OR THE SECURITY OF THE FACILITY. UNLESS OTHERWISE STATED BELOW, THE OFFENDER IS UNABLE TO ACCESS PROGRAMS, PRIVILEGES, EDUCATION, OR WORK OPPORTUNITIES.

JUSTIFICATION:

ARE OTHER HOUSING OPTIONS AVAILABLE? YES NO

AUTHORIZED BY _____ DATE _____

FACILITY PREA COORDINATOR APPROVAL? YES NO

COMMENTS: _____

FACILITY COORDINATOR SIGNATURE _____ DATE _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

DATE _____ STATUS _____

TOTAL DAYS REMOVED FROM POPULATION _____

FINAL DISPOSITION: _____

Colorado Department of Corrections
**Report of Prison Rape Elimination Act (PREA) Allegation
to an Outside Agency**

Submitted to: PREA Reporting Office
P.O. Box 41118
Olympia WA 98504-1118

THIS INFORMATION MAY BE SUBMITTED ANONYMOUSLY

Specific information regarding location is needed so prompt action may be taken.

Name:

Identification / DOC number:

Facility:

Location of Incident:

Date of Incident:

This allegation involves:

Staff member(s):

Another inmate(s):

Description of allegation / incident:

(Please provide details regarding location, people involved, witnesses, etc. as this will assist in the response and investigation process)

Signature (optional):

Date submitted:

ADMINISTRATIVE REGULATION
IMPLEMENTATION/ADJUSTMENTS

CHAPTER	SUBJECT	AR #	EFFECTIVE
Administration/Organization	Prison Rape Elimination Procedure	100-40	03/15/14

(FACILITY/WORK UNIT NAME) _____
WILL ACCEPT AND IMPLEMENT THE PROVISIONS OF THE ABOVE ADMINISTRATIVE REGULATION:

AS WRITTEN NOT APPLICABLE WITH THE FOLLOWING PROCEDURES TO ACCOMPLISH THE INTENT OF
THE AR

(SIGNED) _____ (DATE) _____
Administrative Head