

PREA AUDIT REPORT INTERIM FINAL
JUVENILE FACILITIES

Date of report: August 11,2016

Auditor Information			
Auditor name: Robert Lanier			
Address: 1825 Donald James Road, Blackshear, GA 31516			
Email: rob@diversifiedcorrectionalservices.com			
Telephone number: 912-281-7525			
Date of facility visit: 07.26.2016			
Facility Information			
Facility name: Robert E. DeNier Youth Services Center			
Facility physical address: 720 Turner Dr. Durango, CO 81303			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 970.375.2781			
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 checked="" type="checkbox"/> Detention	<input type="checkbox"/> Other
Name of facility's Chief Executive Officer: Karen Murray – Program Director; Kent Moe, Region Executive Director			
Number of staff assigned to the facility in the last 12 months: 29			
Designed facility capacity: 28			
Current population of facility: 9			
Facility security levels/inmate custody levels: Secure			
Age range of the population: 10-21			
Name of PREA Compliance Manager: Tina Willis		Title: HR Admin Assistant / PREA Coordinator	
Email address: tina.willis@rop.com		Telephone number: 970.375.2781	
Agency Information			
Name of agency: Rite of Passage			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 2560 Business Parkway, Suite 1 Minden, Nevada, 89423			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 775.267.9411			
Agency Chief Executive Officer			
Name: S. James Broman		Title: President	
Email address: ski.broman@rop.com		Telephone number: 775.267.9411	
Agency-Wide PREA Coordinator			
Name: Heather Howell		Title: RIIP	
Email address: heather.howell@rop.com		Telephone number: 775-720-6717	

AUDIT FINDINGS

NARRATIVE

The audit of the Robert E. Denier Youth Center was conducted on Tuesday, July 26, 2016. Prior to the on-site audit the auditor forwarded a Notice of PREA Audit to be posted in the facility in areas accessible to staff, youth, volunteers, contractors, interns and visitors. The facility then provided photos documenting that the notices were posted as requested. Three weeks prior to the audit the facility provided a flash drive containing the Pre-Audit Questionnaire, policies, procedures and supporting documentation. The format for uploading documentation was interesting. Each standard's documentation began with a page restating not only the standard but also each substandard. Each substandard contained references to the policy and procedures or other documentation to indicate "practice". The documentation that followed was also contained in the substandard reference. Multiple examples of documents were often provided. This practice facilitated the review of the information provided enabling the auditor to quickly understand the Rite of Passage Policies and the operational procedures for the facility. The Rite of Passage Policies were well written and addressed the sub-standards for each standard. The auditor requested additional documentation to review on site, including documentation of background clearances, additional risk assessments, reassessments and complete investigation packages for each allegation during the past 12 months and as reported on the PAQ. The Facility Program Director and PREA Compliance Manager were always responsive to any request.

The auditor arrived at the facility, by prior agreement, at about 6:30AM to begin interviewing overnight shift staff prior to their departure from the facility. The auditor was greeted by the Agency PREA Coordinator, Facility Program Director and PREA Compliance Manager. Following a quick meet and greet the auditor began interviewing staff.

Following the overnight shift interviews, the auditor conducted a very brief entrance conference to discuss the audit process and to coordinate logistics for the rest of the day. The following staff attended: Program Director, PREA Compliance Manager, Rite of Passage PREA Coordinator, Rites of Passage Executive Director, Case Manager, Ancillary Staff Manager and the Day Shift Supervisor.

Following additional interviews, the PREA Compliance Manager, Program Director and Agency PREA Coordinator accompanied the auditor on a tour of the facility. The facility was observed to be clean and orderly. Youth were observed being engaged with staff who had youth in line of sight supervision.

The food services area and dining hall do not have cameras. There are several blind spots in the food services area, including storage areas and mop closets etc. Youth are allowed to work in the kitchen and staff related that whenever there are youth movements in the kitchen the control room is radioed. Food services areas blind spots may provide opportunities for youth and staff to engage in inappropriate activities. The facility agreed to place signs restricting access to authorized staff only (no youth allowed) signs on solid doors that are not in view by cameras or mirrors. Too it is suggested that staff be cognizant of this potential and ensure that staff conducting unannounced rounds as well as staff conducting security rounds check these areas and open solid doors to check inside. The Program Director and Agency PREA Coordinator discussed ways that they might mitigate the lack of viewing by restricting access and possibly taping off areas where youth would not be allowed. While in the food services area youth are supervised by the food services staff. Additional solid doors were identified in the facility. Staff related that access is restricted by limiting who has access to the keys and they will place signs on these doors restricting access.

Strip searches are conducted in an area in Intake. The facility has a procedure where the staff conducting the strip search stands in the opened door with one leg outside the door in the hall while the same gender staff instructs the youth during the strip search. Youth confirmed this process during their interviews.

There are two disciplinary or holding rooms however staff consistently reported that youth are not placed in disciplinary segregation/isolation for more than a couple of hours.

During the tour the auditor observed the showers and restrooms on each pod. Showers are behind a closed door as are the restrooms. Youth interviews confirmed that they shower and use the restroom with the door closed and with complete privacy.

Following the tour, the auditor continued interviews and reviewed additional documentation that had been requested. Again, staff were very responsive and provided everything requested.

DESCRIPTION OF FACILITY CHARACTERISTICS

Robert E. Denier Youth Service Center is a secure residential treatment program serving committed and detained male and female youth between the ages of 10 and 21.

The DeNier Center serves youth with a history of delinquent behaviors, substance abuse, mild mental health issues, physical and emotional abuse, neglect and trauma needs, as well as students who did not thrive in less-restrictive setting.

The rated capacity is 28 youth.

DeNier offers a variety of education and skill-building groups for students, which provide them with the appropriate amount of cognitive-based interventions to reduce risk factors. The curricula and skills used to deliver these services include:

- Moral Reconciliation Therapy (MRT)
- Thinking for a Change (T4C)
- Aggression Replacement Training (ART)
- Pathways Substance Abuse
- Positive Skill Development Groups (PSD)

The DeNier program offers a strength-based model within a campus-like setting that promotes diverse social and educational interactions essential to the competency development of students. Additional features include:

- Strength-based model program with therapeutic, educational, vocational, and community opportunities
- On-site year-round Colorado Department of Education authorized Facility School with an emphasis on academic and credit recovery, remediation as well as special education services
- Gender-specific and culturally competent services
- Rich student to staff ratio
- Cognitive behavioral curricula including Aggression Replacement Therapy (ART), Thinking for a Change (T4C), Moral Reconciliation Therapy (MRT), Victim Empathy, Anger Management, Pathways Substance Abuse, Girls Group and Boys Group
- Specialized treatment groups and individual sessions are provided to students based on trauma symptomology and substance addition need

The Facility provides students with an opportunity to have a positive high school experience by learning in the classroom, participating on the playing field and graduating with a diploma within a normalized student environment that encourages and promotes success. The school program operates on a year-round basis and is designed to meet the individual needs of students in grades 6-12.

- Specialized Education Program – Due to a highly individualized form of instruction, many students are successfully moved back into their community high school upon exiting the program or graduate with their high school diploma or GED
- Career and Technical Education – The CTE curriculum is structured in a modular fashion to allow for open enrollment with students exiting and entering throughout the year. The instructors can provide individual instruction for students who range from beginner to advanced

The recreation program is designed to improve physical fitness and promote healthy, positive lifestyle choices. The students may participate in intramural sports, weight training, ZUMBA, rock climbing, art, music, board games, hiking, Mentoring through Marathons and other leisure activities that teach them to use their time positively and productively. Students who have earned their RAM status are able to participate in additional activities at the local Recreation Center.

Community service and service learning activities are part of the Restorative Justice model adopted by DeNier. Using this approach, the program strives to rebuild the relationships youth have with their community and to develop a sense of social responsibility and competency. In recognition of our students' work in the community, local organization, Partners, pays the DeNier students an hourly wage that goes directly toward paying their restitution.

Visitations and family treatment services are responsive to the unique needs of students and their families. Services offered include:

- Case Management Communication – Parents are involved in the MDT and treatment planning processes and the staff will communicate with the parents via e-mail or telephone each week
- Visitations and Passes – Weekly family visits are offered and home passes allow the student to spend quality time with the family
- Family Communication – Parents and students are encouraged to keep in contact through letter writing, telephone calls and personal visits
- Family Therapy – The goal of the family program is to promote attachment and enhance parenting skills. The Program offers a variety of family services including individual family therapy and multi-family groups facilitated by licensed mental health therapists.

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 Robert E. DeNier 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. 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 Regional Executive Director, Agency PREA Coordinator, The Facility Program Director, PREA Compliance Manager, Human Resources Staff, 10 randomly selected staff, a Mental Health Staff, two intake Staff, two staff who conduct Risk Screening and a Staff Investigator. Additionally, the auditor interviewed the DYC Contract Manager.

This facility serves both male and female students and ten youth were interviewed.

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 40 standards were determined to be compliant. One standard, 115.351, Resident Reporting, is rated "exceeds" because of the multiple ways students have to report, both internally and externally as well as the ways this information is continuously available to students.

Number of standards exceeded: 1

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.

The Agency has appointed a PREA Compliance Manager for the Robert E. Denier 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 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 26 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 for 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.

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 DeNier PREA Compliance Manager confirmed that although she has not been in the position long, she has been very motivated and has an unusual grasp of PREA. She reports directly to the Program Director and has the complete support of the administration in implementing the PREA Standards. Interviews with seven (7) randomly selected staff and fourteen (14) specialized facility staff confirmed that they have been trained in the Zero Tolerance Policy and are aware that the facility prohibits any form of sexual activity. Interviews with youth also confirmed that they are aware of the zero tolerance for sexual misconduct, sexual abuse, sexual harassment and retaliation.

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. Rite of Passage, Robert E. DeNier Youth Services Center is 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. The contractor is required to allow the State to monitor and provide technical assistance. The contractor shall comply with NYC Policy 9.19 and Policy 9.8 without limitation. NYC Policy 9.19 addresses zero-tolerance regarding staff sexual misconduct, juvenile sexual abuse, sexual harassment, and juvenile sexual misconduct, and NYC 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 NYC 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 also 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 Robert E. DeNier Youth Services Center is predicated upon a maximum population of 28. 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 to the written staffing plan, are 1:10 during awake hours and 1:24 during sleeping hours. The DeNier Staffing plan states that the actual ratios are 4:28 during waking hours and 3:28 during sleeping hours. The written plan is comprehensive and addresses a host of areas including the following: components of the physical plant and blind spots, composition of the population that includes both detained youth and youth who are committed for treatment, 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, 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. To determine who the initials belong to staff are required to place a signature on the sheet along with the initials they will be using to document the checks.

Vulnerability Assessments were provided for 10/20/15, 2/2/16 and 6/01/16 documenting that the administration is conducting quarterly assessments to determine blind spots and actions taken to mitigate the limited viewing in those areas.

An interview with the PREA Compliance Manager indicated that this facility has a minimum staffing plan that is predicated on the rated capacity of the facility which is 28. The Department of Human Services, she 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. She related that the minimum staffing for "group living" is 2-2-1 and that this minimum is always maintained. She indicated that when there are "call outs" for transports and other issues, administrative staff would even be called in to ensure the minimum staffing is maintained. Interviews with the facility Program Director and Agency PREA Coordinator confirmed the process for the annual review of the staffing plan.

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.

The facility provided samples of training records to indicate that staff were trained in the policy and search procedures. A training brochure entitled "Transgender and Intersex Search Procedures Training", described how to search a transgender or intersex student in a professional and respectful manner. A training log entitled Transgender and Intersex Search Training Log documented training conducted on June 8, 2016.

Showers and restrooms are behind closed doors and showers also have shower curtains providing for additional privacy.

Interviews with eight randomly selected staff and 13 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.

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.

The facility provided an implementing procedure for DYC policy 9.19, Sexual Contact Prevention Policy and Rite of Passage Safe Environment Standards. This procedure, approved by the Program Director on August 14, 2015, states that Robert E. DeNier YSC will use the following interpretation services: a bilingual staff (Name redacted) for Spanish speaking students (Rite of Passage provided a detailed job description signed by the staff) and Language Line for all other languages or CTS Language Link.

All of the interviewed staff (100%) stated that the program does not allow the use of student interpreters. They also knew the program had access to outside professional interpreters. One staff stated all of the information related to interpreters and how to access them was included in the PREA Notebook that is available to staff. 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. Samples of background checks were provided on the flash drive and an additional ten were reviewed on site.

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. A review of 10 personnel files confirmed that each staff had completed background checks as well as documentation of the PREA Questions.

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 reviewed 10 personnel files and was able to see the documented PREA Questions from the employee application. Additionally, the auditor was able to see the various background checks Rite of Passage requires. Human Resource staff indicated that Rite of Passage is conducting background checks on potential employees. The checks described included "quick checks", checks through the Colorado Bureau of Investigation, Colorado Department of Human Services and FBI. The HR staff also showed the auditor evidence of five-year background checks being conducted. She also provided a spreadsheet documenting the dates background requests were submitted and the dates they were received from the various agencies.

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 nor has there been any installations or updates of video monitoring equipment/systems, electronic surveillance systems or other monitoring technology since August 20, 2012.

The facility's annual staffing plan review documented that the facility is equipped with cameras however they do not record. Work is currently underway to upgrade the system by September 2016 to include recording devices. There is currently one camera to monitor the front entrance, one camera in between the front door and the door that accesses the reception area,

one camera in each pod and one camera in the gymnasium. Areas in and out of camera view have either a push button ringing to the control desk and/or emergency push button devices to warn staff if a staff is in distress.

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.

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 Robert E. DeNier are conducted by the Durango Police Department. The facility attempted to enter into a Memorandum of Understanding with the Durango Police Department but the Police Department has not signed the agreement. In an effort to educate the Police Department about reporting sexual abuse incidents at DeNier YSC, the PREA Coordinator and Program Director trained all shifts at the police department. 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 screened the allegation out or made a charge but did not follow up on it or made a charge and did not get it to the prosecutor in a timely manner. In an effort to inform the police about ROP reporting requirements and PREA, the Program Director and Agency PREA Coordinator trained all shifts at the police department.

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 Robert E. DeNier would be taken to the Mercy 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 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 Sexual Assault Service Organization (SASO), dated September 11, 2015, provides for advocates to provide support services for any student who has been the victim of a sexual assault. 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 either Mercy Regional Medical Center or Animas both in Durango, Colorado.

Interviews with the Program Director and other staff confirmed that the Durango Police Department is responsible for conducting sexual abuse investigations. In an effort to educate the PD on sexual abuse in the facility and on reporting it, the Program Director and the Agency PREA Coordinator trained all shifts on understanding the reporting process at Robert E. DeNier. 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 and related to the auditor that she had completed the NIC On-Line Training for Investigating Sexual Abuse in Confinement Settings. Too, 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 Robert E. DeNier 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 Robert E. DeNier are conducted by the Durango Police Department. The facility attempted to enter into a MOU with the Durango Police Department but the Police Department has not signed the agreement. In an effort to educate the Police Department about reporting sexual abuse incidents at DeNier YSC, the PREA Coordinator and Program Director trained all shifts at the police department. 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. Law Enforcement was called in and often they screened the allegation out or made a charge but did not follow up on it or made a charge and did not get it to the prosecutor in a timely manner. In effort to inform the police about ROP reporting requirements and PREA, the Program Director and Agency PREA Coordinator trained all shifts at the police department. 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 have been trained to report "everything". They all were aware of the agency responsible for conducting criminal investigations and that the PREA Compliance Manager conducts administrative investigations. Most staff were aware also that the LaPlata Department of Human Services conducts investigations as well.

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 Robert E. Denier 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. Multiple acknowledgment forms were provided and reviewed.

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 as well as refresher training. 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.

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. Fifteen 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. He indicated that the training consisted of watching a video and it included the zero tolerance policy as well as the requirement to report. He indicated that he is a mandated reporter. When asked what he would do if he had knowledge of an incident of sexual abuse or sexual harassment he 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-five 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 seven youth, randomly selected, indicated that they received information on the zero tolerance policy and how to report on intake. They acknowledged they had seen the PREA Video. Youth consistently reported they had seen the video either the same day or the next after admission. Youth were aware of the program's rules against sexual abuse, sexual harassment and sexual misconduct. Youth 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 throughout 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 Robert E. DeNier YSC are conducted by the Durgano Police Department 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, both of whom have completed the National Institute of Corrections (NIC) Specialized Training for Investigating Allegations of Sexual Abuse in Confinement Settings.

Interviews with the PREA Compliance Manager and the Program Manager confirmed that both have successfully completed the NIC Specialized Training for Conducting Sexual Abuse Investigations in Confinement Settings. They indicated that this training covered how to interview sexual abuse victims, use of Miranda and Garrity warnings, collecting evidence and referring cases for prosecution. The auditor reviewed a form provided by the company explaining how to document administrative investigations. 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.

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 mental health practitioner indicated that he had received the same training required of all employees at the facility and additionally, completed the Specialized Training provided by the company. The medical staff was not available for an interview for unforeseen circumstances. Documentation was provided indicating that a total of four staff completed specialized training conducted by the company.

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.

Robert E. Denier YSC 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 Robert E. DeNier YSC state that the information is ascertained through conversation 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 Robert E. DeNier is the Division of Youth Corrections, Colorado Department of Human Services, Vulnerability Assessment Instrument: Risk of Victimization and/or Sexually Aggressive Behavioral/Overall Risk.

Victimization Assessments were provided for the auditor to review.

An interview with a staff who conducted vulnerability assessments indicated that the assessments are conducted well before 72 hours and typically within the first few hours or less and always before they go to their rooms. This staff discussed the information reviewed as part of the assessment. This information included reviewing the MAYSI, any information on TRAILS (The DYC Database) related to the student’s history with DYC, including past and present charges, social summaries, psychological reports, case notes, family history and any previous flags or risk factors. She also indicated that reassessments are done every 30 days. Another staff who conducted vulnerability assessments related that assessments are usually done within the first hour following admission to the facility. Once again, the process would include reviewing any screening instruments, the MAYSI, TRAILS information, incident reports, past screening instruments etc. If an individual reports prior victimization during the assessment process Access Mental Health would be contacted if the youth was a detained youth and the contracted mental health professional to conduct a follow up for committed students. The youth has the right to refuse the follow-up.

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 NYC 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 NYC 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 rooms with the exception of a couple of rooms that are capable of double occupancy. According to Policy 13.9, juveniles who identify as transgender or intersex have a right to request their housing assignment be re-evaluated. The facility is designed for single room occupancy however there are times when, after careful review, youth are doubled in a room.

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. NYC 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 Robert E. DeNier 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 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 at intake and although staff do not have access to specific information they are advised of the number code for the youth. The number code will dictate where the student will be housed. Too, scores on the vulnerability assessments may result in a code status of NDR (No Double Room) which means that this youth is never to have a roommate.

Interviews with both staff who conduct victimization assessments indicated that the information derived during the assessment process is used to determine bed assignments. They related that codes are assigned with Code 1 being a youth who is vulnerable to victimization; 2 a sexual aggressor and; 3 a student who scored high for violent aggressive. 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.

Robert E. DeNier provides multiple internal ways for students to privately report sexual abuse, sexual harassment and retaliation by other students of 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 Robert E. DeNier, the advocacy and support organization is the Sexual Assault Services Organization (SOSA). The phone number is provided. 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 DeNier Center. Students can also confidentially report sexual assault and or harassment violations by dialing 970.247.5400, SASO (Sexual Assault Service Organization). SASO can be used for sexual assault or abuse reporting and serve as an advocate for students. 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 given an intake packet. That packet includes information on the Zero Tolerance Policy and information on how to report. Intake 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.

This standard is rated exceeds because students have multiple ways to report internally. Among those ways, students indicated they would report to the Program Director. They related they see her all the time and can just tell her. Too, they have several ways to report outside the facility to entities. Posters contain information on how to report. These are prominently posted. Youth receive the "What You Should Know Brochure" that contains, yet again, ways to report along with numbers of outside agencies they can contact to report allegations of sexual abuse. Youth have access to multiple drop boxes to report either identifying themselves or anonymously. Students have access to parents via phone or through visitation. They have access to their attorney's either in person, via phone or through Legal Mail.

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 Robert E. DeNier 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. Denier 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 Robert E. Denier to provide students access to outside victim advocates for emotional support services related to sexual abuse.

Rite of Passage has entered into a Memorandum of Understanding (9/15/2015) with the Sexual Assault Service Organization. The SASO organization agreed to provide immediate advocacy, support and crisis intervention to youth survivors via the telephone and to respond in person, whenever possible, to provide additional advocacy, emotional support and information to survivors. They agreed to inform the student of the right to have a victim advocate present during the medical forensic exam, investigative interviews and any possible court hearing and provide accompaniment if desired by the survivor.

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 SASO as the outside support organization for youth in Durango, Colorado. 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 SASO. 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.

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 DeNier 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 as required.

Staff were aware that they are mandated reporters. Additionally, every one 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 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. DYC 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 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.

A memo provided by the Agency PREA Coordinator stated that DYC 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 with them 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 PREA Compliance Manager indicated that staff would be expected to separate the potential victim from the potential perpetrator and separate them in the pods, in class (seat arrangements). She related one could be kept at intake if needed. Youth also would be housed in single occupancy rooms. She also stated that youth are not placed in segregation for

protection. None of the interviewed youth mentioned any concerns about being at risk and all of them stated they believed staff would take care of them if they needed protection.

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.

The agency (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.

There was one allegation made by a student that they were sexually abused while confined at another facility/program. Documentation was provided to confirm an incident report was made and notifications documented.

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.

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. 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. For the same incident, the Rite of Passage Response Plan for PREA Incidents documented the following: Mental Health evaluation and the response of the Administration/PREA Compliance Manager. Documentation was provided to document the administrative investigation.

Reviewed Safety Plans documented the facilities responses in separating youth to ensure there is no further contact and to reduce the likelihood of retaliation were reviewed. Staff documented placing youth in intake or in different living situations and communicating with youth about retaliation issues and concerns for safety. Some of the safety plans documented separating youth in classes and at the dining hall.

Staff were well versed in the actions they would take as first responders. Invariably their responses included, separate the alleged victim from the alleged perpetrator, notify the shift supervisor, protect the area/room as a potential crime scene and advise 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. For the same incident, the Rite of Passage Response Plan for PREA Incidents documented the following: Mental Health evaluation and the response of the Administration/PREA Compliance Manager. Documentation was provided to document the administrative investigation.

Interviewed staff were knowledgeable of first responding and were able to explain how the responses are coordinated between staff and departments. There was also documentation to confirm implementation of 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.

DYC Policy S9.19, Sexual Contact Prevention, details the expectations of how the administration will not tolerate any form of 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 Monitors are the Program Directors and the PREA Compliance Manager or her designees. Monitoring will continue for at least 90 days (and beyond 90 days if indicated) following a report of sexual abuse. Monitoring includes reviewing or monitoring student disciplinary reports, housing or program changes or negative performance reports or reassignments of staff.

The facility provided an investigation report that included a section entitled "Retaliation Monitoring". The plan was for youth to be placed in separate classroom, workouts and during meals they were required to sit facing away from each other. The Mental Health Contractor was assigned the duties of monitoring and tracking progress of safety plans that had been developed. The plan was required to be reviewed weekly.

The facility also develops Victim Safety/Trauma Plans. Six safety plans were reviewed. Every plan documented talking with the youth about retaliation and monitoring the youth for retaliation. They also documented moving and separating the youth involved to ensure they are not in the same classes, seated differently at dining and other efforts to reduce the likelihood that the two would come into contact again.

The facility has not had any incidents or allegations of retaliation. Staff are knowledgeable of their responsibilities in the event they had such a case.

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 DYC 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 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 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 DYC PREA Coordinator confirmed that DYC 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 Robert E. Denier does not use isolation to protect residents. Reviewed safety plans demonstrated how the facility reacted to allegations and separated youth and identified monitoring issues as well as developing plans to keep youth separated and to reduce the likelihood of the youth coming into direct contact with each other. None of the six safety plans identified that the youth was placed in "isolation" or "segregation" for protection.

An interview with the Program Director 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.

DYC 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 Durango Police Department is called in to investigate. The Colorado La Plata County 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 police department.

The facility provided examples of allegations of sexual abuse or sexual harassment that were investigated. The local police were notified on each of the allegations. Although they responded to the facility their decisions ranged from deciding not to investigate, based on their initial interviews and reviewed documentation, to charging a youth with a misdemeanor. Several administrative investigations were reviewed. It should also be noted that Rite of Passage provides a format for reporting administrative investigations. In one example of an investigation, the incident was reported. The police were notified. The police department arrived and interviewed the youth and placed misdemeanor charges on the perpetrator however because the police failed to get the information to the prosecutor in a timely manner the charges were dropped. A thorough administrative investigation was conducted and the allegations were substantiated. Additional incidents that were reviewed confirmed that staff reported the allegations to the proper authorities. DHS screened some cases in and some cases out. Administrative investigations were conducted as required.

Interviews with both the Program Director and PREA Compliance Manager confirmed the investigative process. The Durango Police Department is notified following all allegations of sexual abuse. Reviewed incident reports indicated the police department is responding to the facility. These 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 who were randomly selected reported consistently that the police department investigates sexual abuse allegations. They also were aware of the involvement of the PREA Compliance Manager (who is trained to conduct sexual abuse investigations in confinement settings). 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 and the review of a documented sexual abuse case received 7/7/2014, 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 Robert E. DeNier 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 one documented notification using the Post Allegation Student Notification Response Form. The facility had one case in which notification was documented. The remaining cases were either screened out or the law enforcement failed to get the information to the prosecutor in time to lodge a misdemeanor charge against a specific youth.

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.

The agency provided an example of a disciplinary action against a staff for violating agency policy. This staff violated agency policy requiring all reports of incidents of sexual abuse or sexual harassment to be reported within an hour of receiving such information. The staff waited until the next day to report. Documentation was provided to document the employee was sanctioned with written counseling, a step in progressive discipline.

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. Any staff 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.

Robert E. DeNier 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.

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.

Documentation was provided to indicate that youth are sanctioned based on the established rules of the facility. An incident report documented that a male student got behind a female student and gyrated his hips on her buttocks. The youth was sanctioned and received five board days and to receive two restorative justice components per board day. Board days include work details, education modules and restorative justice modules.

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 Robert E. DeNier will screen for prior sexual victimization or perpetration and provide mental health services.

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 professional indicated that he would conduct a follow-up with any student who disclosed prior victimization or abusiveness at any time during their stay at Robert E. DeNier YSC. He related that he sees students who have disclosed and that he would see them three times per week if needed.

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 SASO for the provision of advocacy support services. Mental health services are provided through the contracted mental health professional who serves the facility. This contractor is imminently qualified to provide those services. Forensic Examiners are available at the local hospital emergency room.

The facility has one medical staff person who was off duty because of a family emergency. The Program Director was interviewed to determine the practices. The Program Director related that Mercy Hospital has four forensic nurse examiners and victims of sexual abuse and perpetrators would be taken there to collect forensic evidence. Advocates from SASO 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 contracted Mental Health Professional at Robert E. DeNier. This professional has 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. The facility Mental Health Professional is a contracted practitioner. He provides assessment and treatment services to youth as needed.

Six reviewed Victim/Safety Plans documented on-going mental health services, where applicable.

An interview with the contracted mental health professional confirmed that he is a Masters Level Clinical Counselor. He related his work at Robert E. DeNier where he has provided services for the past 16 years. He indicated that he would provide assessments and treatment as needed and works regularly with the sex offender youth at the facility. The facility is fortunate to have such a qualified and seasoned therapist and clinician on contract.

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. The Division of Youth Corrections’ PREA Coordinator invites the following persons to participate in the review process.

1. Director of Facility Operations
2. Facility Director or Designee
3. Facility Supervisors
4. First Responder
5. Local Law Enforcement/Investigator
6. Local Department of Human Services
7. Medical Provider
8. Behavior Health Specialist
9. Community Victim Advocate

The NYC PREA Coordinator prepares a report of the findings to include recommendations for improvement.

Rite of Passage Policy 115.386, Data Collection and Review, requires that 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 review included a review of each item required by the PREA Standards. The review was signed by the Program Director and PREA Site Compliance Manager.

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 NYC 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.

Reviewed documentation to determine complete compliance:

- PREA Audit: PRE- Audit Questionnaire/Juvenile Facilities
- Annual Prison Rape Elimination Act Report for 2013
- NYC Policy S9.19, Sexual Contact Prevention Policy

- DYC Definitions
- Survey of Sexual Victimization, 2013 (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 Robert E. DeNier 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. 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 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.

Robert E. DeNier provided their 2015 Annual Report. That report indicated that the facility, in 2015, had one report of sexual abuse/sexual harassment substantiated, one unsubstantiated and none unfounded.

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 2015 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 it’s 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

