

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 11, 2016

Auditor Information			
Auditor name: Robert Lanier			
Address: P.O. Box 142, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-1525			
Date of facility visit: July 28, 2016			
Facility Information			
Facility name: Betty K. Marler Youth Services Center			
Facility physical address: 7862 W Mansfield Pkwy Lakewood CO 80235			
Facility mailing address: <i>(if different from above)</i> same			
Facility telephone number: 720-963-5020			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input checked="" type="checkbox"/> Correctional	<input type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Penny Smapson (Program Director)			
Number of staff assigned to the facility in the last 12 months: 54			
Designed facility capacity: 41			
Current population of facility: 40			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 13-20			
Name of PREA Compliance Manager: Kristin Talmadge		Title: Compliance & Training Coordinator	
Email address: Kristin.talmadge@rop.com		Telephone number: 720-963-5043	
Agency Information			
Name of agency: Rite of Passage, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> n/a			
Physical address: 2560 Business Parkway Suite A, Minden, NV 89423			
Mailing address: <i>(if different from above)</i> same			
Telephone number: 775-267-9411			
Agency Chief Executive Officer			
Name: S. James Broman		Title: Chief Executive Officer	
Email address: 2560 Business Parkway Suite A, Minden, NV 89423		Telephone number: 775-267-9411	
Agency-Wide PREA Coordinator			
Name: Heather Howell		Title: Regional Improvement PREA Coordinator	
Email address: heather.howell@rop.com		Telephone number: 775-720-6717	

AUDIT FINDINGS

NARRATIVE

Please note that Betty Marler Youth Services Center is a Colorado Division of Youth Corrections Facility operated by Rite of Passage, Inc. The report will utilize the terms Rite of Passage or ROP to refer to Rite of Passage, Inc. Notices of the PREA Audit were forwarded to the facility 45 days prior to the PREA Audit. The facility provided photos documenting that the Notices of PREA Audit were posted throughout the facility in areas accessible to staff, residents, volunteers, contractors and visitors. The auditor did not receive any comments or communications as a result of the notices having been posted. The facility provided a flash drive with Rite of Passage Policies, procedures, supporting documentation and the PRE-Audit Questionnaire. The documentation provided was organized and easy to follow. The first page of each standard was a statement not only of the standard, but also each substandard. By each substandard the Rite of Passage staff documented where the documentation to support compliance was located. Again, the flow of the information was logical and easy to follow. Additionally, large samples of supporting documents were provided for the auditor to review. Documents representing a variety of differing dates was included in those samples.

The auditor reviewed the Pre-Audit Questionnaire, Rite of Passage policies and procedures and samples of documents supporting compliance.

By prior agreement, the auditor arrived at the facility at 6:45AM to interview overnight staff prior to their departure at 8:00AM.

The auditor was greeted by the Agency PREA Coordinator, the Facility PREA Compliance Manager, the current Program Director, who is leaving the facility soon to pursue other interests, and the Interim Program Director. A brief explanation of the process was provided after which overnight shift were interviewed.

At the conclusion of those interviews the auditor was escorted on a tour of the facility by the PREA Compliance Manager, Interim Program Director, Current Program Director, Maintenance Staff and the Agency's PREA Coordinator.

This 40 bed facility is located on the campus of the Department of Youth Corrections Mountain View Campus. Housed in one building, the facility consists of a reception area, an administrative area, dining hall, medical unit, food services area, educational wing and two dormitory areas, each with two housing units with 10 single occupancy rooms. Each 10 room unit has two showers and two bathrooms. The showers are behind a solid metal door and is equipped with shower curtains as well for privacy. The restrooms also are located behind solid doors. These showers and restrooms provide complete privacy for the residents. Because there are no restrooms in the resident's rooms, when the youth are in their rooms, they have to either activate an intercom in their room or knock on the door, to let staff know they need to use the restroom. Youth consistently reported there were no problems in getting to use the restroom. They also stated they go to the restrooms dressed. If male staff are on the hall or providing supervision, youth indicated that once the male staff opens the door to the restroom, he goes to the security desk or to the other end of the hall. There are three "safe cells" with windows and a camera in one of the rooms. The commode area of that room is "blacked out" to prevent control room staff from viewing youth using the restroom. The Director of the facility indicated that youth are never in the safe rooms for more than 4 hours and most until they are under control. She also related that a victim of sexual abuse would not be placed in one of these rooms. There is a control room in between both wings of the housing area. A staff person is on duty there to monitor videos and open doors. Video monitors were clear and defined.

The facility is currently being prepared to install additional cameras in critical spots throughout the facility. This includes cameras in the food services area where there are some blind spots. Some youth are identified and eligible to work in the kitchen/food services area as part of a culinary vocational program. Staff related that there are generally no more than five residents working the kitchen in that program. There were a number of solid doors identified during the tour that were out of view of the camera. The auditor suggested placing signs on those doors restricting access to authorized staff only. A closet housing telecommunications equipment is behind a solid door out of camera view however the Program Director and Maintenance Staff stated that they did not have keys to that area and that keys were kept at the gate of the Mountain View Facility. There were a number of offices, classes and other areas that had glass windows enabling staff to see what was going

on those areas and offices. Several offices had blinds that were pulled. It was suggested that these blinds be left open to enable viewing. The importance of conducting unannounced rounds of all areas of the facility including opening up solid doors to deter sexual activity was discussed. The courtyard in the back of the facility between the administrative building area and the living units was immaculate. The yard was covered with freshly cut grass and with flowers and shrubs along the walls of the building. The facility was clean, neat and orderly. Youth were observed engaged with staff conducting exercises and elsewhere in the facility. One mirror in the dining area was observed to be out of position. Staff indicated that the youth sometimes jump up and push the mirror. Prior to the end of the day the Maintenance Staff provided the auditor photos of the signs he put on the solid doors. He also brought the plans for installing the new cameras to show the auditor that several cameras will be dedicated to the food services area.

Following the tour of the facility the auditor resumed interviews.

Interviews with staff indicated they are receiving the training they are required to get. They were knowledgeable of PREA and especially their roles as Mandated Reporters and First Responders.

DESCRIPTION OF FACILITY CHARACTERISTICS

The Betty K. Marler Youth Services Center is a secure residential treatment program for Colorado's young women. The Marler Center is licensed by the State of Colorado and operated by Rite of Passage in partnership with the Colorado Division of Youth Corrections. It is a 41 bed facility, with 40 single occupancy rooms containing a bed and dresser and one single occupancy "apartment independent living room" that has a connecting bathroom. The facility has 3 buildings; an administrative building (which houses administrative offices, visiting room and conference room, 5 school classrooms, a library, a workout room, two clinician offices, Shift Supervisor quarters, Medical area with reception and exam rooms, a dining room, and a kitchen), a gymnasium, and the student housing building. The student housing building has a control desk, 3 isolation rooms (one with a bathroom, the other two without – used sparingly for students who are self-harming or a danger to others), an independent living apartment, and 4 wings of ten single occupancy rooms each. The configuration of the two living units is a common area where two Therapeutic Manager's offices and one laundry room open into two separate wings with a living room area, ten bedrooms, two single use bathrooms and two single use showers each. There is also a grassy outside recreation area.

SUMMARY OF AUDIT FINDINGS

The audit process essentially consisted of reviewing all of the information provided on the flash drive, including policies, procedures and supporting documentation to become familiar with the facility programs and operational policies and procedures. Supporting documentation was provided to confirm actual practices. It also included reviewing the Rite of Passage and Betty Marler Website containing the company's Rite of Passage Safe Environmental Standards Link. The link contains the Agency's Zero Tolerance Policy, Reporting Procedures, including Third Party Reports, reporting to an Outside Agency (Sexual Assault Services Organization), Reporting or Securing Services of an Outside Advocacy Organization (Sexual Assault Services Organization), Staff Reporting, the Investigation Policy and the Annual and Aggregated Sexual Abuse Data. In addition to reviewing all of the information provided, the audit process included all observations made during a tour of the facility as well as discussions with staff during the tour to determine practices at the facility. Additionally, interviews were conducted with randomly selected staff as well as specialized staff and agency and facility administrative staff. The sample of interviewed staff included staff from all shifts. It also involved interviewing contractors. Interviews with youth included randomly selected youth, two of whom identified as being bi-sexual. None of the interviewed youth identified as being gay, transgender or indicated they were sexually abused or harassed at this facility.

Interviews included the following: The Facility Program Director (Current Director and Transitioning Director), PREA Compliance Manager, Human Resources Staff, 10 randomly selected staff, two Mental Health Staff, two Intake Staff, two staff who conduct Risk Screening, a Staff Investigator and a volunteer as well as a contracted medical staff serving as the Lead Nurse. Additionally, the auditor interviewed the DYC Contract Manager.

This facility is a female facility and ten youth were interviewed. Two youth reported prior victimization and two youth identified as being bi-sexual.

Interviews are discussed in each standard in the PREA Report.

The auditor reviewed documentation before the audit, during the audit and following the audit; considered observations made during the tour and discussions with staff during the tour, interviewed staff, youth and contractors and applied the verbiage of each standard to determine a rating for each standard.

Forty-one applicable standards were reviewed and all of the 41 standards were determined to be compliant.

Number of standards exceeded: 01

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 0

Standard 115.311 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

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

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

Colorado Department of Human Services, Division of Youth Corrections (DYC), Policy 9.19, Sexual Contact Prevention, requires Zero Tolerance for all forms of sexual abuse and sexual harassment. It also describes the agency's response to preventing, detecting, responding to and reporting all allegations of sexual abuse or sexual harassment. PREA Definitions were provided in a document entitled "PREA Definitions from Survey of Sexual Violence." The reviewed State of Colorado Position Description for the "Division PREA Coordinator" signed and dated by the current PREA Coordinator and supervisor, designates the position as General Professional IV and provides detailed descriptions of duties and responsibilities. The provided Agency Organizational Chart confirms that the Agency PREA Coordinator reports directly to the agency Director of Facility Operations Support.

Rite of Passage Policy 600.600, Prison Rape Elimination Act (PREA) Policy Statement, states that Rite of Passage has a zero tolerance involving employees, contractor and/or volunteer-on-student and student-on-student sexual misconduct and/or abuse. It prohibits all acts of sexually abusive behavior or intimacy between a student and employee, contractor or volunteer or student and advises that the perpetrators are subject to administrative and disciplinary actions as well as referral to the appropriate law enforcement agency and social service agency for further investigation and prosecution.

Rite of Passage, Safe Environment Standards, July 2015, PREA Standard 115.311, PREA Coordinator Policy, provides for the company to assign and train an upper level staff member to assume the duties of Regional Improvement Imbedded Coordinator to assist in developing, implementing and overseeing PREA Standards within the organization. Policy states that the Coordinator will be provided sufficient time and authority to develop, implement and oversee the organization's efforts to comply with the PREA Standards. Specific duties are also described in the policy. The PREA Coordinator reports directly to the Executive Director in charge of PREA. She has taken the initiative, as agency PREA Coordinator, to take and complete the following courses through the National Institute of Corrections related to PREA : PREA Coordinators' Roles and Responsibilities Course, Investigating Sexual Abuse in a Confinement Setting and the PREA Audit Process and Instrument Overview Course. Additional training documents confirmed this training: Online PREA Resource Center Webinar, Partnering to Serve Youth in Confinement: Building Staff Capacity and "Asking Adults and Juveniles About their Sexual Orientation: Practical Considerations for the PREA Screening Standards"

The Agency has appointed a PREA Compliance Manager for the Betty Marler Youth Services Center. That position is listed on the Facility Organizational Chart and reports to the Facility Director and to the Agency PREA Coordinator. The PREA Compliance Manager's commitment to PREA is evidenced by a number of things, including the multiple courses she has completed on-line through the National Institute of Corrections. These courses included PREA, Your Role Responding to Sexual Abuse, PREA for Community Confinement Facilities, PREA, Audit Process and Instrument Overview, PREA, Preventing and Addressing Sexual Abuse in Tribal Detention Facilities, PREA Coordinators' Roles and Responsibilities and lastly Mandatory Report Training for Colorado Professionals through the Colorado Office of Children and Youth and Families.

The reviewed Rite of Passage PREA Policy and Procedures identify the agency's integrated approach to prevention, detecting, responding and reporting to allegations of sexual abuse and sexual harassment.

The facility provides staff, volunteers, interns, contractors and students with information regarding the Zero Tolerance Policy. Staff, volunteers, interns, contractors and students acknowledge their receipt of this information/training that includes zero tolerance, maintaining boundaries and reporting. The facility provided a sample of 54 signed acknowledgment statements and additional statements were reviewed on site. Staff and contractor interviews and later student interviews confirmed that they have been provided information on the Zero Tolerance Policy and all were aware that the company prohibits any form a sexual activity at this facility.

The Zero Tolerance Policy is posted on the Rite of Passage website. The sign in/out sheet for visitors and staff at the facility has a statement about the agency's Zero Tolerance Policy and reporting.

Rite of Passage provided a job description for the agency's PREA Coordinator and for the Facility's PREA Compliance Manager. Interviews with the PREA Coordinator indicated she is a very proactive and knowledgeable professional who is actively engaged with the 10 PREA Compliance Managers who report to her. She described monthly meetings with the PREA Compliance Managers, utilizing a PREA Compliance Self-Assessment Tool, discussing lessons learned, developing training systems, training staff and retraining staff. Any allegations in any of those 10 sites are reported to the PREA Coordinator. An interview with the Betty Marler PREA Compliance Manager confirmed that she has been highly motivated and has a grasp of and an appreciation for PREA. She reports directly to the Program Director and has the complete support of the administration in implementing the PREA Standards. The current Program Director is leaving the facility to pursue a different career path. The company has another Program Director who has been transitioning into her new role. Both of these administrators indicated that they have been and are fully committed to PREA and to Zero Tolerance. Interviews with 25 facility staff, those randomly selected and specialized confirmed that they have been trained in the Zero Tolerance Policy and are aware that the facility prohibits any form of sexual activity. The PREA Compliance Manager was exceptionally helpful in gathering information to facilitate the on-site PREA Audit. She provided neatly prepared and tabbed folders with supporting documentation that had been requested to have available for the on-site audit. Too, anytime additional information was requested after the audit, both the PREA Coordinator and PREA Compliance Manager always responded expeditiously and professionally.

Standard 115.312 Contracting with other entities for the confinement of residents

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

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

Rite of Passage does not contract with any entity for the confinement of youth. They are a contracted program operating under the auspices of the Colorado Division of Youth Corrections. The reviewed contract with Rite of Passage contains PREA language. Specifically, it requires the following: "In accordance with the Prison Rape Elimination Act (PREA), the contractor shall adopt and comply with all Juvenile Facility PREA Standards established by the United States Department of Justice. To support the Contractors in an effort to achieve compliance with PREA the contractor is required to allow the State to monitor and provide technical standards. The contractor shall comply with DYC Policy 9.19 and Policy 9.8 without limitation. DYC Policy 9.19 addresses zero-tolerance regarding staff sexual misconduct, juvenile sexual abuse, sexual harassment, and juvenile sexual misconduct, and DYC Policy 9.8 addresses the "Reporting of Critical Incidents".

Previous interviews with the Contract Manager indicated that the language is included in all contracts for the confinement of youth. Too, the Contract Manager related that DYC monitors contracted facilities with their quality assurance evaluations that they conduct at least annually.

Standard 115.313 Supervision and monitoring

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

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

The Colorado Division of Youth Services provided the facility a template for developing an annual staffing plan and for annual review. This template documents all of the items required by the PREA Standards that must be reviewed during the annual review.

Rite of Passage Policy 115.311, PREA Coordinator, requires the program to maintain a staffing plan that provides for adequate levels of staffing to ensure the protection of each student against sexual abuse. Staffing patterns must take into account the student population, composition of the population as well as applicable Federal, State and local laws. Policy acknowledges that staff to youth ratios must be 1:8 during awake hours and 1:16 during sleeping hours. Policy acknowledges that only Group Living Staff may be included in those ratios. It also specifies that the facility must review each item required by the PREA Standards in the staffing plan and annual review. Staffing at Betty Marler Youth Services Center is predicated upon a maximum population of 40. The staffing plan indicates that staffing is based on regulatory requirements of the Department of Human Services Secure Residential Treatment Facilities. Those waking staff to youth ratios, according the written staffing plan, are 1:10 during awake hours and 1:24 during sleeping hours. The Betty Marler Youth Services Center plan states that the actual ratios are meet or exceed the ratios required by the licensing agency and the requirements by the PREA Standards for 2017. The written plan includes the following: components of the physical plant and blind spots, composition of the population, programs, applicable laws as well as other relevant factors such as staff shortages. The plan is signed by the Agency PREA Coordinator, Facility PREA Compliance Manager and the Facility's Program Director.

Rite of Passage Policy 115.313, Supervision and Monitoring, requires, as a part of the agency's prevention efforts, that unannounced rounds are to be conducted on all shifts, including overnight shifts, to ensure adequate supervision and to deter staff from sexual misconduct and sexual abuse. Policy prohibits staff from alerting other staff members when these rounds are being conducted. Shift Supervisors or designees are required to conduct an unannounced round at least once per shift. Rounds are to be documented. These are sent quarterly to the PREA Coordinator. Shift unannounced rounds are documented on the PREA Unannounced Rounds Facility Checks. Multiple examples of documented unannounced rounds were provided and reviewed. It is recommended that the Agency PREA Coordinator simply define in an operating procedure or via some other means, any expectations for administrative PREA rounds, what a PREA round should look like or consist of. Routine security checks are different from PREA rounds. PREA rounds should include opening solid doors where staff or youth could engage in sexual activity. They should include all areas of the facility, including food services and education, areas typically overlooked after traditional business hours. Storage rooms in food services and elsewhere that are out of

camera view should be checked. While this standard is met it is recommended that higher level staff unannounced rounds be highlighted on the forms to indicate the rounds that they are making. Too, staff are initialing the round sheets. There is a key on the form where staff sign and write their initials to identify those making the unannounced PREA Rounds.

An interview with the PREA Compliance Manager, the Facility Program Director and the Transitioning Program Director indicated that this facility has a minimum staffing plan that is predicated on the rated capacity of the facility which is 40. The Department of Human Services, they indicated, requires a ratio of 1:10 during awake hours and 1:24 overnight and that the facility's staffing plan provides for ratios of 1:8 during awake hours and 1:16 during sleeping hours. Interviews indicated that the facility does not operate under the minimum staffing levels.

Standard 115.315 Limits to cross-gender viewing and searches

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

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

DYC Policy 9.13, Searches of Juveniles and Facilities, C.1-C.3 requires frisk/pat down searches to be conducted by a staff member of the same sex or gender identity as the juvenile being searched. It also requires strip searches to be conducted by a staff member of the same sex or gender identity in compliance with DYC Policy 13.9. Lastly it requires that body cavity examinations are conducted at a local medical facility by a licensed medical professional when authorized by both the Facility Medical Authority and the Facility Director. This information is also reiterated in the DYC Student Handbook and states that strip and frisk/pat searches will be conducted by a staff member of the same sex or gender identity as the youth. A memo from the Agency PREA Coordinator, dated March 12, 2015, stated that DYC does not allow cross gender pat or strip searches even in exigent circumstances. This memo stated facilities are appropriately staffed with male and female staff to provide appropriate services for all youth. The Facility Pre-Audit Questionnaire stated and interviewed staff related there have been no cross gender searches in the past 12 months. DYC Policy 9.13, and DYC Policy 13.9, Non-Discriminatory Services to LGBTQI Youth, also prohibits searching a transgender or intersex resident for the sole purpose of determining the resident's biological sex. The reviewed training brochure, "Transgender and Intersex Search Procedure Training" was utilized to train security staff in how to conduct cross-gender, transgender and intersex residents in a professional and respectful manner.

Rite of Passage Policy 115.315, Limits to Cross Gender Viewing and Searches, prohibits cross-gender strip and visual body cavity search, except in exigent circumstances. If required, a qualified medical practitioner would conduct the search with a same gender staff in the room as a witness. Policy also prohibits cross-gender pat down searches. Staff of the opposite gender are prohibited from viewing students showering, changing clothes or performing bodily functions except when such view is incidental to routine cell checks. Lastly, the policy prohibits staff from searching or physically examining a transgender or intersex student for the sole purpose of determining the student's genital status. If the student's genital status is unknown it may be determined during conversations with the students, by reviewing medical records or by learning that information as part of a broader medical exam conducted in private by a medical practitioner.

Students are required to verbally notify staff prior to changing clothes, showering or using the restroom. Staff, also are required to announce their presence when entering opposite sex housing units.

Interviews with ten randomly selected staff and fifteen specialized staff confirmed that this facility does not permit cross gender pat searches. Staff indicated they had been trained to conduct them in exigent circumstances. Staff also consistently stated they are not allowed to search a transgender or intersex student for the sole purpose of determining their genital status. Interviews indicated that staff have been trained to conduct any searches of transgender or intersex students in a professional and respectful manner. Interviewed youth reported they have never been searched by an opposite gender staff. They also unanimously reported that they are able to shower and use the restroom in complete privacy without being viewed by anyone, including staff.

Standard 115.316 Residents with disabilities and residents who are limited English proficient

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

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

DYC Policy 17.17, Limited English Proficiency, establishes a requirement for each facility to develop and maintain a Limited English Proficiency Plan that allows Limited English Proficient individuals access to programs and services provided by the division. Policy also requires that the facility notify such persons that language services are available to them at no cost and to take reasonable steps to see that language services are provided according to the Colorado DYC Limited English Proficiency Plan. DYC Policy 16.1, Admission, Reception and Orientation D.3, requires that when a literacy/language barrier exists that renders written orientation materials ineffective, DYC’s Language policy shall be followed. DYC Policy 17.17 also prohibits the use of resident interpreters except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident’s safety or well-being.

The reviewed contract with Language Link, a telephone based interpretive service, offers translation in 28 “most frequently” used languages. Implementing Procedure, 17.17, Limited English Proficiency, Revised February 2015, provides procedures for accessing interpretive services.

Rite of Passage Policy 115.316, Students with Disabilities and Students, Who are Limited English Proficient, requires that the program take appropriate steps to ensure that students with disabilities, including students who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric or speech disabilities, have an equal opportunity to participate in or benefit from all aspects of the program’s efforts to prevent, detect and respond to sexual abuse and sexual harassment.

Procedures also prohibit staff from relying on student interpreters, student readers or other types of student assistants except in exigent circumstances where an extended delay in obtaining an effective interpreter could compromise the student’s safety, the performance of first responder duties or the investigation of the student’s allegations.

Nine of ten randomly selected line staff stated that the program does not allow the use of student interpreters. Some indicated they would use a bilingual staff person to translate while several others indicated the facility has professional interpretive services available. None of the interviewed youth were disabled or limited English proficient.

Standard 115.317 Hiring and promotion decisions

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

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

DYC Policy 3.21, Employee Background Search; Employee Reporting Responsibility; TRAILS Database Checks, requires DYC to adhere to Colorado Department of Human Services Policy (DHS) VI-2-4 along with DYC Human Resource/Personnel Policy. DHS Policy VI, Paragraph 11, disqualifies individuals from employment or from serving in a contract position if they have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or institution or if they have been criminally or civilly or administratively adjudicated to have engaged in sexual activity within the community facilitated by force, or overt or implied threats of force, or coercion or if the victim did not consent or was unable to consent or refuse. Candidates who have been selected for employment, according to the DHS Policy VI, are to be referred by the DHS Human Resources Office to the Background Investigation Unit (BIU) to have a name search conducted through the CBI and TRAILS records. The TRAILS search is to determine previous incidents of child abuse. Additionally, the prospective employee or contractor is required to complete the CDHS Criminal Background Information form and the PREA Screening Form. Fingerprints are taken by CDHS HR or law enforcement and processed through the Colorado Bureau of Investigation and the FBI.

Policy requires the Department to make its “best efforts” to contact all prior institutional employers or contractors to obtain information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. Staff are required by policy to report any arrest within 48 hours and failure to do so may result in termination. The facility is immediately notified through a centralized system of reporting if a staff has been arrested. Thirty-five background clearances were provided for review. All of the 35 were cleared as required.

Rite of Passage Policy 100.209 is the policy governing background checks of employees, volunteers, interns and contractors. Background checks are required prior to employment and anytime there is a break in service. Additional background checks are to be completed when required by state and/or local laws, licensing regulations and periodically to ensure compliance with eligibility requirements to work with children. Based on the type of employment the following background checks are required:

- Social Security Verification
- Prior Employment Verification
- Education Verification
- Legal Right and Eligibility to Work
- Criminal Background Investigation – Local, State and Federal
- Sexual Offender Database Search
- Motor Vehicle Record
- Professional Reference checks
- Credit Verification (only as related to the position and will be conducted by Corporate HR)
- Media Search
- Professional Licensing Check

The Application for Employment contains a section entitled: Prison Rape Elimination Act (PREA) Attestation. The three PREA questions are asked. An additional statement advises the applicant that Rite of Passage is forbidden by federal law to hire or retain services of any employee, contractor or volunteer forbidden by the Prison Rape Elimination Act. Material omissions or provision of false information is grounds for termination.

Policy requires staff to report within 24 hours or prior to coming on a ROP site, whichever is first, of any arrest, charge and/or any conviction

Rite of Passage Policy 100.205 Employee References and Information Request, governs inquiries for former employees. Additionally, an interview with the Human Resource Staff indicated that prior to interviewing an applicant a "Quick Check" is conducted. Documentation was provided to indicate that two of the 10 files reviewed contained five- year background checks. Checks are also documented on a spreadsheet. The spreadsheet contains the dates for completing five- year background checks.

The Human Resources staff explained the hiring process from advertising for a position to be filled through starting work. She explained where the PREA questions were located on the application. The auditor requested to review 10 files to document background clearances and the PREA questions asked of each applicant. Reviewed documentation confirmed that each one had background checks from the following: Colorado Department of Human Services (TRAILS review), Finger Print Checks and the Colorado Bureau of Investigations. Background clearances and checks for an intern and six volunteers also documented background checks. PREA questions and applicant responses were documented.

Standard 115.318 Upgrades to facilities and technologies

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

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

Rite of Passage Policy 115.218, Upgrades to Facilities and Technologies, requires programs to consider the effect of the design, acquisition, expansion or modification of facilities upon the program's ability to protect residents from sexual abuse. Company procedures indicate that the CEO, Regional Executive Director and Director of Program Operations will consider and document the effect of designs, acquisitions, expansions or modifications upon the organization's ability to protect students from sexual abuse. Procedures require the Director of Program Operations to formulate the documentation of how the organization considered the effect of those events on keeping students safe. The same procedures are required for any occasions when installing or updating video monitoring systems, the electronic surveillance system or other monitoring technology except that the Information Technology Director will be involved in the process.

The Facility provided documentation to confirm that there have been no acquisitions or substantial expansions or modification to existing facilities since August 20, 2012 however upgrades to the video monitoring system are underway and facility staff have been involved in determining locations of cameras.

The Program Director related that cameras are/have been installed in 2016 and the project is ongoing. She related that she has had input into the upgrades. The Regional Director, in an interview, indicated that anytime Rite of Passage takes over a facility they want to improve it to comply with standards and to provide, insofar as possible, better surveillance. He related

that the State DYC is improving the video technology in this facility. The Program Director indicated that the facility has been involved with the contractor installing the enhanced video monitoring equipment. She related the contractor included the staff in a meeting to discuss the enhanced technology and that the vendor will provide training to staff on all three shifts in how to use the upgraded equipment. The Maintenance Supervisor, an enthusiastic employee, who was very aware of blind spots, provided the auditor with a plan demonstrating how projected cameras will be deployed to eliminate and mitigate blind spots. Too, where signs restricting access to areas behind solid doors out of camera view were recommended, this employee provided photos of the signs he placed on the doors prior to the auditor's departure from the facility.

Standard 115.321 Evidence protocol and forensic medical examinations

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

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

A memo dated March 12, 2015, entitled "Evidence Protocol", signed by the Agency PREA Coordinator, stated that the Division of Youth Corrections (DYC) does not have sexual abuse investigators. All sexual abuse allegations are referred to local law enforcement and to the local county Department of Human Services in compliance with Colorado Revised Statute 19-3-307. A memo dated October 12, 2015, written by the PREA Coordinator entitled, "Evidence Protocol and Forensic Medical Examinations, states that DYC does not conduct administrative investigations per the PREA Standards or criminal investigations. Criminal investigations, according to the memo, are conducted according to standard investigatory protocols established with the law enforcement agency.

Investigations of sexual abuse at Betty Marler are conducted by the Jefferson County Sheriff's Office. The Local Department of Human Services also conducts investigations however their interest is in determining whether staff actions, inaction and/or negligence contributed to the incident. The Facility also conducts an investigation but again, the emphasis on this is not to conduct a criminal investigation but to determine whether or not staff actions or failure to act contributed to the incident and to assess and determine what happened and how it can be avoided in the future.

Reviewed incident reports and investigations documented reporting to law enforcement. Law Enforcement was called in and often they either screened the allegation out, gave a case number or made charges against the alleged perpetrator. Documentation indicated that the Jefferson County Sheriff's Office was notified each time and they responded consistently.

The Rite of Passage (ROP) posted the agency's investigation policy on its website. It states that ROP will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred to the local agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

Rite of Passage 115.321-115.322, Responsive Planning, requires that the PREA Compliance Manager establish a written Memorandum of Understanding (MOU) with a medical facility that has Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) personnel and with a Rape Crisis Center. ROP states it will refer victims to an agency that follows evidence protocols for forensic medical exams. Youth at Betty Marler would be taken to the St. Anthony's Hospital for forensic exams. ROP procedures require that to the extent that the facility is responsible for investigating allegations of sexual abuse, the program is required to follow a uniform protocol. Procedures require offering students who are victims of PREA Audit Report

sexual assault or abuse access to forensic medical exams without financial cost where evidentiary or medically appropriate. Exams are to be conducted by Forensic Examiners where possible and by other qualified medical practitioners informed on the protocol, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents". The procedures also provide for an advocate to accompany the youth through the forensic process and to serve as a support as needed by the victim.

A MOU with The Blue bench, dated May 24, 2016, provides for advocates to provide support services for any student who has been the victim of a sexual assault. The Blue Bench agreed, in the MOU, to provide immediate advocacy, support and crisis intervention to victims via a published hotline telephone number; have a qualified advocate respond in person to the facility or other location as requested to provide additional advocacy, emotional support and information to victims and to provide up to 3 follow-up visits and continued individual advocacy and support to victims at the facility. The Colorado Office of Children, Youth and Families, Division of Youth Corrections, "What You Should Know About Sexual Abuse and Sexual Assault Harassment" brochure provides youth with a hotline number to enable them to contact the organization if they should ever want to or need to.

Sexual Assault Forensic Exams are conducted at St. Anthony's Hospital.

Interviews with the Program Director and other staff confirmed that the Jefferson County Sheriff's Office is responsible for conducting sexual abuse investigations. Interviewed staff also stated that the local Department of Human Services would also investigate however their role is limited to determining if staff negligence, acts or failures to act, contributed to the incident. Facility Staff also conduct administrative investigations of allegations of sexual harassment that are non-criminal. The PREA Compliance Manager conducts administrative investigations. She was knowledgeable of the investigative process.

Standard 115.322 Policies to ensure referrals of allegations for investigations

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

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

Rite of Passage Policy 115.322, Policies to Ensure Referrals of Allegations for Investigations, requires the facility to ensure that an administrative investigation is completed on all allegations of sexual abuse and sexual harassment. Procedures require those allegations to be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

For criminal investigations, Rite of Passage requires Betty Marler YSC to provide an Incident Report/Information Reports, access to the program and location of the incident, access to students/staff involved and access to all records deemed necessary to complete the investigation.

Investigations of sexual abuse at Betty Marler Youth Services Center are conducted by the Jefferson County Sheriff's Office. The Local Department of Human Services also conducts investigations however their interest is in determining whether staff actions, inaction and/or negligence contributed to the incident. The Facility also conducts an investigation but, again, the

emphasis on this is not to conduct a criminal investigation but to determine whether or not staff actions or failure to act contributed to the incident.

Reviewed incident reports and investigations documented reporting though there appeared to be time differences between verbal reporting and writing the Incident Report. Law Enforcement was called as a part of the notification process and documentation indicated they responded expeditiously and they often reported to the facility, interviewed youth and screened the cases out. The Department of Human Services investigated and on several occasions their investigations did not occur for a considerable time following the allegation. However, in only one of seven cases did they document unacceptable staff supervision of youth. Other cases did not find staff negligence and several were screened out. Administrative Investigations did occur however they were not always documented thoroughly.

The Rite of Passage website has the agency's investigation policy. It states that ROP will ensure that an administrative investigation is completed for all allegations of sexual abuse and sexual harassment. Allegations of sexual abuse or sexual harassment will be referred to the local agency with legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior.

Interviewed staff indicated in their interviews that they are expected to report everything, including suspicions. Staff were generally aware of the agency responsible for conducting criminal investigations and that the PREA Compliance Manager conducts administrative investigations.

Standard 115.331 Employee training

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

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

DYC Policy 9.19, Sexual Contact Prevention Policy, requires that employees, volunteers and contract workers are trained in the 11 topic areas identified in 115.331, Employee Training. The reviewed training curriculum and training modules for Betty Marler YSC adequately addressed each of the 11 topics identified in 115.332 (a)-1. Newly employed staff receive their initial PREA Training at the Division of Youth Corrections Academy. Sampled training rosters documenting facility based training related to PREA were provided and reviewed and documented the PREA Training provided on site. The facility was able to provide documentation of on-going PREA Training. Fifty-four (54) acknowledgment forms were provided and reviewed. When staff sign these, they are acknowledging the zero tolerance policy, an obligation to maintain clear boundaries with students and to maintain ethical supervision relationships, not allow the development of personal, unduly familiar, emotional or sexual relationship to occur with students and all forms of sexual contact and sexual harassment between students and employees/volunteer/contractors/interns are prohibited by Rite of Passage and may be against the law. Initials document having received the training.

Staff consistently were able to articulate the training they have received related to PREA. Staff reported viewing a power point presentation. They also related they receive training annually and "now every six months". Staff could name topics of training and were knowledgeable of the zero tolerance for any form of sexual activity, signs and symptoms, rights to be free of sexual abuse and sexual harassment and retaliation, reporting, first responding and the staff and agencies responsible for conducting sexual abuse investigations.

Standard 115.332 Volunteer and contractor training

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

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

Rite of Passage Policy 115.332, Volunteer and Contractor Training, requires that all volunteers and contractors who have contact with students will be trained on their responsibilities under the program's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. The level and type of training provided is dependent upon the services they provide and level of contact they will have with students. All volunteers and contractors who have contact with students are required to be notified of the program's zero tolerance policy regarding sexual abuse and sexual harassment and informed on how to report such incidents. Procedures require that they acknowledge having received and understand the training they have received. Twenty (20) acknowledgment forms were provided for review.

The flash drive contained the power point presentation provided to volunteers and contractors. This curriculum is comprehensive and addresses more than is required for them. The facility also provided documentation that volunteers and contractors received and understood the information they were provided. The Rite of Passage Zero Tolerance Acknowledgment discusses the intent of the Rite of Passage Safe Environment Standards and Prison Rape Elimination Act, their obligation to maintain clear boundaries and Zero Tolerance, with a warning of the potential for prosecution for engaging in any form of sexual activity, and reporting. The volunteer or contractor then initial each of the following acknowledgements: 1) Receipt of and understanding of training in the Rite of Passage Safe Environment Standards and PREA 2) Zero Tolerance and 3) Immediate reporting. Twenty (20) acknowledgments were provided. All of the blocks were initialed and signed by the volunteer or contractor and the trainer.

One of the contractors, in an interview, related that PREA Training for contractors and volunteers is required annually. The contractor also indicated that the training consisted of watching a video and it included the zero tolerance policy as well as the requirement to report. Additionally, the contractor indicated that she is a mandated reporter. When asked what she would do if she had knowledge of an incident of sexual abuse or sexual harassment she said he would report it immediately to the shift supervisor.

Standard 115.333 Resident education

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Rite of Passage Policy requires that students receive information explaining the program’s zero tolerance policy regarding sexual abuse or sexual harassment. During the intake process the facility provides youth with Rite of Passage Safe Environment Standards “A Student Guide to Rights, Protections and Reporting of Sexual Abuse” explaining the zero tolerance policy and how to report any incidents or suspicions of sexual abuse or sexual harassment. Then, within 10 days of intake, but typically within 24 hours, during the Orientation Program, the program provides comprehensive age-appropriate education to students regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents and regarding program policies and procedures for responding to these incidents. In addition to the information provided during intake and through education, the program has provided information that is available or visible to students through posters, student handbooks or through other written formats.

Intake and orientation documents were provided for review. Twenty-seven (27) samples of acknowledgement forms were provided for review. These included acknowledgements of the Rite of Passage Environmental Standards, Student Additional Education Acknowledgments, the What You Should Know Brochure, and the handbook acknowledgment. The Education Acknowledgment confirms that students have watched the Rite of Passage Environmental Standards Student Video explaining what sexual abuse and sexual harassment are as well as the student’s rights to be free from sexual abuse and sexual harassment, how to avoid it and how to report it. Additionally, it acknowledges the student’s understanding their right to be free from sexual abuse, sexual harassment and retaliation. Youth acknowledge understanding the policies and procedures for responding to sexual abuse and sexual harassment and lastly they acknowledge they have been provided an opportunity to ask questions and to have them answered.

Interviews with ten youth, randomly selected, indicated that they did receive information on the zero tolerance policy and how to report on intake. 100% of the youth also stated they had seen the PREA Video and that they had seen it either the same or the next day following admission. Youth were aware of the program’s rules against sexual abuse, sexual harassment and sexual misconduct and stated that they had been made aware of their rights during orientation. They also pointed out that information on PREA and how to report is posted all over the facility.

Standard 115.334 Specialized training: Investigations

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

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

Rite of Passage Policy 115.334, Specialized Training: Investigations, requires that, in addition to the general training provided to all employees, administrative investigations are to be conducted by personnel who have been trained in conducting investigations in confinement settings.

Investigations at Betty Marler YSC are conducted by the Jefferson County Sheriff’s Office if the allegations are determined to be criminal. Additionally, an investigation may be conducted by the Local Department of Human Services and administrative investigations are conducted by the PREA Compliance Manager and/or Program Director. Documentation was provided to

indicate that the current PREA Compliance Manager and the former PREA Compliance Manager, have completed specialized training for investigating sexual abuse in confinement facilities.

Interviews with the PREA Compliance Manager indicated that she has completed specialized training in conducting sexual abuse investigations in confinement settings. She also stated the company has a form providing guidelines for completing an Administrative Investigation Report. The auditor reviewed that form with instructions for documenting an administrative investigation. The Program Director and PREA Compliance Manager indicated that in the event of an allegation of sexual abuse they would contact the local police department and assist as needed and requested.

Certificates documenting that the PREA Compliance Manager and the Agency PREA Coordinator completed the NIC on-line training for Conducting Sexual Abuse Investigations in Confinement Settings were provided and reviewed.

Standard 115.335 Specialized training: Medical and mental health care

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

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

Rite of Passage Policy requires medical and mental health care practitioners, who work regularly in the facilities, to receive specialized training in how to detect and assess signs of sexual abuse and sexual harassment, how to preserve physical evidence of sexual abuse, how to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and harassment. Documentation was provided to indicate specialized training by both mental health staff and medical staff. This training is in addition to the training required in 115.331.

Interviews with the contracted Lead Nurse and two Mental Health Professionals indicated that they had received the same training required of all employees at the facility and additionally, completed the Specialized Training provided by the company or through the NIC On-Line Specialized Training.

Standard 115.341 Screening for risk of victimization and abusiveness

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

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

DYC Policy S9.19 requires that youth are screened on admission using the following instruments: Vulnerability to Victimization (VV), Sexually Aggressive Behavior (SAB) and the Overall Risk Assessment Tool. These instruments are administered to both newly arriving youth and youth who transfer into the facility to assess potential vulnerabilities or tendencies for acting out with sexually aggressive behavior. The screening instrument meets the requirements of the standard. DYC Policy also restricts staff access to this information based on a “need to know” basis. Resident instruments indicating a youth may be high risk for either vulnerabilities or sexually aggressive or assaultive behavior are reviewed by the administration. Necessary precautions and restrictions are determined by the program

Rite of Passage Policy, 115.341-342 Screening for Risk of Sexual Victimization and Abusiveness, requires all students to be screened for risk of sexual victimization and abusiveness.

Betty Marler requires the Case Manager/Therapeutic Manager, within 24 hours of the student’s arrival at the program, to complete the Vulnerability Assessment instrument with the student and document it in the case notes. Reassessments are conducted periodically throughout the student’s stay.

The screening process includes consideration of the following:

- Prior sexual victimization or abusiveness
- Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender or intersex or whether the students may therefore be vulnerable to sexual abuse
- Current charges and offense history
- Age
- Level of emotional and cognitive development
- Physical size and stature
- Mental illness or mental disabilities
- Intellectual or developmental disabilities
- Physical disabilities
- The student’s own perception of vulnerability and
- Any other specific information about individual students that may indicate heightened needs for supervision, addition safety precautions or separation from certain other students.

Procedures for Betty Marler indicate that the information is ascertained through conversations with the students during the intake process and any medical and mental health screenings; during classification assessments and by reviewing court records, case files, behavioral records and relevant documentation from the student’s files.

The reviewed screening instrument used by Betty Marler YSC is the Division of Youth Corrections, Colorado Department of Human Services, Vulnerability Assessment Instrument: Risk of Victimization and/or sexually Aggressive Behavioral/Overall Risk.

A sample of Victimization Assessments were provided for the auditor to review.

Interviews with two staff who conducted vulnerability assessments indicated that the assessments are conducted within the first hour after admission and anytime the student moves from one unit to another. These very articulate staff discussed the information reviewed as part of the assessment. They indicated that the youth come to the facility with a DYC Packet containing information about the student, including a psychological diagnosis. They also related that information in the DYC Database, TRAILS, is examined as well. If a student reported or disclosed prior victimization she would be offered a follow up visit with mental Health.

Standard 115.342 Use of screening information

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

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

The PREA screening information (SAB/VV/Overall Risk Assessment) is used to identify potential vulnerabilities or tendencies to act out with sexually aggressive behavior and risk for sexual victimization. Based on this information, housing, programming, bed, education and work assignments (if provided), are made accordingly. An individualized determination is made about how to ensure the safety of each resident. Policy requires each DYC facility to use the SAB/VV Interpretation/Criteria guide for determining if an override is appropriate.

Lesbian, gay, bisexual, transgender or intersex residents are not assigned to particular housing, bed or other activities solely on the basis of identification or status, nor are identification or status used as indicators of likelihood of being sexually abusive. Policy indicated that if a resident was transgender or intersex, the DYC staff makes housing decisions on a case by case basis, taking into account the juvenile’s perception of the most secure placement and whether the placement would present management or security issues. There were no transgender or intersex students at the facility during the audit period.

To ensure privacy and safety, transgender and intersex residents would be placed on “No Double Room (NDR)” status and provided a single room on the unit/pod. All of the rooms in the facility are single occupancy rooms. According to Policy 13.9, juveniles who identify as transgender or intersex have a right to request their housing assignment be re-evaluated.

Policy requires that residents at risk of sexual victimization or those residents alleging sexual assault may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged. DYC Policy S9.19, Sexual Contact Prevention, allows staff to re-assess if a resident is suspected of being potentially or documented as a sexual victim or a sexual aggressor at any time during their commitment. The SAB/VV/Overall Risk Assessment can be updated to determine the appropriate risk level. The updated assessment is entered into the Colorado TRAILS database and a copy maintained in the juvenile’s case file. Multiple Assessments were reviewed. The facility reported that there were no residents at risk of sexual victimization who were placed in isolation in the past 12 months. The facility staff related that the program does not use isolation.

Rite of Passage Policy and Procedures requires that Betty Marler YSC use all information obtained through the vulnerability screening process and all information reviewed during that process to make housing, bed, program, education and work assignments for students with the goal of keeping all students safe and free from sexual abuse.

Students at this facility are not isolated from others to keep them safe. Although Rite of Passage procedures allow students to be isolated from others only as last resort when less restrictive measures are inadequate to keep them and others safe, and then only until alternative means of keeping them safe can be arranged, youth, in practice, are not placed in “isolation” for any reason.

This facility does not house lesbian, gay, bisexual, transgender or intersex students in any particular housing based on their identification or status nor do staff consider identification or status as an indicator of likelihood of being sexually abusive.

Room assignments are made during the admissions process and housing decisions take into account the results of the victimization screening. Living units at Betty Marler consists of two living units basically housing younger students and students with mental health issues and two living units housing students with more criminal history and gang related issues. Housing units are comprised of single occupancy rooms with one room designed for double occupancy.

Staff related that they make sure that a student is not placed with a predator. Insofar as possible the information is used to monitor youth more closely in educational programming and in movements.

Standard 115.351 Resident reporting

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

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

DYC Policy S9.19 describes multiple ways, internally and externally, for youth to report allegations of sexual abuse, sexual harassment or retaliation. These include telling a trusted staff member, any trusted adult, filing a grievance, completing a sick call slip, contacting a confidential victim advocacy organization or the support hotline. Policy also states that juveniles shall have access to outside victim advocates or Rape Crisis organizations to report abuse or sexual harassment anonymously. Youth are reportedly informed about the information contained in the “What You Should Know” brochure on admission and the student handbook, both of which tell youth how to report allegations. Youth sign acknowledgements that they have received the information and understand it.

According to a MEMO from the DYC PREA Coordinator, the DYC utilizes the Department of Child Welfare Colorado Child Abuse and Neglect Hotline to allow youth to make anonymous reports. The line was implemented May 1, 2015.

Residents at the facility are advised of multiple ways to report allegations of sexual abuse, sexual harassment or sexual misconduct. Rite of Passage Policy, 115.351-354, Reporting, encourages students to report sexual abuse and sexual harassment, retaliation by other students or staff for reporting sexual abuse and sexual harassment and staff neglect or violation of responsibilities that may have contributed to incidents.

Betty Marler provides multiple internal ways for students to privately report sexual abuse, sexual harassment and retaliation by other students or staff. Additionally, the facility provides at least one way for students to report abuse or harassment to a public or private entity or office that is not a part of the program and that is able to receive and immediately forward student reports of sexual abuse and sexual harassment to program officials allowing the student to remain anonymous upon request. Students detained solely for civil immigration purposes are provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.

Youth are provided information during intake on the Zero Tolerance Policy and how to report. Youth are provided the “What You Should Know Brochure” that advises youth they may report through the Child Abuse and Neglect Hotline and to agencies offering victim advocacy and support in their area/town. For Betty Marler, the advocacy and support organization is The Blue Bench. The phone number is provided. Interviews with staff providing Intake/Orientation to newly arriving students indicated that they read the PREA Handout, “What You Should Know About Sexual Abuse” and within 10 days require youth to watch the PREA Video. Posters located throughout the facility, advise youth how to report and provide those hotline numbers

again. Multiple acknowledgments were provided for review to confirm that youth are receiving the information at or during intake/orientation and through the PREA Video.

The Student Handbook provides the following information for students: Students can report sexual abuse or harassment to any staff member at the Betty Marler Youth Services Center. Students can also confidentially report sexual assault and or harassment violations by dialing the toll free hotline for The Blue Bench. This number is available on all student approved phone contact sheets. In addition, students can call 1.844.264.5437, which is the Colorado neglect and abuse reporting hotline. Students may also contact a family member and ask the family member to report sexual assault or sexual harassment.

Interviews with intake staff and with students confirmed that youth are read the “What You Should Know” brochure. Staff related they read the information to the youth because they may not be able to read it themselves. Youth also, according to the staff, watch the PREA Video followed by questions. Youth are given a copy of the “What You Should Know Brochure” and sign an acknowledgment that they have received it. This brochure contains information on how to report. Interviews with youth and staff indicated that youth have multiple ways to report. Staff were aware of and could enumerate multiple ways for students to report. Staff were consistent in saying they would take all reports seriously regardless of what the source of the report was. Students stated they can report by telling a staff, using the hotline, calling parents, dropping a request slip or note to staff, telling the Program Director or PREA Compliance Manager and filing a grievance. Youth related they have access to their parents/legal guardians through phone calls and visitation and if they had an attorney they would be able to talk with them or have them visit.

Standard 115.352 Exhaustion of administrative remedies

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

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

Rite of Passage Betty Marler YSC acknowledges that they will comply with the Division of Youth Corrections Policy 13.2, Grievance Procedure. Rite of Passage Policy 115.352, Exhaustion of Administrative Remedies, requires that the student has access to the Student Grievance Process to address allegations of sexual abuse. There is no time limit of when a student may submit a grievance alleging sexual abuse or sexual harassment. An informal grievance process is not required. The student does not have to submit a grievance to a staff who is the subject of the complaint. Final decisions are made within 90 days of initial filing. The policy is comprehensive and includes provisions for third party assistance subject to the student’s approval with the exception of grievances filed by or assisted by parents or legal guardians.

Youth are provided information on how to access the grievance process during the admission process and through the student handbook. Betty Marler Youth Services Center provides for a sensitive or emergency grievance to be forwarded directly to the Program Director by placing the grievance in a sealed envelope addressed to the Program Director and placing the envelope in the Grievance Box.

There were no grievances alleging sexual abuse or sexual harassment or retaliation during the past 12 months.

Interviews with students indicated that they are aware of how to file a grievance. When asked about the ways a student could report sexual abuse or sexual harassment, student's rarely mentioned the grievance process but when prompted and asked about a grievance, virtually every student stated they have access to grievance forms and that they could use it to report. They also indicated they trusted that the grievance would be handled in a serious manner and that staff would take action as a result of reporting via a grievance. Staff are familiar with the grievance process as well and indicated youth can access the process anytime they want to. Interviews with the administrative staff indicated that there have been no allegations of sexual abuse, sexual harassment or retaliation reported via the grievance process.

Standard 115.353 Resident access to outside confidential support services

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

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

DYS Policy S9.19, Sexual Contact Prevention Policy, provides residents with access to outside victim advocates or Rape Crisis organizations to report abuse or sexual harassment privately and anonymously. Residents receive a brochure providing youth with information on the following agencies that offer victim advocacy and support:

1. The Blue Bench (formerly known as RAAP) (Gilliam, Foote, Adams, Lookout, Mt. View).
2. TESSA (Spring Creek, Zeb Pike).
3. Pueblo Rape Crisis Services, Inc. (Pueblo)
4. Sexual Assault Victim Advocate (SAVA) Center (Platte).
5. Western Slope Center for Children (Grand Mesa).

According to the NYC PREA Coordinator, the facility does not detain residents solely for immigration purposes.

The NYC PREA Coordinator provided multiple emails regarding a memorandum of understanding with rape crisis centers and SANE clinics. NYC Policy S9.19, Sexual Contact Prevention Policy, requires facilities to provide outside medical treatment pursuant to the Divisions' Behavioral Health protocols and, transported to a medical facility with a SANE program.

Rite of Passage Policy 115.353, Student Access to Outside Victim Advocates for Emotional Support Services and Legal Representation, requires Betty Marler YSC to provide students access to outside victim advocates for emotional support services related to sexual abuse.

Rite of Passage entered into a Memorandum of Understanding (May 24, 2016) with The Blue Bench. This organization provides advocacy services to youth at the facility. The Blue Bench agreed to provide immediate advocacy, support and crisis intervention to youth survivors via the telephone and to have a qualified advocate respond in person to the facility or other location as requested to provide additional advocacy, emotional support and information to survivors. They agreed to inform the student of their option to have a victim advocate present during the medical forensic exam and investigative interviews.

Youth are given information on how to contact outside support services through the Colorado Child Abuse and Neglect Hotline and through their “What You Should Know” brochure that identifies Blue Bench as the outside support organization for youth in Betty Marler/MT View. The number for their hotline is included in the brochure.

DYC Policy S13.3, Access to Courts and Counsel, provides for resident communication by phone with legal representatives. Phone contact with a juvenile’s legal representative is allowed during the admission process. Rite of Passage Policy and Procedures provide for unlimited incoming calls from probation officers, social workers, guardian ad litem or attorneys. Outgoing calls reportedly would be arranged by the case manager or designee. These same individuals are allowed unlimited visitation and they “may come as often as they like.” Calls to families are limited to one call per week and one visit per week however additional calls and visits may be arranged by the case managers. Students are permitted to correspond with their legal representative and this correspondence is treated as “Legal Mail” and as such is confidential and not read.

Interviewed staff explained that youth have access to outside advocacy services through Blue Bench if they ever needed it. Interviews with youth indicated that they did not remember what the organization for providing support services was but they had an idea that there were organizations in the community for dealing with sexual abuse. They did not know what services these organizations provided but they did state the information was available on the walls of the facility and they stated that it was probably in the information packet they were given at intake. 100% of the interviewed students related they have access to their parents via the phone and through visits. They also indicated, if they had an attorney, they would be allowed to call them or have them visit.

Standard 115.354 Third-party reporting

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

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

The facility accepts third party reports, to include reports from fellow residents, staff members, family members, attorneys, and outside advocates are permitted to assist residents in filing grievances relating to allegations of sexual abuse. The facility uses a third party reporting form. The Division of Youth Corrections posts the Third Party Reporting form on the DYC website. The reporting party would complete the forms and mail or fax the form to the PREA Coordinator. Once the form has been received the PREA Coordinator will forward the information to the facility. The DYC Communications Coordinator is in the process of completing a fillable pdf, which can be submitted to a designated email address. Parents or legal guardians are notified they can file grievances and third party reports.

The Rite of Passage, Inc. Website contains information regarding third party reports. Readers are advised that ROP accepts third party reports from a friend or family of a student. They are further advised that report forms are available at the front desk of ROP facilities or can be downloaded. Too, reporters are advised they may also report by calling the Sheriff’s Officer or Police Department.

Students are provided the toll free number to the Colorado Child Abuse and Neglect hotline. They are also advised in their “What You Should Know” brochure that third parties may report allegations or reports of sexual abuse for the student. They also were provided the hotline number to the Sexual Assault Services Organization.

Youth consistently reported, during their interviews, that they knew that reports could be made by family members, friends, other students, their attorneys and others. Interviewed staff consistently stated that they were aware third parties could make reports and assist with reports of sexual abuse or sexual harassment. They also stated they would take every report seriously, including those reported by third parties.

Standard 115.361 Staff and agency reporting duties

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

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

DYC Policy S9.19, Sexual Contact Prevention Policy, requires any person (s) providing services in the facility who receives information, regardless of its source, concerning staff sexual misconduct, juvenile sexual abuse, sexual harassment, or juvenile sexual misconduct, or who have reason to suspect, or who observe an incident, are required to immediately report the incident to the shift supervisor and Facility Director or Designee.

Rite of Passage Implementing Procedure, Sexual Contact Prevention Policy, stated that Betty Marler YSC will comply with all requirements of DYC Policy 9.19.

DYC Policy S3.14, Personnel Actions Related to Alleged Child Abuse, states failure to comply with reporting requirements is a criminal offense for all mandated professionals, which can result in an independent criminal investigation and possible prosecution by outside authorities. The facility complies with applicable mandatory child abuse reporting laws by reporting to DYC. All facility staff are mandated reporters. Apart from reporting to designated supervisors, law enforcement and designated state agencies, staff is prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary.

Rite of Passage Policy 100.407, Child Abuse Reporting Policy, requires that all employees, contract workers, volunteers, vendors, interns or any persons providing services in the facility receiving any information, regardless of its source, concerning student abuse, harassment, neglect, mistreatment and/or sexual misconduct or who have reason to suspect, or who observe an incident of student abuse are required to immediately report the incident to the Shift Supervisor, Human Resources and the Program Director. The verbal report must be given immediately to the Shift Supervisor, Human Resources and the Program Director. The required written report has to be accomplished within one hour of reporting. Reporting procedures include notifying the local county department of human services or the police department. Staff roles are to report, not to investigate. Failure to report may result in disciplinary, administrative and/or criminal action, even on a first offense. Staff, contractors and/or volunteers are required to acknowledge their understanding of this policy.

Reviewed investigations indicated that the facility is reporting allegations of sexual abuse or sexual harassment to the Jefferson County Sheriff’s Office. Documentation confirmed that the local Department of Human Services Staff conduct investigations to determine violations of licensing regulations and to determine if staff negligence contributed to the alleged incident. Seven investigations were reviewed. Several of those documented DHS investigations over a month after the initial report.

Staff are aware that they are mandated reporters. Additionally, all of the interviewed staff stated they are expected to take every suspicion, allegation, report or knowledge of sexual abuse or sexual harassment seriously and to report it verbally to the PREA Audit Report

shift supervisor immediately. When asked about doing a written report, staff stated they are required to complete a written report before the end of their shift.

Standard 115.362 Agency protection duties

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

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

When staff learns that a resident is subject to a substantial risk of imminent sexual abuse, they take immediate action to protect the resident. NYC Policy S9.19, Sexual Contact Prevention Policy, clearly outlines that any employee who is a witness to or has knowledge of any sexual abuse or sexual harassment is responsible for immediately reporting it.

According to NYC Policy S9.17, Reporting Alleged Abuse, (Personnel Actions) whenever abuse is alleged to have occurred against a juvenile in the custody of the Division of Youth Corrections, the Appointing Authority within the facility ensures the safety of the juvenile by taking the following actions;

1. If appropriate, the Appointing Authority may decide that the employee (s) involved in the incident is to be immediately removed from the premises and informed that they are being placed on administrative leave while the incident is being reviewed.
2. The Appointing Authority may decide that the employee (s) involved in the incident is to be reassigned to other duties while incident is reviewed.
3. The Appointing Authority may consult with the Colorado Department of Human Services’ Office of Human Resources for technical assistance regarding compliance with appropriate personnel rules, policies, and procedures concerning the possible immediate removal of the alleged offending staff member (s) from the facility.

A memo provided by the Agency PREA Coordinator stated that NYC Policy 9.17 requires notification to the local Department of Human Services within one hour.

Rite of Passage Policy 115.362, Program Protection Duties, requires that when a student is subject to a substantial risk of imminent sexual abuse it shall take immediate action to protect the student.

Rite of Passage provided a “flow chart” to guide staff in actions to take once an allegation is made. That chart includes actions of the recipient of the verbal report, shift supervisor responsibilities, and PREA Coordinator and/or Case Manager responsibilities. Shift Supervisors are instructed to start close observation of the student.

Youth who allege that they are at substantial risk of imminent sexual abuse are housed in rooms with single occupancy. The facility does not use any form of segregation.

Staff, who were interviewed, related they would keep the youth in a safe area and/or within sight and sound supervision of the youth if that youth reported they were at risk of sexual abuse. They stated they would keep that student with them until the Shift Supervisor was on the scene and could make a determination about where to house the student.

The Facility Program Director and the transitioning Program Director were interviewed. If a youth was at substantial risk of imminent sexual abuse they indicated the youth would be protected. They stated a vulnerability/victimization screening would be conducted and the youth would be housed in a single occupancy room in the front part of the unit. The Therapeutic Manager would be assigned to be responsible for monitoring the youth and ensuring she was protected. They also related that the youth could be moved off of her unit to another unit at the opposite end of the building. Teachers would be advised to monitor them closely to ensure their placement in the classrooms to keep them separated.

Standard 115.363 Reporting to other confinement facilities

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

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

DYC defines how an allegation from another facility would be handled and processed by the receiving facility. Upon receiving an allegation that a resident was sexually abused or sexual harassed while confined at another facility, the Director receiving the report would notify the director where the alleged incident occurred. If there is no evidence in the Colorado Trails Database that a report has been made previously, a report is made in compliance with Division of Youth Corrections' policy. Rite of Passage Policy 115.363, Reporting to Other Confinement Facilities, requires that staff will notify law enforcement or social services upon receiving an allegation (not later than 72 hours) that a student was sexually abused while confined at another program. Rite of Passage policy also requires that the appropriate licensing or regulatory agency is notified as well. Procedures require the Program Director to notify the director of the program where the alleged abuse occurred and notify the appropriate law enforcement or social services program as well. The program making the notification will document it and ensure it is investigated.

The PAQ and interviews with staff confirmed that the facility has not received any allegations from another facility that a youth was sexually abused at another facility nor that a youth at another facility has alleged sexual abuse while at Betty Marler.

An interview with the Program Director and PREA Compliance Manager confirmed that they are aware of their roles upon receiving an allegation that a student was sexually abused in another confinement program or facility.

Standard 115.364 Staff first responder duties

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

DYC Policy S9.19 outlines first responder duties. Policy requires and describes staff response to an allegation of abuse and how the victim and abuser will be managed. Upon learning of an allegation that a resident was sexually abused, the first staff member to respond is required to: separate the alleged victim and abuser; preserve and protect any potential crime scene until appropriate steps can be taken to collect any evidence. If the alleged abuse occurred within 72 hours and still allows for the collection of physical evidence, staff ensures that the alleged victim and the alleged abuser do not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

Staff is required to prepare and enter into the Colorado Trails Database actions taken by the first responder following standards established in Division of Youth Corrections' Facility Policy.

Rite of Passage Policy 115.364 Staff First Responder Duties, procedures require the first staff member to respond to an incident to separate the alleged victim and abuser, preserve and protect the scene until appropriate steps can be taken to collect any evidence, request the alleged victim not take any actions that could destroy physical evidence, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating. It also includes an assessment of the victim's acute needs, informing the victim of his/her rights, explanation of the need for a forensic exam, offering an exam, offering a victim advocate or qualified staff member for emotional support, providing crisis intervention counseling, interviewing the victim and any witnesses, collecting evidence and providing for any special needs the victim may have.

The facility provided a flow sheet/chart that explains verbally and graphically the roles and responsibilities of the following: the recipient of the verbal report, shift supervisor, PREA Coordinator/designee and PREA Coordinator/Case Manager. Additionally, the company has developed and provided a Sexual Abuse Incident/Allegation Check Sheet and Coordinated Response Form. This provides a form to document all events chronologically following an initial report or allegation of sexual abuse. Reviewed incident reports and abuse check sheets documented that youth were placed in different housing units to keep them separated.

Staff were knowledgeable of the actions they would take as first responders. Their responses consistently included, separating the alleged victim from the alleged perpetrator, notifying the shift supervisor, protecting the area/room as a potential crime scene and advising the victim and perpetrator not to take actions that would degrade or eliminate any potential evidence.

Standard 115.365 Coordinated response

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

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

DYC Policy 9.19 requires the facility to have a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership. Coordinated Responses are documented on the Coordinated Response Plan for PREA Related Incidents (DYC Policy 9.19). The

form meets all standards requirements.

The facility provided a flow sheet/chart that explains verbally and graphically the roles and responsibilities of the following: the recipient of the verbal report, shift supervisor, PREA Coordinator/designee and PREA Coordinator/Case Manager. Additionally, the company has developed and provided a Sexual Abuse Incident/Allegation Check Sheet. This provides a form to document all events chronologically following an initial report or allegation of sexual abuse. One incident was documented on the form for review.

Interviewed staff were knowledgeable of first responding and were able to explain their roles in the event a youth reported sexual abuse. There were seven examples of implementing the Coordinated Response Plan.

Standard 115.366 Preservation of ability to protect residents from contact with abusers

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

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

The DYC PREA Coordinator provided a memorandum that states the Division of Youth Corrections does not enter into collective bargaining agreements. A previous interview with the DYC Director indicated that Colorado is a “right to work” state and the Division does not enter into collective bargaining agreements.

Rite of Passage does not enter into any collective bargaining agreements but is an at will” employer. As such, the agency has the ability to take actions deemed necessary to protect students, including moving staff to another program, placing them on “no contact” or placing them on administrative leave pending investigations in compliance with personnel policies.

The Regional Vice President reported that the agency does not engage in any collective bargaining.

Standard 115.367 Agency protection against retaliation

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

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

retaliation against youth and/or staff for participating in an investigation and/or reporting an incident of sexual abuse. Staff and youth are prohibited from retaliating against other staff or residents for reporting allegations of sexual abuse or sexual harassment. Staff and youth who are found to have violated this prohibition are subject to disciplinary action. For at least 90 days following a report of sexual abuse, the PREA Compliance Manager and staff monitor the conduct or treatment of residents and staff who reported the sexual abuse and residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by other youth or staff.

Measures such as housing changes or transfers for resident victims or abusers, removal of alleged staff or youth abusers from contact with victims, no staff contact status, and emotional support services for residents or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations are implemented in instances of retaliation.

DYC Policy S9.19, Sexual Contact Prevention Policy, requires monitoring to be documented on the allegation of abuse form in the action items/follow-up/PREA retaliation monitoring section in the Colorado Trails Database incident report. Monitoring is terminated once the allegation has been unfounded by the investigating entity.

Rite of Passage Policy requires that anyone making a report of sexual abuse or who cooperates with an investigation shall not be subject to any form of retaliation related to reporting of or participation in an investigation of such. Procedures indicate that the program employs multiple measures to protect students and staff. For students and staff this may include housing changes or transfers as well as emotional support services. The retaliation monitor is the PREA Compliance Manager. She stated, in an interview, that she would immediately make contact with the victim and develop a safety plan to implement measures to keep the youth safe from retaliation. She also stated that she would then check in with the youth daily and monitor for indicators of potential retaliation such as increased numbers of incident reports or disciplinary reports and continue to monitor the youth for at least 90 days and beyond when needed.

The facility also develops Victim Safety/Trauma Plans. Six safety plans were reviewed. Retaliation monitoring was documented on some of the administrative investigation reports. The facility has not had any incidents or allegations of retaliation.

Standard 115.368 Post-allegation protective custody

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

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

DYC Policy S14.3B allows seclusion for reasons of safety and protection. Seclusion may be used during an emergency, which is defined as when a juvenile is determined to be in serious, probable, imminent danger of bodily harm to themselves or others and where there is the present ability to effect such bodily harm, and less restrictive alternatives have failed, or there is a court order mandating that a juvenile be kept separate from the general population.

This step is used only until an alternative means of keeping all residents safely can be arranged. Whenever a resident is held in seclusion for protective reasons, documentation regarding concerns for the resident's safety as well as the reason why alternative means of separation cannot be arranged is placed in the resident's file.

While the juvenile is secluded, there is documentation of safety checks at a minimum every 15 minutes at variable intervals. Documentation is placed on the seclusion room check sheet. Once the seclusion begins, the seclusion room check sheet is completed, clearly justifying the initial and continued use of seclusion, and the start and end times. According to the NYC PREA Coordinator's memorandum, the Division of Youth Corrections places detained youth on a safety plan (not in isolation) in an effort to keep all youth safe. Committed youth, if adjudicated for a sex offense, will receive treatment as per the Sex Offense Management Board (SOMB) standards.

According to NYC Policy S9.17, Reporting Alleged Abuse, (Personnel Actions), whenever abuse is alleged to have occurred against a juvenile in the custody of the Division of Youth Corrections, the Appointing Authority within the facility ensures the safety of the juvenile by taking the following actions;

1. If appropriate, the Appointing Authority may decide that the employee (s) involved in the incident is to be immediately removed from the premises and informed that they are being placed on administrative leave while the incident is being reviewed.
2. The Appointing Authority may decide that the employee (s) involved in the incident is to be reassigned to other duties while incident is reviewed.
3. The Appointing Authority may consult with the Colorado Department of Human Services' Office of Human Resources for technical assistance regarding compliance with appropriate personnel rule, policy, and procedures concerning the possible immediate removal of the alleged offending staff member (s) from the facility.

A memo (3/15/2015) provided by the NYC PREA Coordinator confirmed that NYC does not have a protective custody status.

Rite of Passage Procedures state that students may be isolated from others only as a last resort when less restrictive measures are inadequate to keep them safe and then only until an alternative means of keeping all students safe can be arranged however Betty Marler does not use isolation to protect residents. Reviewed safety plans demonstrated how the facility reacted to allegations. Staff often documented that the youth involved were separated. Monitoring issues were identified and plans were implemented to keep youth separated and to reduce the likelihood of the youth coming into direct contact with each other. None of the reviewed safety plans identified that the youth was placed in "isolation" or "segregation" for protection.

An interview with the Program Director, PREA Compliance Manager and randomly selected staff indicated that isolation is not used in this facility and at no time would a victim be isolated for protection. Interviewed youth reported the facility does not use isolation.

Standard 115.371 Criminal and administrative agency investigations

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

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

NYC Policy S3.14, Personnel Actions Related to Alleged Child Abuse, provided information related to the Division of Youth Corrections' Internal Investigations when employees are alleged to have committed or report witnessing a case of

institutional child abuse. An investigation is conducted by the appointing authority to determine if violations of the Colorado Code of Ethics, the Code of Colorado Regulations or State of Colorado, Department of Human Services, and/or Division of Youth Corrections' Policies and Procedures have occurred.

The DYC PREA Coordinator provided a memorandum dated April 24, 2015 stating that DYC does not conduct criminal investigations and they do not refer cases for prosecution. DYC will advocate on behalf of the victim for prosecution. DYC does not have access to criminal investigations that do not result in the filing of charges or prosecution. A March 13, 2015 memorandum states that DYC does not have internal investigators with the authority to refer a potential criminal case for prosecution. All allegations that appear to be criminal are referred to the local law enforcement agency to make the determination.

Rite of Passage does not conduct criminal investigations. When a program director/designee conducts an administrative investigation into allegations of sexual abuse and sexual harassment they are required to do so promptly, thoroughly and objectively for all allegations, including third party and anonymous.

If an allegation appears criminal the Jefferson County Sheriff's Office is called in to investigate. The Colorado Department of Human Services (DHS), local office, is notified of all allegations. After taking the information from the staff, the DHS may make the decision to investigate or they may screen the case out. Their role in conducting an investigation is to determine if staff actions or failure to act were negligent (administrative). A facility investigator (trained to conduct investigations in confinement settings) will also conduct an administrative investigation. If a case is referred for prosecution, that decision is made by the local Sheriff's Office.

The facility provided examples of allegations of sexual abuse or sexual harassment that were investigated. The Sheriff's Office was notified on each of the allegations. Although the Sheriff's Office responded to the facility their decisions ranged from deciding not to investigate, based on their initial interviews and reviewed documentation, to charging a youth, to waiting to see what the Department of Human Services decided. Seven administrative investigations were reviewed. Administrative investigations were conducted as required however they were not written in a format that was consistent with policy nor did they document the investigation process thoroughly. Too, there was a substantial gap between the dates of the incidents and the final reports from DHS.

Interviews with both the Program Director and PREA Compliance Manager confirmed the investigative process. The Jefferson County Sheriff's Office is notified following all allegations of sexual abuse. Reviewed incident reports indicated the Sheriff's Office is responding to the facility. Staff related that the Department of Human Services is notified following all allegations as well. They conduct investigations primarily to determine whether or not staff negligence was present. Then the facility investigators conduct their own administrative investigation. Interviewed staff reported consistently that the Sheriff's Office investigates sexual abuse allegations. They also were aware of the involvement of the PREA Compliance Manager. Staff also reported that they are trained to report everything for investigation. That included suspicions, reports, allegations or knowledge that something has occurred.

Standard 115.372 Evidentiary standard for administrative investigations

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

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

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Colorado Revised Statutes, 2013, Title 19, Children’s Code, 19-2-214 establishes the evidentiary standard for investigations and imposes no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Additionally, a memo from the Agency PREA Coordinator dated August 21, 2015, entitled Evidentiary Standards for Administrative Investigations, states that NYC does not conduct administrative or criminal investigations of sexual abuse. Findings are determined by the local law enforcement agency. Allegations of sexual harassment that do not appear to be criminal in nature are investigated by the facility’s appointing authority where the standard is by the preponderance of the evidence or a lower standard of proof.

Rite of Passage Policy 115.372 requires that the agency impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

An interview with the PREA Compliance Manager who is also a facility investigator indicated that she uses no standard higher than a preponderance of the evidence to substantiate allegations of sexual abuse or sexual harassment.

Standard 115.373 Reporting to residents

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

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

Rite of Passage Policy requires student victims of sexual abuse or sexual harassment are to be notified of the outcomes of internal and external investigations. The procedures promulgated by the facility address all of the requirements of the PREA Standards.

Notifications or attempted notifications are to be provided in writing on a Post Allegation Student Notification Response form by the Program Director or designee and kept in the student file. The facility provided two documented notifications using the Post Allegation Student Notification Response Form. The remaining cases were either screened out or the law enforcement failed to make a determination.

The Program Director and PREA Compliance Manager were both knowledgeable of the requirements of the standard for making notifications and addressing the specific items required by the standards.

Standard 115.376 Disciplinary sanctions for staff

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

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Rite of Passage Policy 115.376, Disciplinary Sanctions for Staff, requires that staff are subject to disciplinary sanctions up to and including termination for violating program sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse. Sanctions for staff violating program policies relating to sexual abuse or sexual harassment are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history and the sanctions imposed for comparable offenses by other staff with similar histories. Terminations or resignations by staff who would have been terminated if not for their resignation are reported to law enforcement or social services agencies.

There were no allegations involving a staff during the past 12 months. Interviews with the Program Director and the Executive Director for the Region indicated that staff violating Rite of Passage Policies related to sexual abuse would be disciplined according to the personnel policies of the company. If a staff is involved in a substantiated case of sexual abuse would result in a presumptive sanction of termination from employment.

Standard 115.377 Corrective action for contractors and volunteers

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

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

According to DYC Policy S9.17, Reporting Alleged Abuse, (Personnel Actions) whenever abuse is alleged to have occurred against a juvenile in the custody of the Division of Youth Corrections, the Appointing Authority within the facility ensures the safety of the juvenile by taking the following actions;

1. If appropriate, the Appointing Authority may decide that the employee (s) involved in the incident is to be immediately removed from the premises and informed that they are being placed on administrative leave while the incident is being reviewed.
2. The Appointing Authority may decide that the employee (s) involved in the incident is to be reassigned to other duties while incident is reviewed.
3. The Appointing Authority may consult with the Colorado Department of Human Services' Office of Human Resources for technical assistance regarding compliance with appropriate personnel rules, policies, and procedures concerning the possible immediate removal of the alleged offending staff member (s) from the facility.

Any contractor or volunteer who engages in sexual abuse is prohibited from contact with residents and are reported to law enforcement agencies through the Colorado Department of Human Service Trails System Report Division of Child Welfare (Referral/Assessment Summary), unless the activity was clearly not criminal, and to relevant licensing bodies.

The facility reported that no contractors/volunteers were reported to law enforcement for engaging in sexual abuse of residents in the past 12 months at this facility.

Rite of Passage Policy 115.377, Corrective Action for Contractors and Volunteers, prohibits any contractor or volunteer who violates an agency's policies related to sexual abuse, sexual harassment or retaliation, from further contact with any student and will be denied access to any program. They will be reported to law enforcement and to relevant social services agencies.

Betty Marler has not had any allegations related to contractors or volunteers of violations of Rite of Passage or DYC policies against sexual abuse or sexual harassment in the past twelve months

Interviews with staff confirmed that they are knowledgeable of Rite of Passage policies and if an allegation was made, the volunteer or contractor would be prohibited from coming back onto the facility grounds while an investigation is being conducted and if the allegations were substantiated the volunteer or contractor would be referred for prosecution by the local law enforcement and reported to relevant social services agencies.

Standard 115.378 Disciplinary sanctions for residents

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

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

Rite of Passage Policy 15.378, Interventions and Disciplinary Sanctions for Students, states that Rite of Passage promotes a safe environment with established rules that are designed to protect the students and staff. Students are explained the student rules as well as the consequences for not meeting them. Rule violations are addressed through a consistent and fair process. Students will be subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the student engaged in student-on-student sexual abuse or following a criminal finding of guilt for student-on-student sexual abuse. This policy addresses all of the requirements of the standards related to disciplinary actions for students.

Interviews with staff indicated that segregation or isolation is not used in this facility. Youth alleged to have violated any rule pertaining to sexual abuse or sexual harassment or sexual misconduct are sanctioned within the program rules and if the charges are criminal law enforcement would be responsible for making those charges.

Standard 115.381 Medical and mental health screenings; history of sexual abuse

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

- Does Not Meet Standard (requires corrective action)

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

DYC Policy S9.19, Sexual Contact Prevention Policy, prescribes how a resident that is at risk of being victimized, aggressive, at risk of victimizing other residents or a LGBTI resident are housed based on the information gathered from the Vulnerability to Victimization (VV), Sexually Aggressive Behavior (SAB), and Overall Risk Assessment Tool. Information obtained from the Overall Risk Assessment Tool is used to make housing, bed, program, education, and work assignments for residents with the goal of keeping all residents safe and free from sexual abuse.

According to policy, each Division of Youth Corrections’ facility will utilize the SAB/VV Interpretation/Criteria guide when administering the SAB/VV. If the results from the Overall Risk Assessment Tool indicate a probability for victimization or sexually aggressive behavior and/or violent behavior, the resident will be assigned to “no double room” (NDR) status.

DYC Policy requires a follow-up to be conducted within 14 days if prior victimization is reported or detected during the Intake Screening. If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, the assigned therapist will have a follow-up meeting with the resident within 14 days of the intake screening.

Any information related to sexual abuse, sexual victimization or abusiveness that occurred is limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans, security and management decisions, including housing, bed, education, and program assignments.

Rite of Passage Policy 115.381, Medical and Mental Health Screenings; History of Sexual Abuse; Information Management, requires that Betty Marler YSC will screen for sexual victimization or perpetration/abusiveness and offer mental health services for any student reporting prior victimization. Procedures require that if a student discloses prior sexual victimization or prior sexual abusiveness during intake the student will be offered a follow-up with a medical or mental health practitioner within 14 days of the intake screening. Information related to sexual abusiveness or sexual victimization is limited to medical and mental health staff and other staff, as necessary to inform treatment plans, security and management decisions, including housing, bed, work, education and program assignments or as otherwise required by Federal, State or local law. Informed consent requirements apply.

An interview with the mental health professionals indicated that they would conduct a follow-up with any student who disclosed prior victimization or abusiveness at any time during their stay at Betty Marler.

Standard 115.382 Access to emergency medical and mental health services

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

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

DYC Policy S9.19, Sexual Contact Prevention Policy, states that a juvenile victim is taken to the facility's medical clinic for an initial medical assessment, during clinic hours. After hours, the facility's on call or after hour's emergency medical protocol are followed.

DYC policy also requires that acute trauma care be provided by the SANE program, including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, STD prophylaxis and testing for sexually transmitted diseases. When a possibility of pregnancy exists, the residents receive a pregnancy test.

Rite of Passage Policy requires victims to have access to emergency medical and mental health services. The facility has a MOU with The Blue Bench for the provision of advocacy support services. Forensic Examiners are available at the local hospital emergency room.

An interview with the facility lead nurse indicated she would send a victim of sexual abuse to St. Anthony's Lakewood (Hospital). She stated that SANEs are on-call and would respond to the hospital to conduct the exam. She also stated that she would provide first aid and follow-up on any discharge orders from the physician/nurse and/or mental health counselors. The Program Director was interviewed to determine the practices. The Program Director related that victims and perpetrators would be taken to St. Anthony's Hospital for a forensic exam and to collect forensic evidence. Advocates from Blue Bench would engage the student at the hospital to see if the youth wanted an advocate for emotional support. Mental Health services are provided by the Mental Health Professionals at Betty Marler. These professionals have extensive experience in working with youth who are victims and youth who are sex offenders/perpetrators.

Standard 115.383 Ongoing medical and mental health care for sexual abuse victims and abusers

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

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

DYC Policy S9.19, Sexual Contact Prevention Policy, also requires that acute trauma care be provided by the SANE program including but not limited to, treatment of injuries, HIV/AIDS education, timely access to emergency contraception, STD Prophylaxis and testing for sexually Transmitted Diseases. When a possibility of pregnancy exists, the residents receive a pregnancy test. The facility would provide any follow-up based on the discharge orders from the hospital.

An interview with the lead nurse at Betty Marler confirmed that she and her staff would provide on-going health care services to the victim. These would include following any discharge orders from the hospital. An interview with two mental health professionals confirmed that they would be available to provide on-going care based on a trauma plan. The Betty Marler YSC is a treatment facility and therapeutic services are available for all of the youth housed in this facility.

Standard 115.386 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

DYC Policy S9.19, Sexual Contact Prevention Policy, requires all substantiated and unsubstantiated sexual abuse incidents that have been referred to law enforcement and/or the County Department of Human Services to conclude with a sexual abuse incident review completed and coordinated by the Division of Youth Corrections’ PREA Coordinator. The review process considers whether:

1. Changes in policy or practice are needed;
2. Whether race, ethnicity, sexual orientation, gender identity, gang affiliation or youth culture in the facility played a role;
3. Physical barriers in the facility;
4. Staffing levels;
5. Video monitoring Needs.

DYC Policy requires the review to occur within 30 days of the conclusion of the investigation.

Rite of Passage Policy 115.386, Data Collection and Review, requires that a Rite of Passage will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation. The review will be completed within 30 days of the conclusion of the investigation and documented on the ROP Form, Safe Environment Standards Administrative and Response Review.

The facility documented Incident Review via the Rite of Passage SES/PREA Administrative and Response Review following an investigation. The incident reviews included a review of each item required by the PREA Standards. The review was signed by the Program Director and PREA Site Compliance Manager.

Staff need to ensure that all members of the Incident Review Team participate in the process and document their participating by signing the Incident Review Form.

Standard 115.387 Data collection

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

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

The agency collects accurate, uniform data for every allegation of Sexual Abuse at facilities under its direct control using the DOJ Form SSV-IJ, Survey of Sexual Violence Incident Report, and the Colorado Department of Human Service Trails System Report, Division of Child Welfare (Referral/Assessment Summary) as the standardized instrument and definitions. Upon request, the DYC provides all program specific data from the previous calendar year to the Department of Justice no later than June 30 of each year of the U.S. Justice Department's Survey of Sexual Violence, Form SSV-5.

Rite of Passage Policy 115.387, Data Collection, asserts that Rite of Passage will collect accurate uniform data for every allegation of sexual abuse at programs under its direct control. Procedurally, the Betty Marler YSC PREA Compliance Manager maintains, reviews and collects data as needed from all available incident-based documents, including reports, investigation files and sexual abuse incident reviews. For each allegation/incident of sexual abuse or sexual harassment, the facility completes a SSV Report and forwards it to the Agency's PREA Coordinator. At a minimum it will include the data necessary to answer all questions from the most recent version of the SSV conducted by the Department of Justice. This data is aggregated at least annually and upon request the Business Department will provide all data from the previous calendar year to the DOJ not later than June 30. Following each allegation, the PREA Compliance Manager completes a SSV Form and submits it to the agency PREA Coordinator.

An interview with the Agency PREA Coordinator indicated that she keeps detailed records from which she generates her annual report and any reports or data required by the US Department of Justice. She related that she keeps data from every allegation made throughout the agency and maintains that documentation on a spreadsheet. Names are redacted from the reports and data. The PREA Compliance Manager indicated that she keeps data from every incident, every incident review and documents each allegation on a Survey of Sexual Victimization 2014 Form and sends that information to the PREA Coordinator.

Standard 115.388 Data review for corrective action

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

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

The agency (Division of Youth Corrections) collects accurate, uniform data for every allegation of Sexual Abuse at facilities under its direct control using the DOJ Form SSV-IJ, Survey of Sexual Violence Incident Report, and the Colorado Department of Human Service Trails System Report, Division of Child Welfare (Referral/Assessment Summary) as the standardized instrument and definitions.

Upon request, the DYC provides all program specific data from the previous calendar year to the Department of Justice no later than June 30 of each year of the U.S. Justice Department's Survey of Sexual Violence, Form SSV-5.

Rite of Passage Policy 115.388, Data Review for Corrective Action, states that ROP will review data collected and aggregated pursuant to PREA Standard 115. 387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training. Reviewed data includes the following: Taking corrective action on an ongoing basis and Preparing an annual report of its findings and corrective actions for each program, as well as the organization as a whole. The report includes a comparison of the current year's data and corrective actions with those from PREA Audit Report

prior years and provides an assessment of the organization's progress in addressing sexual abuse. The report is approved by the CEO and made available through the company's website or through other means. Specific material is redacted from reports when publication would present a clear and specific threat to the safety and security of a program, but must indicate the nature of the material redacted.

Standard 115.389 Data storage, publication, and destruction

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

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

A review of the Colorado Division of Youth Corrections Annual Prison Rape Elimination Act Report 2015 reveals the collection of accurate, uniform data for allegations of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The standardized instrument is called the Colorado Department of Human Service Trails System Report Division of Child Welfare (Referral/Assessment Summary). The agency aggregates the incident-based sexual abuse data at least annually for the PREA report.

The agency collects incident-based data that includes, at a minimum, the data necessary to answer questions from the most recent version of the Survey of Sexual Violence. The auditor reviewed the 2014 Survey of Sexual Victimization (SSV-5).

The agency annual report is approved by the agency Director and made available to the public through its website.

Rite of Passage Policy 115.389, Data Storage, Publication and Destruction, requires that data collected pursuant to PREA Standard 115.387 is securely retained in the Human Resources Department. The organization will make public all aggregated sexual abuse data from programs under its direct control readily available to the public at least annually through its website. All personal identifiers are removed prior to posting. The organization also will maintain sexual abuse data for at least 10 years after the date of its initial collection unless Federal, state or local law requires otherwise.

AUDITOR CERTIFICATION

I certify that:

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

R. Lanier

August 11, 2016

Auditor Signature

Date