# PREA Facility Audit Report: Final

**Name of Facility:** Roberts Road and 3950 Residential Facility Complex
**Facility Type:** Community Confinement
**Date Interim Report Submitted:** 01/22/2026
**Date Final Report Submitted:** 07/22/2026

| Auditor Certification | |
|---|---|
| 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. | ☑ |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | ☑ |
| **Auditor Full Name as Signed:** Karen d. Murray | **Date of Signature:** 07/22/2026 |

| AUDITOR INFORMATION | |
|---|---|
| **Auditor name:** | Murray, Karen |
| **Email:** | kdmconsults1@gmail.com |
| **Start Date of On-Site Audit:** | 12/09/2025 |
| **End Date of On-Site Audit:** | 12/10/2025 |

| FACILITY INFORMATION | |
|---|---|
| **Facility name:** | Roberts Road and 3950 Residential Facility Complex |
| **Facility physical address:** | 3615 Roberts Road, Colorado Springs, Colorado - 80907 |
| **Facility mailing address:** | |

| Primary Contact |
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| | |
|---|---|
| **Name:** | Jenner Behan |
| **Email Address:** | jbehan@embrave.org |
| **Telephone Number:** | 719-473-4460 #410 |

| **Facility Director** | |
|---|---|
| **Name:** | Mark Wester |
| **Email Address:** | Wester@embrave.org |
| **Telephone Number:** | 719-473-4460 #900 |

| **Facility PREA Compliance Manager** | |
|---|---|
| **Name:** | Dwight Smith |
| **Email Address:** | dsmith@embrave.org |
| **Telephone Number:** | 719.473.4460 ext 833 |

| **Facility Characteristics** | |
|---|---|
| **Designed facility capacity:** | 354 |
| **Current population of facility:** | 306 |
| **Average daily population for the past 12 months:** | 273 |
| **Has the facility been over capacity at any point in the past 12 months?** | No |
| **What is the facility's population designation?** | Both women/girls and men/boys |
| **Age range of population:** | 18-85 |
| **Facility security levels/resident custody levels:** | community corrections level system 1-4 |
| **Number of staff currently employed at the** | 90 |

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| **facility who may have contact with residents:** | |
| **Number of individual contractors who have contact with residents, currently authorized to enter the facility:** | 2 |
| **Number of volunteers who have contact with residents, currently authorized to enter the facility:** | 40 |

| **AGENCY INFORMATION** | |
|---|---|
| **Name of agency:** | Embrave, Inc. |
| **Governing authority or parent agency (if applicable):** | |
| **Physical Address:** | 5465 Mark Dabling Boulevard , Colorado Springs , Colorado - 80918 |
| **Mailing Address:** | 5465 Mark Dabling Blvd., Colorado Springs, - 80918 |
| **Telephone number:** | 17194734460 |

| **Agency Chief Executive Officer Information:** | |
|---|---|
| **Name:** | Mark Wester |
| **Email Address:** | mwester@comcor.org |
| **Telephone Number:** | 7194734460 |

| **Agency-Wide PREA Coordinator Information** | | | |
|---|---|---|---|
| **Name:** | Jenner Behan | **Email Address:** | jbehan@embrave.org |

## Facility AUDIT FINDINGS

### Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

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

| **Number of standards exceeded:** | |
|---|---|
| 8 | • 115.211 - Zero tolerance of sexual abuse and sexual harassment; PREA coordinator<br>• 115.215 - Limits to cross-gender viewing and searches<br>• 115.216 - Residents with disabilities and residents who are limited English proficient<br>• 115.231 - Employee training<br>• 115.242 - Use of screening information<br>• 115.261 - Staff and agency reporting duties<br>• 115.282 - Access to emergency medical and mental health services<br>• 115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers |
| **Number of standards met:** | |
| 33 | |
| **Number of standards not met:** | |
| 0 | |

## POST-AUDIT REPORTING INFORMATION

**Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.**

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

| | |
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| **1. Start date of the onsite portion of the audit:** | 2025-12-09 |
| **2. End date of the onsite portion of the audit:** | 2025-12-10 |

### Outreach

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| **10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?** | (●) Yes<br>( ) No |
| **a. Identify the community-based organization(s) or victim advocates with whom you communicated:** | Colorado Department of Corrections - Third Party Reporting |

## AUDITED FACILITY INFORMATION

| | |
|---|---|
| **14. Designated facility capacity:** | 354 |
| **15. Average daily population for the past 12 months:** | 288 |
| **16. Number of inmate/resident/detainee housing units:** | 39 |
| **17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?** | ( ) Yes<br>(●) No<br>( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |

| Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit | |
|---|---|
| **Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit** | |
| **23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:** | 300 |
| **25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:** | 5 |
| **26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:** | 4 |
| **27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:** | 5 |
| **30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:** | 4 |

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| **31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:** | 1 |
| **33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:** | 16 |
| **34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:** | 0 |
| **35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):** | No text provided. |
| **Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit** | |
| **36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:** | 87 |
| **37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:** | 0 |

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| **38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:** | 1 |
| **39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:** | No text provided. |

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

| | |
|---|---|
| **40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:** | 10 |
| **41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)** | ☐ Age<br>☐ Race<br>☐ Ethnicity (e.g., Hispanic, Non-Hispanic)<br>☐ Length of time in the facility<br>☑ Housing assignment<br>☑ Gender<br>☐ Other<br>☐ None |
| **42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?** | The agency provided client rosters by targeted categories. Once the targeted clients were selected by the Auditor, random clients were selected by gender and housing unit to ensure a representative sample was interviewed across all housing units. |

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| **43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?** | (●) Yes<br>( ) No |
| **44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):** | No text provided. |
| **Targeted Inmate/Resident/Detainee Interviews** | |
| **45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:** | 13 |
| As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/ resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/ residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0". | |
| **47. Enter the total number of interviews conducted with inmates/residents/ detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:** | 2 |
| **48. Enter the total number of interviews conducted with inmates/residents/ detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:** | 2 |

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| **49. Enter the total number of interviews conducted with inmates/residents/ detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | Review of client rosters and specialized interviews with staff demonstrated this targeted client category did not appear to be residing at the facility during the onsite review. |
| **50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ☒ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | Review of client rosters and specialized interviews with staff demonstrated this targeted client category did not appear to be residing at the facility during the onsite review. |

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| **51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | Review of client rosters and specialized interviews with staff demonstrated this targeted client category did not appear to be residing at the facility during the onsite review. |
| **52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:** | 3 |
| **53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

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|---|---|
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).** | Review of client rosters and specialized interviews with staff demonstrated this targeted client category did not appear to be residing at the facility during the onsite review. |
| **54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:** | 1 |
| **55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:** | 5 |
| **56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:** | 0 |
| **a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:** | ■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.<br><br>☐ The inmates/residents/detainees in this targeted category declined to be interviewed. |

| | |
|---|---|
| **b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).** | The agency as a whole does not utilize segregated housing. |
| **57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):** | No text provided. |

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

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|---|---|
| **58. Enter the total number of RANDOM STAFF who were interviewed:** | 12 |
| **59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)** | ☐ Length of tenure in the facility<br>☑ Shift assignment<br>☑ Work assignment<br>☑ Rank (or equivalent)<br>☐ Other (e.g., gender, race, ethnicity, languages spoken)<br>☐ None |
| **60. Were you able to conduct the minimum number of RANDOM STAFF interviews?** | ◉ Yes<br>○ No |
| **61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):** | No text provided. |

| Specialized Staff, Volunteers, and Contractor Interviews | |
|---|---|
| Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements. | |
| **62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):** | 12 |
| **63. Were you able to interview the Agency Head?** | (●) Yes<br>( ) No |
| **64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?** | (●) Yes<br>( ) No |
| **65. Were you able to interview the PREA Coordinator?** | (●) Yes<br>( ) No |
| **66. Were you able to interview the PREA Compliance Manager?** | ( ) Yes<br>( ) No<br>(●) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards) |

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| **67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Agency contract administrator<br><br>☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment<br><br>☐ Line staff who supervise youthful inmates (if applicable)<br><br>☐ Education and program staff who work with youthful inmates (if applicable)<br><br>☑ Medical staff<br><br>☑ Mental health staff<br><br>☐ Non-medical staff involved in cross-gender strip or visual searches<br><br>☑ Administrative (human resources) staff<br><br>☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff<br><br>☑ Investigative staff responsible for conducting administrative investigations<br><br>☐ Investigative staff responsible for conducting criminal investigations<br><br>☑ Staff who perform screening for risk of victimization and abusiveness<br><br>☐ Staff who supervise inmates in segregated housing/residents in isolation<br><br>☑ Staff on the sexual abuse incident review team<br><br>☑ Designated staff member charged with monitoring retaliation<br><br>☑ First responders, both security and non-security staff<br><br>☑ Intake staff |

| | |
|---|---|
| | ☐ Other |
| **68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?** | ○ Yes<br>◉ No |
| **69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?** | ◉ Yes<br>○ No |
| **a. Enter the total number of CONTRACTORS who were interviewed:** | 0 |
| **b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)** | ☐ Security/detention<br>☐ Education/programming<br>☐ Medical/dental<br>☐ Food service<br>☐ Maintenance/construction<br>☒ Other |
| **70. Provide any additional comments regarding selecting or interviewing specialized staff.** | No text provided. |

## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

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|---|---|
| **71. Did you have access to all areas of the facility?** | (●) Yes<br>( ) No |
| **Was the site review an active, inquiring process that included the following:** | |
| **72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?** | (●) Yes<br>( ) No |
| **73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?** | ( ) Yes<br>(●) No |
| **a. Explain which critical functions you were unable to test per the site review component of the audit instrument and why:** | The Auditor did not test the advocate or third-party reporting resource from the facility, as all clients have access to personal cell phones. In addition, the victim advocate services agreement was established after the onsite audit period; however, a formal contract has now been executed. |
| **74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |

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|---|---|
| **75. Informal conversations with staff during the site review (encouraged, not required)?** | (●) Yes<br>( ) No |
| **76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).** | No text provided. |

### Documentation Sampling

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

| | |
|---|---|
| **77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?** | (●) Yes<br>( ) No |
| **78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).** | No text provided. |

## SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual abuse** | 1 | 0 | 1 | 0 |
| **Total** | 1 | 0 | 1 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|---|---|---|---|
| **Inmate-on-inmate sexual harassment** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual harassment** | 1 | 0 | 1 | 0 |
| **Total** | 1 | 0 | 1 | 0 |

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

| | Ongoing | Referred for Prosecution | Indicted/ Court Case Filed | Convicted/ Adjudicated | Acquitted |
|---|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 0 | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual abuse** | 1 | 0 | 0 | 0 | 0 |
| **Total** | 1 | 0 | 0 | 0 | 0 |

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual abuse** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual abuse** | 1 | 1 | 0 | 0 |
| **Total** | 1 | 1 | 0 | 0 |

### Sexual Harassment Investigation Outcomes

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

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---|---|---|---|
| **Inmate-on-inmate sexual harassment** | 0 | 0 | 0 | 0 |
| **Staff-on-inmate sexual harassment** | 0 | 0 | 1 | 0 |
| **Total** | 0 | 0 | 1 | 0 |

## Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

### Sexual Abuse Investigation Files Selected for Review

| | |
|---|---|
| **85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:** | 1 |

| | |
|---|---|
| **86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any sexual abuse investigation files) |
| **Inmate-on-inmate sexual abuse investigation files** | |
| **87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 0 |
| **88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| **Staff-on-inmate sexual abuse investigation files** | |
| **90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:** | 2 |
| **91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

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|---|---|
| **92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?** | (●) Yes<br>( ) No<br>( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| **Sexual Harassment Investigation Files Selected for Review** | |
| **93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:** | 1 |
| **94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any sexual harassment investigation files) |
| **Inmate-on-inmate sexual harassment investigation files** | |
| **95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 0 |
| **96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| **97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ( ) Yes<br>(●) No<br>( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

| Staff-on-inmate sexual harassment investigation files | |
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| **98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:** | 1 |
| **99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?** | ○ Yes<br>◉ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?** | ◉ Yes<br>○ No<br>○ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| **101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.** | No text provided. |

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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| **102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ○ Yes<br>◉ No |

| Non-certified Support Staff | |
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| **103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.** | ○ Yes<br>◉ No |

| AUDITING ARRANGEMENTS AND COMPENSATION | |
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| **108. Who paid you to conduct this audit?** | ◉ The audited facility or its parent agency<br>○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)<br>○ A third-party auditing entity (e.g., accreditation body, consulting firm)<br>○ Other |

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| **Auditor Overall Determination Definitions** |
| • Exceeds Standard<br>(Substantially exceeds requirement of standard)<br><br>• Meets Standard<br>(substantial compliance; complies in all material ways with the stand for the relevant review period)<br><br>• Does Not Meet Standard<br>(requires corrective actions) |
| **Auditor Discussion Instructions** |
| Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility. |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
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| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>3. Embrave Organizational Chart, not dated<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>3. Client Support Specialists |

4. Administrative Personnel

5. Director of Quality Assurance / PREA Coordinator

6. Executive Director

Through interviews with clients and staff, review of client and personnel files, review of facility and agency protocols, and facility tours, it was demonstrated that the facility integrates PREA requirements into daily operations. Both clients and staff were able to articulate PREA practices and protocols consistent with the agency's PREA Response and Investigation Policy.

Interviews with clients demonstrated a consistent perception of safety, professionalism, and respectful staff interactions throughout the program. Clients reported that cross-gender announcements are consistently made by opposite-gender staff prior to entering areas of undress and that searches and urinalysis testing are conducted respectfully. Clients further stated that female staff are respectful in their interactions and that male staff do not enter bathrooms, instead requesting clients announce themselves before staff move on. Clients reported that staff regularly check on them throughout the day and that, on a monthly basis, staff ask whether they feel safe in the program. Clients further demonstrated confidence that staff address concerns quickly and efficiently and stated that the program maintains a zero-tolerance approach to sexual abuse and sexual harassment. Overall, clients consistently described the facility as professional, supportive, and a place where PREA expectations are clearly communicated and reinforced.

Interviews with staff demonstrated a strong culture of safety, accountability, and respect for clients. Staff consistently emphasized their responsibility to protect all clients and reported that failure to report concerns is viewed as contributing to harm rather than prevention. Staff stated they take time to know each client individually and promptly report changes in behavior or presentation to the Clinical Review Team to support early intervention. Staff further demonstrated a commitment to treating clients with dignity, respecting privacy by avoiding entry into areas of undress, and using appropriate verbal communication when necessary. Interviews further demonstrated that leadership is visible and transparent, with staff reporting regular interaction and monthly communication with the Executive Director. Staff also demonstrated a commitment to timely investigations to reinforce that client safety is a priority and consistently reported erring on the side of caution by reporting all concerns. Overall, staff responses reflected a values-driven environment focused on safety, respect, and client-centered care.

The interview with the PREA Coordinator demonstrated that he has sufficient time to complete PREA-related responsibilities and has recently been provided with an

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| | additional position to assist with workload demands.<br><br>Site Review Observation:<br>Throughout tours of both facilities, PREA Audit Notices and PREA signage in English and Spanish were observed to be prominently displayed. Signage included the agency’s zero-tolerance policy, reporting options, advocate contact information, and information regarding client rights.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility it operates and those directly under contract. The facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. The policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 1, section Policy, states, “It is the policy of Embrave. to have zero tolerance towards all forms of sexual abuse and sexual harassment and staff, interns, contractors, and volunteers will prevent, detect, and immediately report all appearances of a violation or allegations. Embrave will assign an appropriately trained staff to promptly investigate all allegations.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the PREA Coordinator has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The position of the PREA Coordinator in the agency's organizational structure. The Director of Quality Assurance serves as the PREA Coordinator.<br><br>The facility provided a Embrave Organizational Chart. The organizational chart demonstrates the Director of Quality Assurance and PREA reports directly to the Executive Director.<br><br>The facility demonstrated a comprehensive and integrated approach to PREA implementation that exceeds minimum compliance requirements. PREA principles |

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| | are embedded into daily operations, staff practice, and client engagement, as evidenced through consistent staff and client knowledge of reporting processes, zero-tolerance expectations, and protective practices. The PREA Coordinator is provided sufficient time and additional staffing support to effectively manage PREA responsibilities, further strengthening oversight and sustainability. Client interviews reflected a high level of trust in staff responsiveness, regular safety check-ins, and consistent respect for privacy and dignity. Staff interviews further demonstrated a proactive, values-driven culture emphasizing early intervention, accountability, leadership transparency, and immediate reporting of concerns. This sustained, organization-wide commitment to PREA reflects practices that go beyond baseline requirements and support a culture of safety, prevention, and client-centered care. |

| **115.212** | **Contracting with other entities for the confinement of residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>Interviews:<br><br>1. Director of Quality Assurance / PREA Coordinator<br><br>During the pre-audit phase, the interview with the PREA Coordinator demonstrated that the agency operates as a standalone facility and does not maintain any privatized contracts.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states agency does not contract with private agencies for confinement services of their residents.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.213** | **Supervision and monitoring** |
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| | **Auditor Overall Determination:** Meets Standard |

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| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Annual Review Staffing Plan, dated 1.2024<br><br>3. Embrave Annual Review Staffing Plan, dated 1.2025<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>3. Client Support Specialists<br><br>4. Client Support Supervisor<br><br>Interviews with clients demonstrated that floor staff and supervisory personnel are available at all times throughout the day. Clients consistently stated they feel comfortable in the program, feel safe, and appreciate staff for their respectful and professional interactions.<br><br>Interviews with staff demonstrated that supervisory personnel are actively available throughout each shift, every day. Staff described consistent supervisory presence to support client safety, provide guidance to line staff, and respond to issues as they arise.<br><br>Site Observation:<br>During the onsite review, interviews were conducted in areas where the auditor observed supervisory staff providing continuous and interactive supervision to both clients and Client Support staff. Supervisory presence was observed to be active, engaged, and responsive, supporting a safe and well-monitored environment.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility requires the facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents is 275. Since August 20, 2012, or last PREA audit, whichever is later, the average daily number of residents on which the staffing plan was predicated is 275. |

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| | The facility provided an Annual Review Staffing Plans for Embrave. The staffing plans include the following information.<br>· Physical layout of the facilities<br>· Composition of resident population<br>· Prevalence of Substantiated and Unsubstantiated Claims<br>· Other relevant factors<br>· Location demographics<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility documents each time the staffing plan is not complied with, the facility documents and justifies deviations. The facility had zero deviations from the required ratios of their staffing plan. This provision is not applicable as the facility has not deviated from the staffing plan in the past 12 months.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states at least once every year the facility, reviews the staffing plan to see whether adjustments are needed in (1) the staffing plan, (2) prevailing staffing patterns, (3) the deployment of video monitoring systems and other monitoring technologies, or (4) the allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the staffing plan.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.215** | **Limits to cross-gender viewing and searches** |
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| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | Document Review:<br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br>2. Embrave Policy 200-04, Contraband and Searches, dated 11.5.2024<br>3. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023 |

4. Embrave Policy 200-01, Headcounts and Walkthroughs, dated 11.17.2022

Interviews:

1. Random Clients
2. Targeted Clients
3. Client Support Specialists
4. Intake staff
5. Director of Quality Assurance / PREA Coordinator

Interviews with clients demonstrated that each had experienced a pat search or urinalysis at the facility. Clients consistently stated they had never been searched by opposite-gender staff. When asked whether pat searches and urinalysis procedures were conducted respectfully, all clients interviewed unanimously stated that the processes were respectful. In addition, clients consistently reported that staff do not enter areas where clients may be in a state of undress without first announcing themselves, knocking, and ensuring the opposite-gender client is aware staff may be entering. Clients further stated that bathrooms are the only designated areas where dressing occurs.

Interviews with Client Support Specialists demonstrated that pat searches are conducted upon admission and when clients return from offsite outings. Staff stated that cross-gender search procedures are addressed through training; however, any cross-gender search would require prior approval from administration before being conducted.

Site Review Observation:
During the facility tour, the auditor observed the areas where pat searches and urinalysis testing are conducted. Pat searches are completed in Tech Offices, out of the line of sight of other clients, while remaining under camera coverage. Urinalysis testing is conducted in a bathroom with a fully closed door, with one staff member accompanying the client during specimen collection to ensure privacy and procedural compliance.

(a) Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of their Residents. In the past 12 months the facility has conducted zero cross-gender strip or cross-gender visual body cavity searches of residents. In the past 12 months, the number of cross-gender strip or cross-gender visual body cavity

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

Embrave Policy 200-04, Contraband and Searches, page 2, section D. 1., 5., states, “Searches on clients, rooms, common areas of the facility, and client vehicles will occur on a random basis to increase the likelihood of contraband detection. The following search types and minimum frequency is as follows:

1. “Pat search: Clients will receive a pat search at least five times per month including each time they return to the facility and randomly when departing the facility.

a. Contact: All contact pat searches will be completed by a staff member who is the same gender or gender identity, as approved by management, as the client who is receiving the search.

b. Non-Contact: Staff of the opposite gender or gender identity will only conduct non-contact pat searches. A non-contact pat search will include the use of a metal detention wand, empty client's pockets, and visually inspecting the client's person.

c. Staff will conduct all pat searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

2. Strip Searches: Strip searches will only be conducted by two staff members of the same gender or gender identity, as approved by management, and only with the approval of the facility director.”

(b) Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances (facilities have until August 20, 2015, to comply; or August 20, 2017. The facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. The number of pat-down searches of female residents that were conducted by male staff was zero. Policy compliance can be found in provision (a) of this standard.

(c) Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches be documented. Policy compliance can be found in provision (a) of this standard.

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| | (d) Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). Policies and procedures require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 5, section H., states, “Privacy: Embrave shall implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks.”<br><br>Embrave Policy 200-01, Headcounts and Walkthroughs, page 2, section A. 5., states, “Staff will announce male/female staff when entering an area where the opposite sex has an expectation of privacy i.e. room, bay or restroom.”<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. Such searches (described in 115.215(e)-1) occurred in the past 12 months was zero. Policy compliance can be found in provision (a) of this standard.<br><br>(f) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states 100% of all security staff received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.<br><br>The facility demonstrated practices related to searches and privacy that exceed minimum PREA requirements. Client interviews reflected a consistent experience of respectful, same-gender pat searches and urinalysis procedures, with clear awareness of staff practices designed to preserve dignity and privacy. Clients further demonstrated confidence that staff consistently announce themselves prior to entering areas of potential undress and adhere to established boundaries regarding bathroom access. Staff interviews and site observations further demonstrated structured controls over search locations, administrative oversight of any potential cross-gender searches, and physical environments designed to |

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| | balance safety, privacy, and accountability. This consistent application of respectful search practices and privacy protections reflects a proactive commitment to client dignity and PREA principles beyond baseline compliance. |

| 115.216 | **Residents with disabilities and residents who are limited English proficient** |
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| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Intake and Facility Room Assignment Policy 200-18, dated 11.30.2022<br><br>3. Language Line Instructions<br><br>Interviews:<br><br>1. Targeted Clients<br><br>2. Client Support Supervisor<br><br>The interview with a cognitively delayed client demonstrated he had a clear understanding of the agency’s zero-tolerance policy, his rights, and the internal and external reporting options available to him through education during the intake process, the client handbook and postings displayed throughout the facility.<br><br>The interview with the Client Support Specialist demonstrated that cognitively delayed clients are met with in a one-on-one setting to ensure comprehension. Staff further stated that clients with limited English proficiency and deaf or hard-of-hearing clients are provided interpreter services through Language Line to support effective communication.<br><br>Site Observation:<br>During the facility tour, large, colorful PREA posters were observed throughout both program locations in English and Spanish. The postings included information regarding the agency’s zero-tolerance policy, client rights, and internal and external reporting options. |

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| | (a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.<br><br>Embrave Intake and Facility Room Assignment Policy 200-18, page 2, section A. 4. b., states, “Such materials shall be available in English and in Spanish. For clients with disabilities, to include those who are deaf, hard of hearing, blind or have low vision, or those who have intellectual, psychiatric or speech disabilities, Embrave will take appropriate steps to ensure that these clients have equal opportunity to participate in and benefit from all aspects of the efforts to prevent, detect and respond to sexual abuse and sexual harassment, to include providing access to interpreters who can interpret effectively, accurately, and impartially. Additionally, we will provide written materials provided in formats that ensure effective communication with clients with disabilities. Embrave will not rely on client interpreters, readers or other types of client assists except in limited circumstances where a delay in obtaining and effective interpreter could compromise client safety or an investigation of allegations.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has established procedures to provide residents with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Policy compliance can be found in provision (a) of this standard.<br><br>The facility provided ‘New Account’ information and steps to follow when utilizing language line services.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations. If YES, the agency or facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. In the past 12 months, the number of instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident’s safety, the performance of first-response duties under § 115.264, or the investigation of the resident’s allegations was zero. Policy compliance can be found in provision (a) of this standard. |

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| | The facility demonstrated practices related to effective communication that exceed minimum PREA requirements. Interviews demonstrated that cognitively delayed clients are provided individualized, one-on-one communication to ensure comprehension of PREA rights, reporting options, and zero-tolerance expectations. A cognitively delayed client was able to clearly articulate this information, demonstrating the effectiveness of these practices. Staff further demonstrated that clients with limited English proficiency and deaf or hard-of-hearing clients are proactively provided interpreter services to support meaningful access to information. Combined with prominently displayed PREA information in multiple languages throughout the facility, these practices reflect a proactive and individualized approach to communication that goes beyond baseline compliance and supports equitable access for all clients. |

| **115.217** | **Hiring and promotion decisions** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Staff Recruitment Policy 100-04, dated 11.14.2025<br><br>Interviews:<br><br>1. Director of Human Resources<br><br>The interview with the Director of Human Resources demonstrated that applicants and contractors' complete administrative adjudication questions and a criminal background check prior to having access to clients and again during the promotion process. She further demonstrated that the agency maintains an affirmative duty policy and that institutional reference checks are completed, as applicable, with prior employers.<br><br>Site Review Observation:<br>Utilization of the PREA Audit Community Confinement Facilities – Documentation Review Employee File / Records Review template demonstrated that 28 of 28 employee files, as well as one contractor file and one volunteer file reviewed, contained documentation of background checks completed upon hire and again within five years. Review further demonstrated that administrative adjudication |

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| | questions were asked during both the hiring and promotion processes and that institutional reference checks were requested and completed for applicable applicants.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who: (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.<br><br>Embrave Staff Recruitment Policy 100-04, page 2, section 5., states, “Prison Rape Elimination Act Hiring Requirements:<br><br>a. Embrave will not hire any staff who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution.<br><br>b. Embrave will not hire any person who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or<br><br>c. Embrave will not hire any person who has been civilly or administratively adjudicated to have engaged sexual abuse or sexual activity by force.<br><br>d. Embrave will ask all applicants and staff who have client contact about previous misconduct as a part of the written application and interview process. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.<br><br>Embrave Staff Recruitment Policy 100-04, page 2, section 5., e., states, “Embrave requires the consideration of any incidents of sexual harassment in |

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| | determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents."<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, and (b) consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. In the past 12 months, the number of persons hired who may have contact with residents who have had criminal background record checks is 74.<br><br>Embrave Staff Recruitment Policy 100-04, page 1, section A., states, "Pre-Employment and Employment Background Checks: Embrave will conduct criminal background checks on all candidates for employment, contract, or volunteer positions at the time a conditional employment offer is made. Embrave will submit the name, birthdate, and social security number of the applicant to the Division of Criminal Justice, Office of Community Corrections."<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy requires that a criminal background record check be completed before enlisting the services of any contractor who may have contact with residents. In the past 12 months, the number of contracts for services where criminal background record checks were conducted on all staff covered in the contract who might have contact with residents is four. Policy compliance can be found in provision (c) of this standard.<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy requires that either criminal background record checks be conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.<br><br>Embrave Staff Recruitment Policy 100-04, page 2, section 6, states, "Embrave will perform a background check on existing staff every 5 years."<br><br>(g) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states agency policy states that material omissions regarding such misconduct, or the |

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| | provision of materially false information, shall be grounds for termination. Policy compliance can be found in provision (a) of this standard.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.218** | **Upgrades to facilities and technology** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>Interviews:<br><br>1. Executive Director<br><br>The interview with the Executive Director demonstrated that the agency has added and updated camera coverage as a result of sentinel event reviews. The Executive Director stated that the updated cameras provide clear visual coverage during both daytime and nighttime hours. He further stated that the agency is actively reviewing quotes to potentially add additional cameras in sleeping bays.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has not acquired a new facility or made substantial expansions or modifications to existing facilities since the last PREA audit.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency/facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.221 | Evidence protocol and forensic medical examinations |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 12.15.2022<br><br>3. UCHealth SANE Email Communication, dated 4.27.2023<br><br>4. Memorandum of Understanding, Colorado Springs Police Department, dated 6.15.2024<br><br>5. Post Audit: Agreement for Purchase of Victim Advocacy Services, dated 1.26.2026<br><br>Interviews:<br><br>1. Clinical Services Manager<br><br>2. Quality Assurance Director / PREA Coordinator<br><br>The interview with the Clinical Services Manager demonstrated that clients who allege sexual abuse are offered a sexual abuse forensic exam (SAFE) conducted by a sexual abuse nurse examiner (SANE) at Colorado Memorial Hospital.<br><br>The interview with the PREA Coordinator demonstrated that, due to the agency's victim advocate agreement ending in December 2025, the agency is actively researching available community-based victim advocacy options.<br><br>Site Review Observation:<br>The facility did not have a need for forensic exams during the past 12 months.<br><br>Corrective Action Plan:<br><br>· Secure a victim advocate and provide documentation demonstrating the advocate's name, phone number, and address are made available to clients.<br><br>· If a community-based advocate cannot be secured, designate a qualified staff member and provide training documentation demonstrating the staff member meets the requirements of a qualified staff advocate. |

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| | · Appropriate facility personnel shall provide a memorandum with a sustainable action plan identifying which facility position will ensure all requirements of §115.221/115.235 are met and maintained. The memorandum should be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard.<br><br>· Upload supporting documentation to the corresponding standard provision in the Online Audit System.<br><br>Post audit, the facility provided an Agreement for Purchase of Victim Advocacy Services demonstrating services are in place. The agreement is current through 12.31.2026 unless terminated earlier by either party upon written notice.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency/facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The agency/facility is not responsible for conducting criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The Colorado Springs Police Department is responsible for conducting sexual abuse investigations.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 2, section B., states, “Investigation: The PREA coordinator will assign a qualified and trained investigator to complete the PREA investigation. Investigations into allegations of sexual abuse and sexual harassment, shall be conducted promptly, thoroughly, and objectively.<br><br>1. All Embrave staff are required to cooperate with any PREA investigation.<br><br>2. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.<br><br>3. Referral for Investigation by the Colorado Springs Police Department: The assigned PREA investigator in coordination with the PREA coordinator and Executive Director will determine if the allegation should be reported to the Colorado Springs Police Department for investigation as a criminal offense.<br><br>a. The administrative investigation will be suspended until the Colorado Springs Police Department has made a determination on whether the incident will be referred for criminal charges.<br><br>b. Once a determination has been made the assigned investigator will document that decision in the internal report and proceed with the administrative investigation.” |

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| | (b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the protocol being developmentally appropriate is not appropriate for youth as the facility does not house juveniles.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility offers all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). When SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The number of forensic medical exams conducted during the past 12 months is one. The number of SANEs/SAFEs during the past 12 months was zero. The number of exams performed by a qualified medical practitioner during the past 12 months was zero.<br><br>The facility provided an email communication from the Memorial Central Emergency Department's Forensic Nurse Examiner Team on 4.27.2023, stating, "At UCHealth Memorial, the Forensic Nurse Examiner department see all patients who are victims of violence, including sexual assault. We are located within the emergency department and are 4/7.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility attempts to make available to the victim a victim advocate from a rape crisis center, either in person or by other means. The efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states a qualified staff or community member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information and referrals. The facility does not provide a qualified staff as they have entered into an agreement with an advocate service.<br><br>(f) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states, if the agency is not responsible for investigating allegations of sexual abuse and |

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| | relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.221 (a) through (e) of the standards.<br><br>The facility provided a Memorandum of Understanding between the Colorado Springs Police Department and the City of Colorado Springs and Embrave. The memorandum is current, dated June 24, 2024 to June 24, 2029. The memorandum is signed and dated by the Colorado Springs Police Department Chief, Senior City Attorney and the Embrave Executive Director.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.222** | **Policies to ensure referrals of allegations for investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Staff Development Coordinator / Investigator<br><br>The interview with the Investigator demonstrated that upon receipt of an allegation of sexual harassment or sexual abuse, an investigation is initiated immediately. The Investigator stated that prompt action is taken to ensure timely evidence collection, interviews, and preservation of relevant information to support a thorough and objective investigation.<br><br>(a/c-e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency ensures that an administrative or criminal investigations are completed for all allegations of sexual abuse and sexual harassment. In the past 12 months the facility has had five allegations of sexual abuse and sexual harassment that were received. In the past 12 months, the number of allegations referred for criminal investigation was one. In the past 12 months, the number of allegations resulting in |

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| | an administrative investigation was five.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 2, section 4., states, “Administrative Investigation: When completing the internal administrative investigation, the investigator will determine whether staff actions or failures to act contributed to the abuse; and will document that finding in a written report.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy that requires that allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. Policy compliance can be found in provision (a) of this standard. The agency investigation policy is available on the agency website at PREA \| Embrave<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.231** | **Employee training** |
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| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Staff Development and Training Policy 100-07, dated 8.22.2023<br><br>3. Embrave Prison Rape Elimination Act PowerPoint Training, not dated<br><br>4. PREA Training Acknowledgement, not dated<br><br>Interviews:<br><br>1. Client Support Specialists<br><br>2. Administrative Personnel<br><br>Interviews with Client Support Specialists and administrative personnel demonstrated that the agency’s zero-tolerance policy is provided prior to staff |

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| | having access to clients and reinforced throughout the year through mandatory trainings within the agency's learning management system. Personnel were able to clearly describe prevention strategies, indicators of clients who may be experiencing sexual harassment or abuse, mandatory reporting requirements, Client Response Team procedures, communication of relevant client information to oncoming shift personnel, and expectations related to professionalism and respectful treatment of all clients regardless of offense history or self-identification. Staff further demonstrated knowledge of internal and external reporting avenues for clients, awareness of agency investigators, the importance of client confidentiality—particularly related to allegations—and requirements related to cross-gender announcements.<br><br>Site Observation:<br>Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated that 24 of 25 employee training files reviewed contained documentation of both initial and refresher PREA training completed annually within the past two years, where applicable as a portion of staff interviewed had been employed by the agency for less than 12 months.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency trains all employees who may have contact with residents on the agency's zero-tolerance policy for sexual abuse and sexual harassment.<br><br>Embrave Staff Development and Training Policy 100-07, page 2-3, section C., states, "Prison Rape Elimination Act Training:<br><br>1. Staff: Embrave staff are required to be trained upon hire and every year thereafter regarding the requirements of the Prison Rape Elimination Act, to include the following objectives<br><br>a. Gain a better understanding of PREA and how it effects Community Corrections.<br><br>b. Educate staff to recognize signs of sexual abuse and sexual harassment and to report it to the appropriate personnel.<br><br>c. Apply appropriate strategies to intervene when staff suspect prohibited sexual behavior<br><br>d. Understand the correctional culture and how changes in staff attitudes will reduce and prevent, prohibited sexual behavior.<br><br>e. Have a thorough understanding of providing medical aid to the victim, security procedures and what to do following an incident. |

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| | f. The zero-tolerance policy for sexual abuse and sexual harassment;<br><br>g. How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;<br><br>h. Residents' right to be free from sexual abuse and sexual harassment;<br><br>i. The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;<br><br>j. The dynamics of sexual abuse and sexual harassment in confinement;<br><br>k. The common reactions of sexual abuse and sexual harassment victims;<br><br>I. How to detect and respond to signs of threatened and actual sexual abuse;<br><br>m. How to avoid inappropriate relationships with residents;<br><br>n. How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and<br><br>l. How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.”<br><br>The facility provided a Embrave Prison Rape Elimination Act PowerPoint Training. Course objectives include the following.<br><br>· Gain a better understanding of PREA and how it affects Community Corrections.<br><br>· Discuss the Community Corrections zero tolerance policy<br><br>· Educate staff to recognize signs of sexual abuse and sexual harassment and to report it to the appropriate personnel.<br><br>· Apply appropriate strategies to intervene when staff suspect prohibited sexual behavior.<br><br>· Understand the correctional culture and how changes in staff attitudes will reduce and prevent, prohibited sexual behavior.<br><br>· Have a thorough understanding of providing medical aid to the victim, security procedures and what to do following an incident.<br><br>· The Goals of PREA<br><br>· Important Definitions<br><br>· Sexual Conduct in Community Corrections |

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| | · PREA and Professional Boundaries<br>· False Allegations<br>· Disciplinary Sanction for Clients<br>· Client Orientation and Education<br>· Client Intake and Assessment<br>· Behaviors of a Sexual Aggressor<br>· Sexual Assault Victim / Traits<br>· Sexual Assault Impact<br>· LGBTQI Client PREA Considerations / Communications / Respectful Language / Pronouns<br>· Effective Communication<br>· Discussing Gender and Sexual Orientation<br>· Retaliation / Protection Against Retaliation / Monitoring Retaliation<br>· Client Reporting<br>· Staff Options for Reporting<br>· Staff Reporting Procedures<br>· Community Corrections Employees Are Mandatory Reporters<br>· PREA First Responders<br>· Security Procedures for Sexual Assault<br>· Crime Scene Management Priorities<br>· Handling Evidence<br>· Forensic Medical Exam by Sexual Assault Nurse Examiner (SANE)<br>· Embrave Policy 100-13, Prison Rape Elimination Act Response and Investigation<br>· Your Role<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states training is tailored to the gender of the residents at the facility. All employees are trained on genders housed at each facility initially and annually thereafter. |

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| | (c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states between trainings the agency provides employees who may have contact with residents with refresher information about current policies regarding sexual abuse and harassment. The frequency with which employees who may have contact with residents receive refresher training on PREA requirements annually.<br><br>The facility provided a PREA Refresher Training Spreadsheet. The spreadsheet demonstrates 44 employees completed refresher training in calendar year 2022.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.<br><br>The facility provided a PREA Training Acknowledgement demonstrating employees acknowledge each have received and understood Embraves' position on zero-tolerance for sexual abuse and sexual harassment.<br><br>The facility demonstrated a comprehensive and well-integrated approach to PREA training that exceeds minimum compliance requirements. Staff interviews reflected not only completion of required training but a strong working knowledge of prevention, detection, reporting, response protocols, and confidentiality expectations. Personnel were able to articulate practical application of PREA principles, including client-centered communication, professionalism, and shift-to-shift information sharing to support safety and continuity of care. Training records further demonstrated a high level of compliance with initial and refresher training requirements. This depth of staff understanding and consistent reinforcement of PREA expectations reflects a proactive training culture that extends beyond baseline requirements and supports sustained client safety. |

| **115.232** | **Volunteer and contractor training** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review: |

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| | 1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Staff Development and Training Policy 100-07, dated 8.22.2023<br><br>3. Embrave Prison Rape Elimination Act PowerPoint Training, not dated<br><br>4. PREA Training Acknowledgment<br><br>Interviews:<br><br>1. Peer Support Coordinator / Contractor<br><br>The interview with the contractor demonstrated that he received education on the agency's zero-tolerance policy and reporting requirements prior to having access to clients. The contractor stated that he would report any concerns directly to the PREA Coordinator and further demonstrated comfort reporting to any staff member in the Tech Office, as appropriate.<br><br>Site Observation:<br>Utilization of the PREA Audit Community Confinement Documentation Review Employee File / Records Review template demonstrated that the contractor file reviewed contained documentation of PREA training completed in 2025, as the individual had recently begun contracting with the agency.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. The number of volunteers and contractors, who may have contact with residents, who have been trained in agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response is 29. Policy and the training curriculum compliance can be found in §115.231.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. All volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. Practice compliance can be found in provision (a) of this standard. |

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| | (c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency maintains documentation confirming that volunteers and contractors who have contact with residents understand the training they have received.<br><br>The facility provided a PREA Training Acknowledgement demonstrating employees acknowledge each have received and understood Embraves' position on zero-tolerance for sexual abuse and sexual harassment.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.233** | **Resident education** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Intake and Facility Room Assignment Policy 200-19, dated 11.30.2022<br><br>3. Embrave Residential Client Handbook, dated 7.2024<br><br>4. Embrave Client Acknowledgment of Zero Tolerance Policy, not dated<br><br>5. Embrave Client Education Posting<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>3. Client Support Supervisor<br><br>Interviews with clients demonstrated an understanding of PREA and available reporting options, including reporting directly to staff, contacting a third party, filing a grievance, contacting hotline numbers posted on Embrace PREA flyers, and the ability to report anonymously. |

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| | The interview with the Client Support Supervisor demonstrated that PREA education is provided as a first step upon entry into the program. She stated that clients view a PREA education video and are then engaged in discussion to ensure they feel safe and secure, understand internal and external reporting options, are provided relevant contact information, and receive education regarding the agency's zero-tolerance policy.<br><br>Site Observation:<br>Review of client files utilizing the PREA Audit – Community Confinement Facilities Documentation Review – Client Files / Records Review template demonstrated that 20 of 20 clients interviewed had been admitted to the program within the past 12 months. Each file contained documentation verifying that PREA education was provided on the day of intake.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The number of residents admitted during past 12 months who were given this information at intake was 600.<br><br>Embrave Intake and Facility Room Assignment Policy 200-19, page 1-2, section 4. a-b, states, " Prison Rape Elimination Act Notifications:<br><br>a. Upon intake clients will be instructed that Embrave has a zero-tolerance policy regarding sexual abuse and sexual harassments. Clients have the right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents. Clients will be offered a Embrave Client Handbook which contains information regarding the program and how to report incidents of sexual abuse or sexual harassment and the Embrave policy on responding to such incidents.<br><br>b. Such materials shall be available in English and in Spanish. For clients with disabilities,<br><br>to include those who are deaf, hard of hearing, blind or have low vision, or those who have intellectual, psychiatric or speech disabilities, Embrave will take appropriate steps to ensure that these clients have equal opportunity to participate in and benefit from all aspects of the efforts to prevent, detect and respond to sexual abuse and sexual harassment, to include providing access to interpreters who can interpret effectively, accurately, and impartially. Additionally, we will provide written materials provided in formats that ensure effective communication |

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| | with clients with disabilities. Embrave will not rely on client interpreters, readers or other types of client assists except in limited circumstances where a delay in obtaining and effective interpreter could compromise client safety or an investigation of allegations.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility provides residents who are transferred from a different community confinement facility with refresher information referenced in 115.233(a)-1. The number of residents transferred from a different community confinement facility during the past 12 months was not captured. The number of residents transferred from a different community confinement facility, during the past 12 months, who received refresher information was zero.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states Resident PREA education is available in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those who have limited reading skills. Policy compliance can be found in provision (a) of this standard.<br><br>Embrave Resident handbook, Section PREA, page 35 provides the following information.<br>· Agency Zero Tolerance Policy<br>· Reporting Duties<br>· How to Report a PREA incident<br>o How to report a PREA incident<br>o Tell a staff member you trust.<br>o Contact Embrave PREA Coordinator (719-473-4460 ext. 410) Jenner Behan<br>o Request to speak to medical or mental health staff, if applicable.<br>o Call the DOC Tips line (1-877-362-8477).<br>o Contact local law enforcement.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency maintains documentation of resident participation in PREA education sessions. |

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| | The facility provided a Embrave Client Acknowledgment of Zero Tolerance Policy. Clients affirm to the following.<br><br>· I have received a copy of the Embrave Residential Client Handbook<br><br>· I understand the zero tolerance policy regarding sexual abuse, sexual misconduct and sexual harassment<br><br>· I received information about and understand how to report incidents or suspicions of sexual abuse or harassment and my right to be free of retaliation for reporting. I had the opportunity to ask questions, and any questions were answered to my full understanding.<br><br>· I received information on how to report to the facility PREA Manager, rape crisis center advocate and hotline numbers.<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency ensures that key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats. Practice compliance is demonstrated through provision (c) of this standard.<br><br>The facility provided an Embrave Client Education posting demonstrating the following information is made available.<br><br>· Victim Advocate address and phone number information<br><br>· PREA Coordinator name and telephone number<br><br>· Reporting Sexual Assault information<br><br>· Agency zero tolerance policy information with third party reporting information.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.234** | **Specialized training: Investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

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| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>3. PREA Resource Center Specialized Training Curriculum, dated 12.2013<br><br>4. NEED Specialized Investigator Training Spreadsheet<br><br>Interviews:<br><br>1. Staff Development Coordinator / Investigator<br><br>The interview with the Investigator demonstrated that he has completed specialized PREA investigator training through the National Institute of Corrections and has also completed the PREA Specialized Investigator training modules provided by the PREA Resource Center. The Investigator was able to describe investigative responsibilities consistent with PREA requirements, including conducting objective and thorough investigations.<br><br>Site Observation:<br>Review of investigator training files demonstrated that the Investigator has completed the required PREA Specialized Investigator training.<br><br>(a-b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 3, section 3., states, “Specialized Investigators: Embrave will select and train specialized staff who will investigate all claims of sexual abuse and sexual harassment. Specialized training will include techniques for interviewing victims, proper use of Miranda and Garrity warnings, evidence collection, and the criteria required to substantiate an administrative or prosecutorial referral.”<br><br>The facility provided the PREA Resource Center Specialized Training Curriculum demonstrating investigators utilize curriculum which contains the following training objectives.<br><br>· Training Objectives: 1. Understand a timeline of Public Law 108-79, |

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| | · The Prison Rape Elimination Act 2. Describe the PREA standards relevant to investigations<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency maintain documentation showing that investigators have completed the required training. The number of investigators currently employed who have completed the required training is four.<br><br>The facility provided a Specialized Investigator Training spreadsheet. The spreadsheet demonstrates three facility staff completed training in 2020 and 2021. The facility provided an Embrave PREA Specialized Training: Investigating Sexual Abuse in Correctional Settings training certificate for 15 hours of education.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.235** | **Specialized training: Medical and mental health care** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Staff Development and Training Policy 100-07, dated 8.22.2023<br><br>3. PREA Resource Center Specialized Training: PREA Medical and Medical Care Modules<br><br>4. PREA Medical Mental Health Specialized Training Spreadsheet<br><br>Interviews:<br><br>1. Clinical Services Manager<br><br>The interview with the Clinical Services Manager demonstrated that all medical and mental health staff have completed specialized PREA training through the PREA Resource Center medical and mental health training modules. She demonstrated staff awareness of identifying signs and symptoms of sexual harassment and sexual |

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| | abuse, appropriate evidence preservation, and provision of care to victims.<br><br>Site Observation:<br>The facility provided a Medical and Mental Health Specialized Training spreadsheet demonstrating that all applicable personnel have completed the required PREA specialized training for medical and mental health staff.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency does have a policy related to the training of medical and mental health practitioners who work regularly in its facilities. Medical and mental health care practitioners who work regularly at this facility and have received the training required by agency policy is eight.<br><br>Embrave Staff Development and Training Policy 100-07, page 3, section D., states, "Mental Health: All Clinical Treatment Services mental health practitioners are required to be trained in:<br><br>a. How to detect and assess signs of sexual abuse and sexual harassment;<br><br>b. How to preserve physical evidence of sexual abuse;<br><br>c. How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and<br><br>d. How and to whom to report allegations or suspicions of sexual abuse and sexual harassment."<br><br>The facility provided curriculum from the PREA Resource Center Specialized Training: PREA Medical and Medical Care Modules demonstrating practitioners are trained in the following areas?<br><br>· Detecting and Assessing Signs of Sexual Abuse and Harassment<br><br>· Reporting and the PREA Standards<br><br>· Effective and Professional Responses<br><br>· The Medical Forensic Examination and Forensic Evidence Preservation<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency medical staff at this facility do not conduct forensic medical exams. |

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| | (b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency maintains documentation showing that medical and mental health practitioners have completed the required training.<br><br>PREA Medical Mental Health Specialized Training spreadsheet demonstrating eight medical and mental health staff have completed PREA Medical AND Mental Care Standards training.<br><br>I acknowledge and have an understanding of the below objectives as it relates to the Prison Rape Elimination Act of 2003:<br><br>· An understanding of PREA and how it affects Community Corrections.<br><br>· The Community Corrections zero tolerance policy.<br><br>· Recognizing the signs of sexual abuse and sexual harassment and to report it to the appropriate personnel.<br><br>· How to apply appropriate strategies to intervene when staff suspect prohibited sexual behavior.<br><br>· Understand the correctional culture and how changes in staff attitudes will reduce and prevent, prohibited sexual behavior.<br><br>· Have a thorough understanding of providing medical aid to the victim, security procedures and what to do following an incident.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.241** | **Screening for risk of victimization and abusiveness** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Intake and Facility Room Assignment Policy 200-18, dated 11.30.2022 |

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| | 3. Colorado Division of Criminal Justice – Office of Community Corrections Screening for Risk of Sexual Victim Vulnerability/Abusiveness, not dated<br><br>4. Post Audit: Client PREA Assessment Information Spreadsheet<br><br>5. Post Audit: Embrave Memorandum, Subject: Bed Assignments, not dated<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>3. Client Support Supervisor<br><br>Interviews with clients demonstrated they recalled being asked questions regarding past sexual victimization, sexual orientation, criminal history, and their perception of safety upon admittance to the program.<br><br>The interview with the Client Support Supervisor demonstrated that her department completes risk screening assessments with clients in a private, one-on-one setting on the day of entry and reassesses clients again within 30 days of admission. She stated that clients are assessed based on their responses to risk screening questions, observed body language during the assessment, history of victimization and/or perpetration, age at the time of assault or perpetration, self-identified characteristics, criminal history and offenses, perception of safety within the program, and a review of available collateral information.<br><br>Site Observation:<br>Through utilization of the PREA Community Confinement Documentation Review Client File / Records Review template, it was demonstrated that 20 of 20 clients interviewed had entered the program within the past 12 months. Review further demonstrated that 20 of 20 client 72-hour risk screenings were completed within the required timeframe. However, 11 of 20 client reassessments were not completed within 30 days of admission.<br><br>Corrective Action Plan:<br><br>· Monitor and document completion of 30-day reassessment risk screenings for all newly admitted clients from 12.15.2025 through 3.15.2026.<br><br>· Appropriate facility personnel shall provide a memorandum with a sustainable action plan identifying which facility position will ensure all requirements of |

§115.241 are met and maintained. The memorandum should be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard.

· Upload supporting documentation to the corresponding standard provision in the Online Audit System.

Post audit, the facility provided a Client PREA Assessment Information spreadsheet demonstrating the following information is being tracked during each Client's stay.

· Bay / Room – Bunk

· Client Name

· Program

· PREA Intake Assessment Completed - Designation

· PREA 30-Day

· Gender

· Intake Date

· If transferred from another Community Confinement Facility

Post audit, a memorandum was provided from the Director of Quality Assurance & PREA addressed to facility personnel with the following information. "PREA bed assignments we're recognized as not being up to standard with 11 of the individuals audited not receiving the follow-up within the thirty-day timeframe.

As of this time, PREA bed assignments will be completed within the required time frames, with documentation every Friday to show its completion.

We will do the follow-up questionnaire after 14 days but not later than thirty days of an individual entering the program.

Managers will be responsible for ensuring the checks are completed, and that we are within our guidelines.

The Staff Development & Client Support Coordinator will look at the living document weekly and report compliance or non-compliance back to me as set forth in

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| | standard 115.241.”<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.<br><br>Embrave Intake and Facility Room Assignment Policy 200-18, page 2, section 1., states, “Prison Rape Elimination Act Considerations: All client room assignments will be screened by the security manager within 3 days of initial assignment for risk of being sexually abused by others or being sexually abusive towards other clients. The assessment will consider:<br><br>1) Whether the client has a physical, mental, or developmental disability.<br><br>2) The age of the client.<br><br>3) The physical build of the client.<br><br>4) Whether the client has been previously incarcerated.<br><br>5) Whether the client’s criminal history is exclusively non-violent.<br><br>6) Whether the client as prior convictions of sex offenses against an adult or a child.<br><br>7) Whether the client is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming.<br><br>8) Whether the client has previously experienced sexual victimization.<br><br>9) The client’s own perception of vulnerability.<br><br>10) Client’s prior acts of sexual abuse, violent offenses, and institutional conduct in assessing risk for being sexual abusive.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy requires that residents be screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. The number of residents entering the facility (either through intake or transfer) within the past 12 months (whose length of stay in the facility was for 72 hours or more) who were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into the facility was 567. Policy compliance can be found in provision (a) of this standard. Policy compliance can be found in provision (a) of this standard. |

(c-e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the risk assessment is conducted using an objective screening instrument.

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

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

Victim / Vulnerability

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

Aggressive/Abusiveness Factors

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| | · History of sexual abusiveness (in community)<br>· Gang Affiliation<br>· History of Institutional violence or sexual abuse<br>· History of violent convictions (in community)<br>· Other factors (explain)<br><br>Aggressive / Abusiveness<br>· Known Abuser (#1 or #3)<br>· Possible Abuser (If yes to 2 or more)<br>· Non-abuser (no factors)<br><br>(f) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the number of residents entering the facility (either through intake or transfer) within the past 12 months whose length of stay in the facility was for 30 days or more who were reassessed for their risk of sexual victimization or of being sexually abusive within 30 days after their arrival at the facility based upon any additional, relevant information received since intake was 471.<br><br>Embrave Intake and Facility Room Assignment Policy 200-18, page 2, section b-d., state, “<br>b. Clients will be reassessed prior 30 days from the intake for risk of victimization based on any additional relevant information received since the intake screening.<br>c. Client's risk levels will be reassessed when there is a request, referral, incident of sexual abuse or receipt of information that indicated an increase in the risk of sexual victimization.<br>d. Clients are not required to disclose the answers to a. l, a.7, a.8,or a.9.”<br><br>(g) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the policy requires that a resident’s risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident’s risk of sexual victimization or abusiveness. Policy compliance can be found in provision (f) of this standard. |

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| | (h) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) the questions regarding: (a) whether or not the resident has a mental, physical, or developmental disability; (b) whether or not the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; (c) Whether or not the resident has previously experienced sexual victimization; and (d) the resident's own perception of vulnerability. Policy compliance can be found in provision (f) of this standard.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.242** | **Use of screening information** |
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| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Intake and Facility Room Assignment Policy 200-19, dated 11.30.2022<br><br>Interviews:<br><br>1. Director of Quality Assurance / PREA Coordinator<br><br>2. Executive Director<br><br>The interview with the PREA Coordinator demonstrated that vulnerable and aggressive clients are separated by room assignment and that client preferences are considered when determining housing placements. The agency maintains and utilizes a bed tracking system that is shared with Client Support staff and includes information related to risk screening outcomes, client preferences, and room assignments to support ongoing client safety.<br><br>The interview with the Executive Director demonstrated that newly admitted clients are initially placed in Phase One and Phase Two bays. The Executive Director stated this placement approach is part of the agency's harm reduction strategy implementation and is supported by ambient supervision to allow for thoughtful and |

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| | informed housing decisions.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency/facility uses information from the risk screening required by §115.241 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive. The PAQ states, “Bed Assignments is the running list of individuals and their screening, to include the date of the 30-day follow-up and completion.”<br><br>Embrave Intake and Facility Room Assignment Policy 200-19, page Facility Room and Bed Assignment, 1. f., states, “The security manager will utilize the results of the intake assessment to keep clients separate who are at high risk for being sexually victimized from those who are at high risk for being sexually abusive.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency/facility makes individualized determinations about how to ensure the safety of each resident.<br><br>(c/d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency/facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.<br><br>The facility demonstrated housing and placement practices that exceed minimum PREA requirements. Client placement decisions are informed by risk screening outcomes, client preferences, and ongoing communication through a shared bed tracking system, allowing staff to proactively monitor compatibility and safety. Leadership further demonstrated intentional use of phased placement and harm reduction strategies supported by ambient supervision to allow for thoughtful assessment prior to permanent housing assignments. This layered, collaborative approach to housing decisions enhances client safety and reflects a proactive commitment to individualized placement beyond baseline compliance. |

| **115.251** | **Resident reporting** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

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| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Intake and Facility Room Assignment Policy 200-19, dated 11.30.2022<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>3. Client Support Specialists<br><br>4. Director of Quality Assurance / PREA Coordinator<br><br>Interviews with clients demonstrated an understanding of PREA and available reporting options, including reporting directly to staff, contacting a third party, filing a grievance, contacting hotline numbers posted on PREA flyers, and the ability to report anonymously.<br><br>Interviews with Client Support Specialists demonstrated that staff would accept reports of sexual harassment or sexual abuse in any form and at any time. Staff stated they would assist clients with reporting as needed to ensure concerns are addressed promptly and appropriately.<br><br>Site Observation:<br>Critical phone testing was not completed during the onsite review, as clients are permitted access to personal cell phones, a facility phone, and are also allowed to leave the program for work, medical appointments, or other approved furloughs.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about: (a) sexual abuse or sexual harassment; (b) retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and (c) staff neglect or violation of responsibilities that may have contributed to such incidents.<br><br>Embrave Intake and Facility Room Assignment Policy 200-19, page 1, section A., states, “Upon learning of any allegation, suspicion, or information that a client was sexually abused, sexually harassed, including third-party and anonymous reports, or is at risk to be sexually abused or harassed, staff will immediately: |

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| | 1. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not to take any actions that could destroy physical evidence and then notify security staff."<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. Policy compliance can be found in provision (a) of this standard.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff are informed of these procedures in the following ways: through the agency PowerPoint presentation slide 55, providing employees with contact information for DOC TIPS Hotline.<br><br>On November 29, 2025, at approximately 3:51 p.m. MST, the TESSA Crisis Hotline was contacted at 719-633-3819. After a brief hold, this writer was instructed to leave a message, with notification that an advocate would return the call. Following proper introductions and an explanation of the purpose of the call, this writer requested clarification regarding services provided when a victim contacts the organization. Within approximately five minutes, the call was returned by an advocate. The advocate stated that the organization notifies facility administration when a call is received and provides ongoing emotional support services to victims of sexual abuse.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.252** | **Exhaustion of administrative remedies** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

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| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Grievance Procedures Policy 200-13, dated 10.15.2025<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>3. Director of Quality Assurance / PREA Coordinator<br><br>Interviews with clients demonstrated awareness of the facility's grievance procedures and an understanding of how to complete a grievance. Clients were able to identify where grievance forms and grievance boxes are located at each program location.<br><br>The interview with the PREA Coordinator demonstrated that grievance boxes are checked once daily, Monday through Sunday, by the PREA Coordinator and one additional designated staff member to ensure timely review and response.<br><br>Site Observation:<br>During the facility tour, grievance boxes and grievance forms were observed at the Tech Stations of both programs and were accessible to clients.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.<br><br>Embrave Grievance Procedures Policy 200-13, section Policy, states, "It is the policy of Embrave to maintain a grievance procedure for clients that allows for an opportunity to resolve issues at the lowest level possible and escalate to a formal grievance if necessary. Clients may report issues regarding sexual misconduct or abuse through the grievance process or by contacting outside agencies."<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to |

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| | have occurred.<br><br>Embrave Policy 200-13, Grievance Procedures, page 3, section D., states, “Clients may report grievances or information regarding sexual misconduct utilizing:<br><br>a. The grievance process or confidential reports utilizing the grievance box.<br><br>b. The Colorado Department of Corrections Prison Rape Elimination Act Hotline at 800-809- 2344<br><br>c. Colorado Springs Police Department 719-444-7000<br><br>d. Embrave PREA Coordinator 719-473-4460 ext. 410<br><br>e. TESSA Hotline 719-633-3819<br><br>f. Directly to any Embrave staff member.<br><br>2. Clients who are the victims of sexual abuse or misconduct will have access to outside victim advocates through TESSA, medical facility, or the district attorney's office. Embrave staff will not monitor these communications.<br><br>3. Any outside agencies who receive a report of a sexual misconduct complain or grievance may contact the Embrave at 719-473-4460 ext. 410.<br><br>4. Clients may file an emergency grievance alleging they are subject to a substantial risk of imminent sexual abuse.<br><br>i. Once an emergency grievance alleging a client is subject a substantial risk of imminent sexual abuse:<br><br>ii. The agency shall immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse.) to a level of review at which immediate corrective action may be taken.<br><br>b. An initial response shall be made in 48 hours.<br><br>c. A final agency decision shall be made within 5 calendar days.<br><br>d. The initial response and final agency decision shall document the agency's determinant whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.<br><br>5. Embrave limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith."<br><br>6. Embrave permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such |

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| | requests on behalf of residents. Agency policy and procedure require that if a resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.”<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency's policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint. Policy compliance can be found in provision (b) of this standard.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. In the past 12 months, the number of grievances filed that alleged sexual abuse was zero. In the past 12 months, the number of grievances alleging sexual abuse that reached final decision within 90 days after being filed was zero. Policy compliance can be found in provision (b) of this standard.<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states agency policy and procedure permit third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of residents. Agency policy and procedure requires that if a resident decline to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident’s decision to decline. The number of grievances alleging sexual abuse filed by residents in the past 12 months in which the resident declined third-party assistance, containing documentation of the resident’s decision to decline was zero.<br><br>(f) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. Agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. The number of emergency grievances alleging substantial risk of imminent sexual abuse that were filed in the past 12 months was zero. The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days. The number of grievances alleging substantial risk of imminent sexual abuse filed in the past 12 |

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| | months that reached final decisions within five days was zero. Policy compliance can be found in provision (b) of this standard.<br><br>(g) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith. In the past 12 months, the number of resident grievances alleging sexual abuse that resulted in disciplinary action by the agency against the resident for having filed the grievance in bad faith was zero. Policy compliance can be found in provision (b) of this standard.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.253** | **Resident access to outside confidential support services** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>3. Embrave Client Education Posting<br><br>4. Post Audit: Agreement for Purchase of Victim Advocacy Services, dated 1.26.2026<br><br>Interviews:<br><br>1. Director of Quality Assurance / PREA Coordinator<br><br>The interview with the PREA Coordinator demonstrated that, although current PREA postings include sexual abuse victim advocate contact information, the existing agreement is scheduled to end on December 31, 2025.<br><br>Site Observation:<br>During the facility tour, large, colorful PREA posters were observed displaying the |

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| | address and phone number of the agency’s current sexual abuse victim advocate.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse. The facility provides residents with access to such services by giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations. The facility provides residents with access to such services by enabling reasonable communication between residents and these organizations in as confidential a manner as possible.<br><br>The facility provided an Embrave Client Education posting demonstrating the following information is made available.<br><br>· Victim Advocate address and phone number information<br><br>· PREA Coordinator name and telephone number<br><br>· Reporting Sexual Assault information<br><br>· Agency zero tolerance policy information with third party reporting information.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored.<br><br>The facility provided a Embrave Reporting Flyer in English and Spanish. The flyer consists of the following information.<br><br>· Call CDOCTIPS Line 1.877.DOC.TIPS (1.877.362.8477)<br><br>· Contact Tessa Crisis Hotline 719.633.3819<br><br>· Contact PREA Officer Jenner Behan 719.473.4460 Ext. 410<br><br>Report Sexual Assault – Sexual activity between clients or clients and staff is prohibited<br><br>Embrave, Inc., does not monitor phone contact to sexual abuse reporting or |

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| | advocacy agencies such as TESSA or DOC Tips Line. Contact with these agencies is confidential except when communication may invoke the State Reporting law, such as harm to self or others.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency, or facility maintains memorandum of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse.<br><br>Post audit, the facility provided an Agreement for Purchase of Victim Advocacy Services demonstrating services are in place. The agreement is current through 12.31.2026 unless terminated earlier by either party upon written notice.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.254** | **Third party reporting** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Reporting Flyer in English and Spanish, not dated<br><br>3. Embrave Client Education Posting<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>Formal and informal interviews with clients demonstrated awareness of third-party reporting options, including the ability to report to family members, friends, legal counsel, or through the hotline information posted throughout the facility. |

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| | Site Observation:<br>During tours of all areas of each facility, Embrace PREA posters were observed to be large, colorful, and easy to read. However, the posters reference the DOC-TIPS Hotline, which no longer accepts phone calls from clients in confinement statewide.<br><br>Corrective Action Plan:<br><br>· Remove the DOC-TIPS Hotline from all PREA reporting postings, handbooks, and related documentation that instruct clients it is a third-party reporting option.<br><br>· Update PREA reporting materials to clearly identify only approved internal and external reporting mechanisms that meet the requirements of §115.254, and ensure revised materials are consistently posted and distributed.<br><br>· Upload supporting documentation to the corresponding standard provision in the Online Audit System.<br><br>Post audit, the facility provided an Embrave Client Education posting demonstrating the following information is made available.<br><br>· Victim Advocate address and phone number information<br><br>· PREA Coordinator name and telephone number<br><br>· Reporting Sexual Assault information<br><br>· Agency zero tolerance policy information with third party reporting information.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency or facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The agency or facility publicly distributes information on how to report resident sexual abuse or sexual harassment on behalf of residents.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.261** | **Staff and agency reporting duties** |
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| | **Auditor Overall Determination:** Exceeds Standard |

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| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Random Clients<br><br>2. Targeted Clients<br><br>3. Client Support Specialists<br><br>4. Staff Development Coordinator / Investigator<br><br>5. Client Support Manager / Facility Director<br><br>Interviews with clients demonstrated a consistent perception that staff maintain confidentiality when addressing day-to-day concerns, personal matters, and information related to reports of sexual harassment or sexual abuse.<br><br>Interviews with the Staff Development Coordinator and the Client Support Manager demonstrated that a strong emphasis is placed agency-wide on maintaining confidentiality, particularly among members of the sexual abuse incident response team. Staff described clear expectations and practices to ensure investigation-related information is limited to individuals with a need to know and protected throughout the investigative process.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency. The agency requires all staff to report immediately and according to agency policy retaliation against residents or staff who reported such an incident. The agency requires all staff to report immediately and according to agency policy any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 1, section A. 1., states, “Reporting Duties: Upon learning of any allegation, suspicion, or information that a client was sexually abused, sexually harassed, including third-party and |

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| | anonymous reports, or is at risk to be sexually abused or harassed, staff will immediately:<br><br>1. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not to take any actions that could destroy physical evidence and then notify security staff."<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states, apart from reporting to designated supervisors or officials and designated state or local services agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 6, section G., states, "Confidentiality: Staff will maintain the confidentiality of all allegations of sexual abuse or sexual harassment and only discuss to the extent necessary for an investigation, future treatment decisions, and other security and management decisions.<br><br>The facility demonstrated practices related to confidentiality that exceed minimum PREA requirements. Client interviews reflected a high level of trust that staff consistently maintain confidentiality when addressing personal concerns, day-to-day issues, and reports of sexual harassment or sexual abuse. Staff interviews further demonstrated a strong agency-wide emphasis on limiting investigation-related information to individuals with a need to know, particularly among members of the sexual abuse incident response team. This shared understanding and consistent application of confidentiality practices enhances client trust, supports reporting, and reflects a culture of professionalism and discretion that extends beyond baseline compliance. |

| **115.262** | **Agency protection duties** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023 |

Interviews:

1. Client Support Specialists

2. Director of Quality Assurance / PREA Coordinator

Interviews with staff demonstrated that victims of sexual abuse would be immediately separated from alleged aggressors and placed in a safe location pending the arrival of administrative personnel or law enforcement and receipt of further instruction.

The interview with the PREA Coordinator demonstrated that victims would remain separated from alleged aggressors throughout their stay in the program. He further stated that, depending on the severity of the allegation, aggressors may be taken into custody and terminated from the program.

(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident. In the past 12 months, the number of times the agency or facility determined that a resident was subject to a substantial risk of imminent sexual abuse was zero.

Based on the review of documentation, observations, and interviews, the facility meets the standard requirements.

| **115.263** | **Reporting to other confinement facilities** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br>3. Office of Community Corrections Incident Notification<br>4. Email Communications – Notification of Allegation |

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| | Interviews:<br><br>1. Executive Director<br><br>The interview with the Executive Director demonstrated that he is aware of his responsibility to notify the head of another facility upon receipt of an allegation that a client was sexually abused while confined at that facility.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. During the past 12 months, the number of allegations the facility received that a resident was abused while confined at another facility was two."<br><br>Embrave PREA Response and Investigation Policy 100-13, page 2, section A. 4., states, "Upon receiving an allegation that a resident was sexually abused while confined at another facility:<br><br>a. The head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.<br><br>b. Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.<br><br>c. The agency shall document that it has provided such notification.<br><br>d. The facility head or agency office that receives such notifications shall ensure that the allegation is investigated in accordance with these standards."<br><br>The facility provided email communications demonstrating facility notifications were made at the time allegations were received, as well as documentation showing the arrival of investigators assigned to each case. The communications reflected timely reporting to supervisory staff, confirmation that investigative personnel were dispatched, and verification that investigators arrived on site to begin the investigative process. These notifications aligned with agency protocol requiring prompt reporting and investigative response following an allegation of sexual abuse or sexual harassment.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation. Policy compliance |

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| | can be found in provision (a) of this standard.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency or facility documents that it has provided such notification within 72 hours of receiving the allegation.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency or facility policy requires that allegations received from other facilities and agencies are investigated in accordance with the PREA standards. In the past 12 months, the number of allegations of sexual abuse the facility received from other facilities was one. Policy compliance can be found in provision (a) of this standard.<br><br>The facility provided an Office of Community Corrections Incident Notification and Resolution form demonstrating the facility documented receipt of an allegation from a client while incarcerated at another facility. An email from the Executive Director Was attached demonstrating the receiving Warden was notified by the head of the Embrave agency.<br><br>The facility provided email communications demonstrating that notifications of allegations were received and appropriately documented.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.264** | **Staff first responder duties** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023 |

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| | Interviews:<br><br>1. Client Support Specialists<br><br>Interviews with Client Support Specialists demonstrated that staff are aware of their first responder responsibilities related to sexual harassment and sexual abuse allegations. Staff further stated that reporting information is posted throughout the facility and that the facility's PREA policy and reporting forms are readily accessible through a shared drive.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to separate the alleged victim and abuser. The policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to preserve and protect any crime scene until appropriate steps can be taken to collect any evidence<br><br>In the past 12 months, the number of allegations that a resident was sexually abused was one.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 1, section A., states, "Reporting Duties: Upon learning of any allegation, suspicion, or information that a client was sexually abused, sexually harassed, or is at risk to be sexually abused or harassed, staff will immediately:<br><br>1. Separate the alleged victim and abuser;<br><br>2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.<br><br>a. Alleged Victim: If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.<br><br>1) Allow the victim to go to the hospital for a forensic medical examination and to Ensure the victim has access to emergency timely access to emergency contraception, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.<br><br>2) Distribute to the alleged victim the contact information for a victim advocate. The victim's advocate will be allowed to accompany the alleged victim to the forensic medical examination and investigative interviews. |

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| | b. Alleged Abuser: If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.<br><br>c. Identify and separate any witnesses.<br><br>d. Call Colorado Springs Police Department or 911 if the situation warrants. Notify supervisor or on call if after business hours."<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility's' policy requires that if the first staff responder is not a security staff member, that responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence and notify security staff. Of the allegations that a resident was sexually abused made in the past 12 months, the number of times a non-security staff member was the first responder was one. Policy compliance can be found in provision (a) of this standard.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.265** | **Coordinated response** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Director of Quality Assurance / PREA Coordinator<br><br>Interviews with the PREA Coordinator demonstrated the response to allegations of sexual assault is written to coordinate actions taken in response to sexual abuse and sexual harassment incidents. |

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| | (a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 1, section A., states, “Reporting Duties: Upon learning of any allegation, suspicion, or information that a client was sexually abused, sexually harassed, or is at risk to be sexually abused or harassed, staff will immediately:<br><br>1. If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not to take any actions that could destroy physical evidence and then notify security staff.<br><br>2. Separate the alleged victim and abuser;<br><br>3. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence.<br><br>a. Alleged Victim: If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.<br><br>1) Allow the victim to go to the Memorial hospital for a forensic medical examination and to ensure the victim has access to emergency timely access to emergency contraception, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.<br><br>2) Distribute to the alleged victim the contact information for a victim advocate. The victim's advocate will be allowed to accompany the alleged victim to the forensic medical examination and investigative interviews.<br><br>b. Alleged Abuser: If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.<br><br>c. Identify and separate any witnesses.<br><br>d. Call Colorado Springs Police Department or 911 if the situation warrants. Notify supervisor or on call if after business hours.”<br><br>Embrave PREA Response and Investigation Policy 100-13, , section B. Investigation, states, “The PREA coordinator will assign a qualified and trained investigator to |

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| | complete the PREA investigation.”<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.266 | Preservation of ability to protect residents from contact with abusers |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>Interviews:<br><br>1. Executive Director<br><br>The interview with the Executive Director demonstrated that the agency is not subject to, nor responsible for, collective bargaining agreements. As such, no collective bargaining provisions apply to agency policies or practices related to PREA requirements.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency, facility, or any other governmental entity is not responsible for collective bargaining on the agency’s behalf has not entered into or renewed any collective bargaining agreement or other agreement since August 20, 2012, or since the last PREA audit, whichever is later.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.267 | Agency protection against retaliation |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |

Document Review:

1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ
2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023
3. Retaliation Monitoring Form, not dated

Interviews:

1. Director of Quality Assurance / PREA Coordinator

The interview with the PREA Coordinator demonstrated that he is responsible for conducting retaliation monitoring for the facility for both clients and staff. The PREA Coordinator stated that retaliation monitoring would be completed and documented at least once per week for a minimum of 90 days, or longer as necessary, using the facility's Retaliation Monitoring Form.

Site Observation:
The agency did not have a sexual abuse incident requiring retaliation monitoring within the past 12 months. However, the facility demonstrated that a retaliation monitoring system is established and available for implementation when needed.

(a-b/d-e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The agency designates the Client Services Director and the Quality Assurance Coordinator with monitoring for possible retaliation.

Embrave PREA Response and Investigation Policy 100-13, page 4, section C., states, "Embrave, Inc. will protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff.

1. In situations involving client claims, the facility director or designee will monitor the conduct and treatment of residents in who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff.

2. In situations involving staff and client claims, the PREA coordinator will monitor the conduct and treatment of residents in who reported the sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are

changes that may suggest possible retaliation by clients or staff.

3. The assigned monitor will conduct periodic status checks and review any resident disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. All retaliation monitoring documentation will be forward for record keeping to the PREA coordinator."

(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to ascertain if there are any changes that may suggest possible retaliation by residents or staff. The facility will monitor conduct or treatment until the resident is discharged. The facility acts promptly to remedy any such retaliation. In the past 12 months, the facility has had zero incidents of retaliation.

The facility provided a Retaliation Monitoring Form. The form documents the following information.

· Victim / Witness Name / ID / Unit

· Facility / Date of PREA Violation / Date Violation Reported

· Retaliation Monitor Name / Title

· Behaviors Monitored:

o Resident disciplinary reports / COPD charges

o Housing changes needed

o Program Changes needed

o Work assignment changes needed

o Grievance filed

o Earned time changes

o Classification changes

o Negative behavior evaluations

o Was staff reassigned based on incident?

o Did staff involved receive any negative performance reviews since incident?

o Comments

· Within 3 days

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| | · Within 15 days<br>· Within in 45 days<br>· Within 60 days<br>· Within 75 days<br>· Within 90 days<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.271 | Criminal and administrative agency investigations |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br>3. Post Audit: ADP – Embrave Learning Management Training Report<br>4. Post Audit: Embrave Memorandum, Subject: PREA Standard 115.271, not dated<br><br>Interviews:<br>1. Staff Development Coordinator / Investigator<br>The interview with the Investigator demonstrated that investigative steps include researching information related to the victim and the perpetrator, conducting interviews with the victim, witnesses, and perpetrator, reviewing video footage, and reviewing reports within the CHRONES system. The Investigator stated that he considers the totality of information, evaluates facts and findings without bias, and triangulates evidence to support a credibility assessment documented within the investigation report.<br><br>Site Observation:<br>Review of investigative files demonstrated that investigations did not consistently include documented assessments of objectivity and credibility, including |

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| | triangulation of facts, evidence, and findings.<br><br>Corrective Action Plan:<br><br>· Ensure all facility personnel conducting investigations complete documented refresher training on PREA investigative requirements, including objectivity, credibility assessments, and triangulation of investigative facts and findings.<br><br>· Appropriate facility personnel shall provide a memorandum with a sustainable action plan identifying which facility position will ensure all requirements of §115.271 are met and maintained. The memorandum should be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard.<br><br>· Upload supporting documentation to the corresponding standard provision in the Online Audit System.<br><br>Post audit, the facility provided a learning management training report demonstrating three agency personnel have completed PREA Audit Community Confinement Facility Documentation Review Investigations training on 1.9.2026.<br><br>Post audit, the facility provided a memorandum from the Director of Quality Assurance, addressed to agency investigators, the Executive Director and the DOJ PREA Auditor with the following sustainable action plan. “In accordance with PREA standard 115.271, all investigators shall complete a credibility statement in line with all PREA investigations. This standard will be upheld and added to all PREA reports, including third-party and anonymous reports.<br><br>This will be included in all investigations before the subject line “Investigation Findings,” section. The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person’s status as inmate or staff. Investigators shall ensure that documented assessments of objectivity and credibility, including a triangulation of facts, evidence, and findings are included in the final report.”<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency/facility has a policy related to criminal and administrative agency investigations.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 2, section B. states, “The PREA coordinator will assign a qualified and trained investigator to complete the PREA investigation. Investigations into allegations of sexual abuse and sexual |

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| | harassment, shall be conducted promptly, thoroughly, and objectively.<br><br>1. All Embrave staff are required to cooperate with any PREA investigation.<br><br>2. When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.<br><br>3. Referral for Investigation by the Colorado Springs Police Department: The assigned PREA investigator in coordination with the PREA coordinator and Executive Director will determine if the allegation should be reported to the Colorado Springs Police Department for investigation as a criminal offense.<br><br>a. The administrative investigation will be suspended until the Colorado Springs Police Department has made a determination on whether the incident will be referred for criminal charges.<br><br>b. Once a determination has been made the assigned investigator will document that decision in the internal report and proceed with the administrative investigation.<br><br>1. Administrative Investigation: When completing the internal administrative investigation, the investigator will determine whether staff actions or failures to act contributed to the abuse; and will document that finding in a written report.<br><br>a. The report will include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.<br><br>b. Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.<br><br>c. The investigator will ensure the credibility of an alleged victim, suspect, or witness is assessed on an individual basis and not be determined by the person's status as client or staff.<br><br>d. The investigator will not require a client who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.”<br><br>(h) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states substantiated allegations of conduct that appear to be criminal are referred for prosecution. The number of substantiated allegations of conduct that appear to be |

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| | criminal that were referred for prosecution since the last PREA audit, was two. Policy compliance can be found in provision (a) of this standard.<br><br>(i) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states substantiated the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.272** | **Evidentiary standard for administrative investigations** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Staff Development Coordinator / Investigator<br><br>The interview with the Investigator demonstrated that the facility applies no evidentiary standard higher than a preponderance of the evidence when determining whether allegations of sexual abuse or sexual harassment are substantiated.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ Bureau states the agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 3, section c., states, “The investigator will impose a standard of evidence no higher than a |

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| | preponderance of the evidence in determining if sexual abuse or sexual harassment are substantiated.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.273** | **Reporting to residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Director of Quality Assurance / PREA Coordinator<br><br>The interview with the PREA Coordinator demonstrated that he would personally provide verbal notification to the client regarding the outcome of an investigation. The PREA Coordinator further stated that this verbal notification would be documented within the facility's investigative records.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The number of criminal and/or administrative investigations of alleged resident sexual abuse that were completed by the agency/facility in the past 12 months was five. Of the alleged sexual abuse investigations that were completed in the past 12 months, the number of residents who were notified, verbally or in writing, of the results of the investigation was four. The PAQ states, "One is still pending determination, case was referred to Colorado Springs Police Department."<br><br>Embrave PREA Response and Investigation Policy 100-13, page 3, section B. 5., states, "At the conclusion of the investigation into a client's allegation of sexual |

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| | abuse suffered in Embrave the investigator will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded."<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The number of investigations of alleged resident sexual abuse in the facility that were completed by an outside agency in the past 12 months was one. The PAQ states, "Technically we are awaiting determination on the one case."<br><br>Of the outside agency investigations of alleged sexual abuse that were completed in the past 12 months, the number of residents alleging sexual abuse in the facility who were notified verbally or in writing of the results of the investigation was zero.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency/facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever: (a) the staff member is no longer posted within the resident's unit; (b) the staff member is no longer employed at the facility; (c) the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (d) the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. The PAQ states, "Resident escaped the program before any determination could be made/ did not provide information to be able to complete investigation."<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states following a resident's allegation that he or she has been sexually abused by another resident in an agency facility, the agency subsequently informs the alleged victim whenever: (a) the agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (b) the agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 4, section 5. a., states, "Investigations Regarding Staff: If the investigation determination was substantiated or unsubstantiated, the investigator will also inform the client: |

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| | 1. The staff member is no longer posted within the client's unit;<br><br>2. The staff member is no longer employed at the facility;<br><br>3. If the investigator learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or<br><br>4. If the investigator learns that the staff member has been convicted on a charge related to sexual abuse within the facility.”<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency has a policy that all notifications to residents described under this standard are documented. The PAQ states, “:In the past 12 months, the number of notifications to residents that were provided pursuant to this standard was one. Of those notifications made in the past 12 months, the number that were documented was one.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.276** | **Disciplinary sanctions for staff** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Code of Conduct Policy 100-05, dated 12.15.2022<br><br>Interviews:<br><br>1. Client Support Manager<br><br>The interview with the Client Support Manager demonstrated that personnel alleged to be involved in sexual harassment or sexual abuse would be placed on administrative leave and that the allegation would be reported to the PREA Coordinator, law enforcement, and any applicable licensing agencies.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states |

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| | staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.<br><br>Embrave Code of Conduct Policy 100-05, page 3, section F., states, “Staff members and volunteers, who violate these practices, may be subject to disciplinary action including immediate discharge and/or legal action by Embrave.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states in the last 12 months, there has been zero staff from the facility that had violated agency sexual abuse or sexual harassment policies. The PAQ states, “We are still awaiting a determination. Staff member is on administrative leave.”<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. In the past 12 months there have zero staff requiring discipline for sexual abuse or sexual harassment.<br><br>Embrave Code of Conduct Policy 100-05, page 3, section F. 5., states, “The disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.”<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. In the past 12 months, zero staff have been terminated for sexual abuse or harassment.<br><br>Embrave Code of Conduct Policy 100-05, page 3, section F. 3., states, “Pursuant to the Prison Rape Elimination Act, claims of sexual abuse or misconduct will be referred to local law enforcement for investigation, and to any relevant licensing bodies.” |

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| | Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.277 | Corrective action for contractors and volunteers |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave Code of Conduct Policy 100-05, dated 12.15.2022<br><br>Interviews:<br><br>1. Client Support Manager<br><br>The interview with the Client Support Manager demonstrated that contractors or volunteers alleged to be involved in sexual harassment or sexual abuse would be removed from the program and that the allegation would be reported to the PREA Coordinator, law enforcement, the agency of employment or association and any applicable licensing agencies.<br><br>Site Observation:<br>During the previous audit cycle, the facility did not have any volunteers or contractors subject to disciplinary action for violating sexual abuse or sexual harassment policies.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies (unless the activity was clearly not criminal) and to relevant licensing bodies. Agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. In the past 12 months, the number of contractors or volunteers reported to law enforcement for engaging in sexual abuse of residents was zero.<br><br>Embrave Code of Conduct Policy 100-05, page 3, section F. 3., states, “Pursuant to |

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| | the Prison Rape Elimination Act, claims of sexual abuse or misconduct will be referred to local law enforcement for investigation, and to any relevant licensing bodies.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. Policy compliance can be found in provision (a) of this standard.<br><br>Embrave Code of Conduct Policy 100-05, page 3, section F. 6., states, “Embrave takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.”<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.278** | **Disciplinary sanctions for residents** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Client Support Manager<br><br>The interview with the Client Support Manager demonstrated that clients alleged to be involved in a sexual abuse incident would be terminated from the program and transferred to the custody of law enforcement. |

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| | (a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that a resident engaged in resident-on-resident sexual abuse. Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, the number of administrative findings of resident-on-resident sexual abuse that have occurred at the facility was one. In the past 12 months, the number of criminal findings of guilt for resident-on-resident sexual abuse that have occurred at the facility was zero.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 3, section 4. j.-k., state,<br><br>j. “Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.<br><br>k. Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.<br><br>l. The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.”<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse.<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency does not discipline residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.<br><br>(f) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.<br><br>(g) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency prohibits all sexual activity between residents. If the agency prohibits all |

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| | sexual activity between residents and disciplines residents for such activity, the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.282 | Access to emergency medical and mental health services |
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| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Clinical Services Manager<br><br>The interview with the Clinical Services Manager demonstrated that clients requiring emergent medical services would be transported to Colorado Memorial Hospital. She further stated that ongoing mental health services are offered immediately and upon a client's direct return from a forensic exam.<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 1, section 3. a. 1) states, "Allow the victim to go to the Memorial hospital for a forensic medical examination and to ensure the victim has access to emergency timely access to emergency contraception, and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate." |

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| | (c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states, resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Policy compliance can be found in provision (a) of this standard.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states, treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 1, section 3. d., states, “The assigned investigator will ensure the victim has access to medical and mental health services including access if transferred to another facility or released from Embrave custody. This included access to pregnancy test and info on lawful medical services and testing for sexually transmitted infections. These services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.283** | **Ongoing medical and mental health care for sexual abuse victims and abusers** |
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| | **Auditor Overall Determination:** Exceeds Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>Interviews:<br><br>1. Clinical Services Manager |

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| | The interview with the Clinical Services Manager demonstrated that a continuum of services is ensured upon entry, as needed, and on the day a victim returns from a forensic exam. The Clinical Services Manager further stated that individuals identified as perpetrators are also evaluated for appropriate services when allegations do not result in discharge from the program.<br><br>(a-b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.<br><br>Embrave PREA Response and Investigation Policy 100-13, page NEED LANGUAGE<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Policy compliance can be found in provision (a) of this standard.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 3, section 5. d., states, “The assigned investigator will ensure the victim has access to medical and mental health services including access if transferred to another facility or released from Embrave custody. This included access to pregnancy test and info on lawful medical services and testing for sexually transmitted infections. These services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”<br><br>(e) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Policy compliance can be found in provision (d) of this standard.<br><br>(f) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. Policy compliance can be found in provision (d) of this standard.<br><br>(h) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states |

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| | the facility does attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 3, section 5. e., states, “The investigator will arrange for a mental health evaluation for all known client on client abusers within 60 days and offer treatment when appropriate.”<br><br>The interview with the Clinical Services Manager demonstrated a proactive and inclusive approach to post-incident care that exceeds minimum PREA requirements. The Clinical Services Manager stated that victims are ensured access to a continuum of medical and mental health services upon entry and immediately upon return from a forensic exam, as needed. In addition, perpetrators are evaluated for appropriate services when allegations do not result in discharge from the program. This comprehensive approach to care for all involved parties supports safety, treatment continuity, and clinical oversight beyond baseline compliance expectations. |

| **115.286** | **Sexual abuse incident reviews** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>3. Sexual Abuse Incident Review Form, not dated<br><br>4. Post Audit: Completed Sexual Abuse Incident Review (SAIR) Form<br><br>5. Post Audit: Embrave Memorandum, Subject: SAIR Form, dated 7.13.2026<br><br>Interviews:<br><br>1. Client Support Manager<br><br>The interview with the Client Support Manager demonstrated that the Incident Review Team is comprised of Directors, the PREA Coordinator, the Staff Development Coordinator, Program Care Managers, and the Executive Director. She |

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| | stated the team reviews whether anything was missed, whether the facility could have responded differently, and evaluates the overall scenario, while ensuring investigations remain private from other staff members and clients. The review process includes an examination of evidence collected, group dynamics, and consideration of the totality of circumstances.<br><br>The Client Support Manager further stated that recommendations may be implemented, as appropriate, to include staff training, additional client education, or practice changes. She stated that sustainment and implementation of recommendations are overseen by the Supervisor of Programs.<br><br>Site Observation:<br>Review of investigative documentation demonstrated that sexual abuse incident reviews were not consistently completed for unsubstantiated sexual abuse investigations.<br><br>Corrective Action Plan:<br><br>· Provide documented training to appropriate facility personnel on the requirements of §115.286, including the obligation to complete sexual abuse incident reviews for all substantiated and unsubstantiated allegations.<br><br>· Complete sexual abuse incident reviews for previously unreviewed unsubstantiated sexual abuse investigations and maintain documentation demonstrating each review has been completed.<br><br>· Appropriate facility personnel shall provide a memorandum with a sustainable action plan identifying which facility position will ensure all requirements of §115.286 are met and maintained. The memorandum should be addressed to the DOJ PREA Auditor and include the date, author, and applicable standard.<br><br>· Upload supporting documentation to the corresponding standard provision in the Online Audit System.<br><br>Post audit, the facility provided a completed Sexual Abuse Incident Review on the investigation noted in the corrective action plan.<br><br>Post audit, the facility provided an email memorandum from the Director of Quality Assurance, to agency investigators, the Executive Director and the DOJ PREA Auditor with the following sustainable action plan. “In accordance with PREA standard 115.286, all substantiated and unsubstantiated investigations shall have a sexual abuse incident review (SAIR), completed. Prior to an investigation being deemed completed, a review with relevant staff to the investigation shall be |

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| | conducted and will be done within a 30-day timely manner of the investigation findings. Attached to this email is the required SAIR form.<br><br>The PREA Coordinator will be responsible of assuring a complete and timely incident review is conducted.<br><br>Provision Standard: “The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.”<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. In the past 12 months there has been four criminal and or administrative investigations of alleged sexual abuse completed at the facility,<br><br>Embrave PREA Response and Investigation Policy 100-13, page 4, section D., states, “The PREA investigator will conduct a Sexual Abuse Incident Review within 30 days of the conclusion of the investigation. The review committee will be multi-disciplinary and include line level staff and management.<br><br>1. The review committee will:<br><br>a. Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;<br><br>b. Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;<br><br>c. Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;<br><br>d. Assess the adequacy of staffing levels in that area during different shifts; and<br><br>e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.<br><br>2. The PREA coordinator will prepare a report of the committee's findings, including but not necessarily limited to determinations made pursuant of this section, and any recommendations for improvement, and submit such report to the vice president of operations. |

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| | 3. The facility will implement the recommendations for improvement or will document reasons for not doing so.”<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states sexual abuse incident reviews are ordinarily conducted within 30 days of concluding the criminal or administrative investigation. In the past 12 months, the number of criminal and/or administrative investigations of alleged sexual abuse completed at the facility that were followed by a sexual abuse incident review within 30 days, excluding only “unfounded” incidents were one. Policy compliance can be found in provision (a) of this standard.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Policy compliance can be found in provision (a) of this standard.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1) -(d)(5) of this section, and any recommendations for improvement and submits such report to the facility head and the PREA Coordinator.<br><br>The facility implemented a Sexual Abuse Incident Review Form. The form documents the following:<br><br>· Facility / Investigation /Incident Report # / Disposition<br><br>· Date Investigation Approved by the PREA Office / Date of SAIR<br><br>· Date CPS Notified / Date Parent / Guardian Notified / Date Law Enforcement Notified<br><br>· Victim Name / DOC Number / Date Rescreened for Risk / Risk<br><br>· Suspect Name / DOC Number / Employee ID<br><br>· Risk / Date Rescreened for Risk<br><br>· If Substantiated, Date Referred for PSU Eval / If Substantiated, Date Licensing Body Notified<br><br>· Staff Suspect / Date Facility Provided the Victim with Written Notification of |

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| | the Suspects Move, Charge, or Conviction / Written Notification Uploaded to SINC<br><br>· Inmate Suspect<br><br>1. Describe the area of facility where incident allegedly occurred?<br><br>2. Are there physical barriers in the area that may enable abuse?<br><br>3. Is there monitoring technology in this area?<br><br>4. Where there adequate levels of staffing in the area during the time of the alleged incident?<br><br>5. Was the Incident or allegation motivated by any of the following? (group dynamics)<br><br>1. Were departmental and facility policies and procedures followed in response to this allegation?<br><br>2. Does this allegation or result of this investigation indicate a need to change a policy or procedure to better prevent, detect or respond to sexual abuse?<br><br>3. Describe recommendations for improvement.<br><br>4. What changes, if any, were made as a response to this allegation?<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states, the facility implements the recommendations for improvement or documents its reasons for not doing so. Policy compliance can be found in provision (a) of this standard.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.287** | **Data collection** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ |

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| | 2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency aggregates the incident-based sexual abuse at least annually.<br><br>(c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence (SSV) conducted by the Department of Justice.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.<br><br>(e) This provision is not applicable as the Embrave Roberts Road Residential Treatment Facility does not have private facilities.<br><br>(f) This provision is not applicable as the DOJ has not requested agency data.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.288** | **Data review for corrective action** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review: |

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| | 1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>3. 2024 Embrave, Inc. Prison Rape Elimination Act Annual Report<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency reviews data collected and aggregated pursuant to §115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, response policies, and training, including: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as the agency as a whole.<br><br>Embrave PREA Response and Investigation Policy 100-13, page 5, section E. 1., states, “The PREA coordinator will collect annual data including reports, investigative files, and Sexual Abuse Incident Review documentation for all allegations of sexual abuse or sexual harassment in Embrave facilities annually. The PREA coordinator will retain these records for 10 years.”<br><br>The facility provided a 2021 Embrave, Inc. Prison Rape Elimination Act Annual Report. The Annual Report is comprised of the following elements.<br><br>· Background<br><br>· Embrave, Inc.’s Zero Tolerance Policy<br><br>· Embrave, Inc.’s Approach<br><br>· 2024 PREA Annual Report Data<br><br>· Definitions<br><br>· Sexual Abuse Report Activity<br><br>· Prison Rape Elimination Act Annual Report for 2023 and 2024<br><br>· 2025 Goals<br><br>The Annual Report is signed by the agency Director of Quality Assurance and the Executive Director.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the annual report includes a comparison of the current year’s data and corrective |

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| | actions to those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse. Policy and practice compliance can be found in provision (a) of this standard.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency makes its annual report readily available to the public, at least annually, through its website at PREA \| Embrave. Annual reports are approved by the agency head.<br><br>(d) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| **115.289** | **Data storage, publication, and destruction** |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | Document Review:<br><br>1. Embrave Roberts Road and 3950 Residential Facility Complex PAQ<br><br>2. Embrave PREA Response and Investigation Policy 100-13, dated 7.6.2023<br><br>(a) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency ensures that incident-based and aggregate data are securely retained.<br><br>(b) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states the agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public by posting on their website. |

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| | (c) The Embrave Roberts Road and 3950 Residential Facility Complex PAQ states before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.401 | Frequency and scope of audits |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (a) This standard is not applicable, as the facility operates as a standalone entity and is not part of an agency with multiple facilities.<br><br>(b) This is the fifth audit cycle for Embrave Roberts Road Residential Treatment Facility and the first year of that fifth cycle.<br><br>(h) The Auditor was granted complete access to all areas of the facility and the ability to observe operations throughout the site.<br><br>(i) The Auditor was permitted to request and receive copies of all relevant documents, including electronically stored information.<br><br>(m) The Auditor was permitted to conduct private interviews with residents.<br><br>(n) Residents were permitted to send confidential correspondence to the Auditor in the same manner as they would communicate with legal counsel.<br><br>Based on the review of documentation, observations, and interviews, the facility meets the standard requirements. |

| 115.403 | Audit contents and findings |
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| | **Auditor Overall Determination:** Meets Standard |
| | **Auditor Discussion** |
| | (b) The agency did complete an audit report during their last audit cycle.<br><br>Based on the review of documentation, observations, and interviews, the facility |

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| | meets the standard requirements. |

| Appendix: Provision Findings | | |
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| **115.211 (a)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| **115.211 (b)** | **Zero tolerance of sexual abuse and sexual harassment; PREA coordinator** | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities? | yes |
| **115.212 (a)** | **Contracting with other entities for the confinement of residents** | |
| | If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| **115.212 (b)** | **Contracting with other entities for the confinement of residents** | |
| | Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) | na |
| **115.212 (c)** | **Contracting with other entities for the confinement of residents** | |
| | If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in | na |

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| | emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | |
| | In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) | na |
| **115.213 (a)** | **Supervision and monitoring** | |
| | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? | yes |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| **115.213 (b)** | **Supervision and monitoring** | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | na |
| **115.213 (c)** | **Supervision and monitoring** | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing | yes |

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| | staffing patterns? | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| **115.215 (a)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| **115.215 (b)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.) | yes |
| | Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) | yes |
| **115.215 (c)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female residents? | yes |
| **115.215 (d)** | **Limits to cross-gender viewing and searches** | |
| | Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | yes |
| | Does the facility have procedures that enable residents to shower, | yes |

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| | perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? | |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |
| **115.215 (e)** | **Limits to cross-gender viewing and searches** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.215 (f)** | **Limits to cross-gender viewing and searches** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.216 (a)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or | yes |

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| | benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision? | yes |
| **115.216 (b)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and | yes |

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| | expressively, using any necessary specialized vocabulary? | |
| **115.216 (c)** | **Residents with disabilities and residents who are limited English proficient** | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| **115.217 (a)** | **Hiring and promotion decisions** | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ? | yes |

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| **115.217 (b)** | **Hiring and promotion decisions** | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| **115.217 (c)** | **Hiring and promotion decisions** | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| **115.217 (d)** | **Hiring and promotion decisions** | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| **115.217 (e)** | **Hiring and promotion decisions** | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| **115.217 (f)** | **Hiring and promotion decisions** | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have | yes |

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| | contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| **115.217 (g)** | **Hiring and promotion decisions** | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| **115.217 (h)** | **Hiring and promotion decisions** | |
| | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) | yes |
| **115.218 (a)** | **Upgrades to facilities and technology** | |
| | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.) | na |
| **115.218 (b)** | **Upgrades to facilities and technology** | |
| | If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | yes |
| **115.221** | **Evidence protocol and forensic medical examinations** | |

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

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| | advocate from a rape crisis center? | |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| **115.221 (e)** | **Evidence protocol and forensic medical examinations** | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| **115.221 (f)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) | yes |
| **115.221 (h)** | **Evidence protocol and forensic medical examinations** | |
| | If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | na |
| **115.222 (a)** | **Policies to ensure referrals of allegations for investigations** | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal | yes |

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

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| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| **115.231 (b)** | **Employee training** | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| **115.231 (c)** | **Employee training** | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? | yes |
| **115.231 (d)** | **Employee training** | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |

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| **115.232 (a)** | **Volunteer and contractor training** | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| **115.232 (b)** | **Volunteer and contractor training** | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| **115.232 (c)** | **Volunteer and contractor training** | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| **115.233 (a)** | **Resident education** | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| **115.233 (b)** | **Resident education** | |
| | Does the agency provide refresher information whenever a | yes |

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| | resident is transferred to a different facility? | |
| **115.233 (c)** | **Resident education** | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| **115.233 (d)** | **Resident education** | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| **115.233 (e)** | **Resident education** | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| **115.234 (a)** | **Specialized training: Investigations** | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| **115.234 (b)** | **Specialized training: Investigations** | |
| | Does this specialized training include: Techniques for interviewing | yes |

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

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| | professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | |
| | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.235 (b)** | **Specialized training: Medical and mental health care** | |
| | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.) | yes |
| **115.235 (c)** | **Specialized training: Medical and mental health care** | |
| | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| **115.235 (d)** | **Specialized training: Medical and mental health care** | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| | Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| **115.241 (a)** | **Screening for risk of victimization and abusiveness** | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive | yes |

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| | toward other residents? | |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| **115.241 (b)** | **Screening for risk of victimization and abusiveness** | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| **115.241 (c)** | **Screening for risk of victimization and abusiveness** | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| **115.241 (d)** | **Screening for risk of victimization and abusiveness** | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident’s criminal history is exclusively nonviolent? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |

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| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| **115.241 (e)** | **Screening for risk of victimization and abusiveness** | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| **115.241 (f)** | **Screening for risk of victimization and abusiveness** | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |
| **115.241 (g)** | **Screening for risk of victimization and abusiveness** | |
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |
| **115.241** | **Screening for risk of victimization and abusiveness** | |

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| **(h)** | | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| **115.241 (i)** | **Screening for risk of victimization and abusiveness** | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident’s detriment by staff or other residents? | yes |
| **115.242 (a)** | **Use of screening information** | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| **115.242 (b)** | **Use of screening information** | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |

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| **115.242 (c)** | **Use of screening information** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.242 (d)** | **Use of screening information** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.242 (e)** | **Use of screening information** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.242 (f)** | **Use of screening information** | |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| | This provision is no longer applicable to your compliance finding, please select N/A. | na |
| **115.251 (a)** | **Resident reporting** | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| **115.251 (b)** | **Resident reporting** | |

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| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| **115.251 (c)** | **Resident reporting** | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| **115.251 (d)** | **Resident reporting** | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| **115.252 (a)** | **Exhaustion of administrative remedies** | |
| | Is the agency exempt from this standard?<br>NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. | yes |
| **115.252 (b)** | **Exhaustion of administrative remedies** | |
| | Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) | na |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve | na |

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| | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | |
| **115.252 (c)** | **Exhaustion of administrative remedies** | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | na |
| **115.252 (d)** | **Exhaustion of administrative remedies** | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | na |
| | If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | na |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | na |
| **115.252 (e)** | **Exhaustion of administrative remedies** | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf | na |

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| | of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) | |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | na |
| **115.252 (f)** | **Exhaustion of administrative remedies** | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | na |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | na |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | na |
| **115.252 (g)** | **Exhaustion of administrative remedies** | |
| | If the agency disciplines a resident for filing a grievance related to | na |

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| | alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) | |
| **115.253 (a)** | **Resident access to outside confidential support services** | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| **115.253 (b)** | **Resident access to outside confidential support services** | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| **115.253 (c)** | **Resident access to outside confidential support services** | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| **115.254 (a)** | **Third party reporting** | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| **115.261 (a)** | **Staff and agency reporting duties** | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

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| | information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? | yes |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| **115.261 (b)** | **Staff and agency reporting duties** | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| **115.261 (c)** | **Staff and agency reporting duties** | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform residents of the practitioner’s duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| **115.261 (d)** | **Staff and agency reporting duties** | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| **115.261 (e)** | **Staff and agency reporting duties** | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility’s designated investigators? | yes |

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| **115.262 (a)** | **Agency protection duties** | |
| | When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? | yes |
| **115.263 (a)** | **Reporting to other confinement facilities** | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| **115.263 (b)** | **Reporting to other confinement facilities** | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| **115.263 (c)** | **Reporting to other confinement facilities** | |
| | Does the agency document that it has provided such notification? | yes |
| **115.263 (d)** | **Reporting to other confinement facilities** | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| **115.264 (a)** | **Staff first responder duties** | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, | yes |

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| | washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| **115.264 (b)** | **Staff first responder duties** | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| **115.265 (a)** | **Coordinated response** | |
| | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? | yes |
| **115.266 (a)** | **Preservation of ability to protect residents from contact with abusers** | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency’s behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency’s ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | no |
| **115.267 (a)** | **Agency protection against retaliation** | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |

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| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| **115.267 (b)** | **Agency protection against retaliation** | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| **115.267 (c)** | **Agency protection against retaliation** | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |

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

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| **115.271 (d)** | **Criminal and administrative agency investigations** | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| **115.271 (e)** | **Criminal and administrative agency investigations** | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual’s status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| **115.271 (f)** | **Criminal and administrative agency investigations** | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| **115.271 (g)** | **Criminal and administrative agency investigations** | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| **115.271** | **Criminal and administrative agency investigations** | |

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| **(h)** | | |
| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| **115.271 (i)** | **Criminal and administrative agency investigations** | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| **115.271 (j)** | **Criminal and administrative agency investigations** | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| **115.271 (l)** | **Criminal and administrative agency investigations** | |
| | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| **115.272 (a)** | **Evidentiary standard for administrative investigations** | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| **115.273 (a)** | **Reporting to residents** | |
| | Following an investigation into a resident’s allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| **115.273 (b)** | **Reporting to residents** | |
| | If the agency did not conduct the investigation into a resident’s allegation of sexual abuse in an agency facility, does the agency | yes |

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| | request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) | |
| **115.273 (c)** | **Reporting to residents** | |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? | yes |
| | Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? | yes |
| **115.273 (d)** | **Reporting to residents** | |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? | yes |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform | yes |

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

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| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| **115.277 (b)** | **Corrective action for contractors and volunteers** | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| **115.278 (a)** | **Disciplinary sanctions for residents** | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| **115.278 (b)** | **Disciplinary sanctions for residents** | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident’s disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| **115.278 (c)** | **Disciplinary sanctions for residents** | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident’s mental disabilities or mental illness contributed to his or her behavior? | yes |
| **115.278 (d)** | **Disciplinary sanctions for residents** | |
| | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a | no |

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| | condition of access to programming and other benefits? | |
| **115.278 (e)** | **Disciplinary sanctions for residents** | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| **115.278 (f)** | **Disciplinary sanctions for residents** | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| **115.278 (g)** | **Disciplinary sanctions for residents** | |
| | Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) | yes |
| **115.282 (a)** | **Access to emergency medical and mental health services** | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| **115.282 (b)** | **Access to emergency medical and mental health services** | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| **115.282 (c)** | **Access to emergency medical and mental health services** | |
| | Are resident victims of sexual abuse offered timely information | yes |

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

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| | information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.) | |
| **115.283 (f)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| **115.283 (g)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| **115.283 (h)** | **Ongoing medical and mental health care for sexual abuse victims and abusers** | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| **115.286 (a)** | **Sexual abuse incident reviews** | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| **115.286 (b)** | **Sexual abuse incident reviews** | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| **115.286 (c)** | **Sexual abuse incident reviews** | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| **115.286 (d)** | **Sexual abuse incident reviews** | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | The subsection of this provision is no longer applicable to your compliance finding, please select N/A. | na |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| **115.286 (e)** | **Sexual abuse incident reviews** | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| **115.287 (a)** | **Data collection** | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| **115.287 (b)** | **Data collection** | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| **115.287 (c)** | **Data collection** | |
| | Does the incident-based data include, at a minimum, the data | yes |

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| | necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | |
| **115.287 (d)** | **Data collection** | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| **115.287 (e)** | **Data collection** | |
| | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) | na |
| **115.287 (f)** | **Data collection** | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | na |
| **115.288 (a)** | **Data review for corrective action** | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |
| **115.288 (b)** | **Data review for corrective action** | |

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| | Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse? | yes |
| **115.288 (c)** | **Data review for corrective action** | |
| | Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| **115.288 (d)** | **Data review for corrective action** | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| **115.289 (a)** | **Data storage, publication, and destruction** | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |
| **115.289 (b)** | **Data storage, publication, and destruction** | |
| | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? | yes |
| **115.289 (c)** | **Data storage, publication, and destruction** | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| **115.289 (d)** | **Data storage, publication, and destruction** | |
| | Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? | yes |
| **115.401 (a)** | **Frequency and scope of audits** | |

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| | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.) | yes |
| **115.401 (b)** | **Frequency and scope of audits** | |
| | Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.) | yes |
| | If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.) | na |
| | If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.) | na |
| **115.401 (h)** | **Frequency and scope of audits** | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| **115.401 (i)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| **115.401 (m)** | **Frequency and scope of audits** | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| **115.401 (n)** | **Frequency and scope of audits** | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? | yes |
| **115.403** | **Audit contents and findings** | |

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