

INDEPENDENCE HOUSE COMMUNITY CORRECTIONS CENTER

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Policy Title	Prison Rape Elimination Act (PREA) Policy
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Revised	

POLICY STATEMENT

Independence House facilities follow a zero-tolerance policy for any sexual activity or behavior between clients, or between clients and staff, including both consensual or non-consensual sexual activity or behavior, and including sexual activity or behavior that was engaged in through physical contact, non-verbal conduct, verbal conduct, and electronic communications.

Prohibited sexual activity or behavior includes, but is not limited to actions that constitute sexual assault, sexual misconduct, staff sexual conduct with a client, and sexual harassment.

Every report (of any kind) or observation of prohibited sexual activity or behavior between clients, or between clients and staff, shall be investigated and responded to in accordance with this policy. All staff are responsible for understanding, complying with, and enforcing this policy. The policy is designed to prevent, detect, report, and respond to all prohibited sexual activity and behavior at Independence House facilities.

For Questions or Clarifications Please Contact:

Matthew Brandt: Program Director & PREA Compliance Manager — Independence House South Federal
Rose Rodriguez: Chief Operations Officer & PREA Coordinator

SECTION 1: PROHIBITED ACTIVITY & BEHAVIOR

1.1 Client on Client Sexual Harassment

Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one client directed toward another client.

1.2 Client on Client Sexual Abuse

Sexual abuse of an inmate, detainee, or resident by another inmate, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- A. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- B. Contact between the mouth and the penis, vulva, or anus;
- C. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- D. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

1.3 Staff on Client Sexual Harassment

Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including:

- A. Demeaning references to gender;
- B. Sexually suggestive or derogatory comments about body or clothing; or
- C. Obscene language or gestures.

1.4 Staff on Client Sexual Abuse

Sexual abuse of an inmate, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the inmate, detainee, or resident:

- A. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- B. Contact between the mouth and the penis, vulva, or anus;
- C. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- D. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- E. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- F. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (a)-(e) of this section;
- G. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an inmate, detainee, or resident; and
- H. Voyeurism by a staff member, contractor, or volunteer. Voyeurism means an invasion of privacy of an inmate, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an inmate who is using a toilet to perform bodily functions; requiring an inmate to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

SECTION 2: RESPONDING TO REPORTS & OBSERVATIONS

2.1 Staff First Responder Duties in Cases of Potential Sexual Abuse/Assault (§115.264)

Upon learning of an allegation that a client may have been sexually abused, the first staff member to receive the report shall:

- A. Separate and isolate both the victim and the alleged perpetrator immediately.
- B. 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. Ensure that the alleged abuser also not take any actions that could destroy physical evidence.
- C. Immediately notify the PREA Compliance Manager (Matthew Brandt, Program Director) or on-call administrator, who will contact the PREA Coordinator.
- D. Separate and isolate any and all witnesses to the alleged incident.
- E. Only ask threshold questioning to learn the basics of the incident: 'What happened?', 'Was anyone injured?', 'Who was involved?', and 'Are there any continuing threats?'
- F. Once the alleged perpetrator is identified and safety and security of individuals involved has been secured, all questioning by staff shall cease. After identifying the alleged perpetrator, staff may not question him or her because Miranda rights apply and such questions may interfere with law enforcement's investigation.
- G. Record in writing all spontaneous statements made by the alleged perpetrator, victim, or witnesses.
- H. Follow crime scene management priorities: personal safety, preserve life, prevent further hostilities, protect the scene, and preserve evidence.
- I. Cordon off the potential crime scene and keep a log of all people entering and their purpose. Do not step through blood, touch weapons, move or touch evidence, or allow non-critical response personnel to enter the scene. Dangerous weapons may be picked up only if they present a clear and present danger. If possible, leave weapons in place until law enforcement retrieves them.
- J. Non-Security First Responder Requirement (§115.264(b)): Case managers, administrative staff, and other non-security personnel who are first to receive an allegation shall immediately notify security staff or the on-duty supervisor in addition to following the steps above. Non-security staff shall not attempt to conduct any investigation prior to notifying security staff or the PREA Compliance Manager.

2.2 PREA Compliance Manager Duties in Cases of Sexual Abuse

- A. Upon learning of an allegation of sexual abuse, the Program Director (Matthew Brandt) or on-call administrator will likely be required to report to the facility.
- B. The PREA Compliance Manager shall notify the PREA Coordinator and they will determine if the incident should be reported to local law enforcement for potential criminal investigation. If the incident involves potential non-consensual sexual activity or behavior, or if exigent circumstances exist, the PREA Compliance Manager shall immediately contact local law enforcement.
- C. If the incident is reported to local law enforcement, staff will cooperate with law enforcement's investigation and will not conduct any further internal investigation until cleared to do so by local law enforcement.
- D. If local law enforcement does not conduct a criminal investigation, or gives Independence House permission to conduct its own investigation, the PREA Compliance Manager will lead the internal investigation in coordination with and under the guidance of the PREA Coordinator.

2.3 Response Following an Observation or Report of Sexual Assault or Sexual Harassment (§115.261)

- A. Staff shall immediately report to the PREA Compliance Manager (Matthew Brandt, Program Director) if:
 - 1. Staff receives any information or a report concerning potential sexual activity or behavior, regardless of its source and without regard to the length of time between the receipt of an allegation and the location and date of the alleged incident;
 - 2. Staff observes an incident of sexual activity or behavior, or otherwise knows or has reason to suspect potential sexual activity or behavior; or
 - 3. Staff knows or has reason to suspect that a client or staff member is being retaliated against for reporting an incident of sexual activity or behavior.
- B. Staff shall accept reports made verbally, in writing, anonymously, and from third parties. Staff shall promptly document verbal reports in writing. Upon receiving such information, the PREA Compliance Manager will immediately notify the PREA Coordinator.
- C. The PREA Coordinator and PREA Compliance Manager will determine whether the incident should be referred to local law enforcement. If referred, the PREA Compliance Manager shall ensure IH staff cooperate with local law enforcement and not interfere with their investigation. If not referred, the PREA Compliance Manager shall initiate an internal investigation in cooperation with and under the direction of the PREA Coordinator.
- D. The staff who received the report or observed the activity or behavior will complete a detailed incident report.
- E. Any staff neglect or violation of responsibilities that may have contributed to an incident of sexual harassment or retaliation shall be investigated and may be subject to disciplinary action and/or termination.

2.4 Criminal and Administrative Facility Investigations (§115.271)

- A. Where sexual harassment is alleged, the Program Director (Matthew Brandt) shall investigate promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The results of the investigation will be forwarded to the PREA Coordinator.
- B. Where sexual abuse is alleged, the Program Director, in consultation with the PREA Coordinator, shall contact the local law enforcement agency (or the BOP/DOC Inspector General Investigator if the incident involves a 'return to custody' client) to conduct the investigation.
- C. For criminal investigations, law enforcement or Inspector General investigators shall gather and preserve direct and circumstantial evidence, including physical and DNA evidence and 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.
- D. Staff will not interfere with criminal investigations.
- E. Administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse, and shall be documented in written reports including a description of the physical and testimonial evidence, credibility assessments, and investigative facts and findings.
- F. Staff shall make every effort to obtain reports from law enforcement when available.
- G. Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.
- H. The IH PREA Coordinator shall retain all written investigation reports for as long as the alleged abuser is placed at an IH facility or employed by the facility, plus seven years.
- I. The departure of the alleged abuser or victim from the employment or control of the facility shall not provide a basis for terminating an investigation.

- J. When a law enforcement agency or Inspector General investigates sexual abuse, all staff shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

2.5 Investigation Findings

Based on a preponderance of the information discovered during the investigation, the PREA Compliance Manager shall make a finding that the allegation was either:

- A. Substantiated: because a preponderance of the information establishes that the event occurred;
- B. Unsubstantiated: because the results of the investigation did not provide sufficient information to establish whether the event occurred; or
- C. Unfounded: because a preponderance of the evidence establishes that the event did not occur.

2.6 Coordinated Facility Response Plan (§115.265)

Independence House South Federal maintains a written institutional Coordinated Response Plan (separate standalone document) that coordinates actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to a sexual abuse incident. That plan is incorporated herein by reference and must be followed in conjunction with this policy. The coordinated response chain is:

- 1. First responder (any staff) → security staff/supervisor → PREA Compliance Manager (Matthew Brandt) → PREA Coordinator (Rose Rodriguez) → law enforcement if required.
- 2. Medical and mental health response: staff first responders shall directly notify on-call medical or mental health contacts when immediate care is needed, without waiting for management approval. The emergency contact list is maintained at the front desk and in the PREA binder.
- 3. Evidence preservation, victim advocacy, investigation coordination, and post-incident review are governed by the Coordinated Response Plan and this policy.

SECTION 3: PREA COMPLIANCE MANAGER PROTOCOLS

3.1 Referrals of Allegations to Local Law Enforcement for Investigation (§115.222)

- A. The PREA Compliance Manager (Matthew Brandt, Program Director) shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- B. Incidents of Sexual Assault and Sexual Harassment will be referred to the Denver Police Department (DPD) or CDOC for investigation and may be referred to the DA's office for criminal prosecution.
- C. For criminal investigations, the Program Director shall refer to the local law enforcement agency or the DOC Inspector General Investigator if the incident involves a 'return to custody' client.
- D. All allegations will be sent to the proper authorities and documented in the critical incident report.
- E. Law Enforcement Coordination Protocol (§115.222(c)): Independence House South Federal is located within Denver Police Department jurisdiction. DPD has jurisdictional authority and obligation to investigate criminal sexual abuse incidents. Upon any criminal referral, the PREA Compliance Manager shall: (1) contact DPD Sex Crimes Hotline at 720-913-6040 (during 7:00 am-3:00 pm) or DPD Non-Emergency at 720-913-2000 (after hours, request Sex Crimes Unit supervisor callback); (2) provide all relevant information and preserve evidence for DPD; (3) cooperate fully with DPD's investigation; (4) not conduct parallel internal investigation without DPD clearance; and (5) document all contacts with DPD in the investigation file. For incidents involving a federal resident, the PREA Compliance Manager shall also notify the U.S. Department of Justice Office of Inspector General as appropriate.

3.2 Responsive Planning, Evidence Protocol, and Forensic Medical Examinations (§115.221)

- A. When investigating allegations of sexual abuse, staff shall follow the uniform evidence protocol described in this policy and in the Coordinated Response Plan.
- B. The Program Director shall ensure that victims of sexual abuse have access to forensic medical examinations at Denver Health Medical Center (pursuant to memorandum of understanding), without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners and staff shall document its efforts to provide SAFEs or SANEs.

Other local SANE hospital locations: Denver Health Medical Center (303-602-3007), Porter Adventist Hospital (303-430-2648), Colorado Sexual Assault and Domestic Violence Center (303-974-5140), St. Anthony North Hospital (303-430-2648), St. Anthony's Central — Lakewood (720-321-0000).

- A. Confidential Victim Advocacy (§115.221(c)): For victim confidential counseling, clients may contact the Blue Bench hotline: 303-322-7273 (English) or 303-329-0031 (Spanish). Blue Bench serves as a confidential victim advocacy resource. BOP residents shall be immediately referred to CTS. BOP CTS will contact the victim for confidential counseling.
- B. If rape crisis services are not available, the Program Director shall make available a qualified staff member from a community-based organization or a qualified agency staff member. Staff shall document efforts to secure services from other rape crisis centers.
- C. As requested by the victim, a victim advocate, qualified facility staff member, or qualified community-based staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

3.3 Internal and External Reporting and Communications Protocol

- A. The PREA Compliance Manager will contact the BOP RRM and USPO to report any PREA incident.

Procedures for notification and reporting of criminal incidents:

- 1. Staff shall contact his/her Supervisor/Program Director (Matthew Brandt).
 - 2. Staff shall write a detailed report.
 - 3. The PREA Compliance Manager, in coordination with the PREA Coordinator, will contact the appropriate local law enforcement agency.
 - 4. If a staff member, intern, volunteer or contractor is involved, that person will be placed on administrative leave pending investigation.
 - 5. The facility shall take appropriate remedial measures and shall consider whether to prohibit further contact by the alleged perpetrator, staff member, volunteer or contractor with any other clients.
 - 6. The PREA Compliance Manager will contact the BOP and USPO.
- B. Staff Reporting Obligations (§115.251(c)): All staff, volunteers, and contractors are required to immediately report any knowledge, suspicion, or information regarding sexual abuse or sexual harassment to the PREA Compliance Manager. Staff shall accept reports made verbally, in writing, anonymously, and from third parties, and shall promptly document verbal reports in writing. Staff shall not screen or filter reports before accepting and documenting them. Failure to report is a violation of this policy and may result in disciplinary action.

- C. Staff Notification of Reporting Methods (§115.251(d)): All staff shall be informed of all reporting methods during initial PREA training and biennial refresher training. Reporting procedures are posted in staff areas and included in the staff handbook.

3.4 Reporting to Clients (§115.273)

- A. Following an investigation into a client's allegation of sexual abuse, the PREA Manager shall inform the client whenever the allegation has been determined to be substantiated, unsubstantiated, or unfounded.
- B. If the facility did not conduct the investigation, the Program Director shall request the relevant information from the investigative facility in order to inform the client.
- C. Following a client's allegation that a staff member has committed sexual abuse against the client, the Program Director shall subsequently inform the client (unless the allegation is unfounded) whenever: (1) the staff member has been suspended or transferred pending investigation; (2) the staff member is no longer posted within the resident's unit; (3) IH learns the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) IH learns the staff member has been convicted on a charge related to sexual abuse within the facility.
- D. Following a client's allegation that he or she has been sexually abused by another client, the Program Director shall subsequently inform the alleged victim whenever: (1) IH learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) IH learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- E. All notifications and attempted notifications shall be documented. Notifications triggered by events such as indictment or conviction that occur after the investigation report is finalized shall be documented in a Supplemental Post-Investigation Notification Log maintained in the client's file and the PREA records file. A blank Resident Notification Form and Supplemental Notification Log template are on file with the PREA Compliance Manager.
- F. A facility's obligation to report under this standard shall terminate if the client is released from the facility's custody.

SECTION 4: GENERAL INFORMATION

4.1 Mandatory Reporting (§115.254)

All IH staff shall comply with Colorado's mandatory reporter obligations. Pursuant to C.R.S. 19-3-304, mandatory reporters shall immediately contact local law enforcement or the department of human services if they have reason to know or suspect that a child or at-risk-adult has been subjected to abuse or neglect. For purposes of this policy, all clients should be considered at-risk-adults.

4.2 Confidentiality

Staff shall always refrain from revealing any information related to sexual abuse reports to anyone other than the PREA Compliance Manager or the PREA Coordinator, or to the extent necessary to make treatment, investigation, security or management decisions.

4.3 Anonymous Reports

If a staff member or resident wishes to report anonymously they may contact: RRM 602-333-0537. All staff are informed of anonymous reporting methods during initial PREA training and biennial refresher training. Anonymous reporting options are posted in accessible staff areas.

4.4 Resident Reporting Options and External Support Services (§115.251 / §115.253)

Residents have multiple options for reporting sexual abuse or sexual harassment:

7. Internal reporting: verbally to any staff member, in writing to any staff member or the PREA Compliance Manager, or through the grievance process.
8. Anonymous reporting: RRM 602-333-0537.
9. External reporting entity: BOP RRM 602-333-0537. The facility shall designate an external entity that is not bound by confidentiality obligations and is able to receive resident reports and immediately forward them to facility officials per §115.251(b). This designation shall be made prior to the onsite audit.
10. Third-party reporting: Third parties may report on behalf of a resident through the facility website www.ind-house.com or by calling the facility and asking to speak with the PREA Compliance Manager.

Outside Confidential Support Services (§115.253): The following organizations provide confidential support services to residents who have experienced sexual abuse. These are not external reporting entities — they are advocacy and support resources:

11. Blue Bench (confidential victim advocacy): 303-322-7273 (English) / 303-329-0031 (Spanish)
12. RAINN National Sexual Assault Hotline: 1-800-656-4673 / www.rainn.org

Prior to accessing outside victim advocacy services, residents shall be informed of: (1) the extent to which their communications with those organizations will be monitored by the facility; and (2) the extent to which reports of abuse will be forwarded to authorities under mandatory reporting laws. This disclosure shall appear in the resident handbook adjacent to the contact information above and shall be provided verbally at intake.

4.5 Grievances Involving Sexual Abuse (§115.252)

Residents alleging sexual abuse are not required to use informal resolution procedures and may proceed directly to submitting a formal written grievance. No resident alleging sexual abuse shall be required to attempt informal resolution prior to filing a written grievance. This carve-out applies in all cases of alleged sexual abuse and is reflected in the resident handbook and standalone grievance policy.

4.6 Bad Faith Allegations

Allegations made in bad faith shall result in disciplinary action and/or may result in criminal charges being filed.

4.7 Deliberate Indifference & Personal Liability

Staff could be held personally liable:

1. If they fail to anticipate and take action to prevent sexual assault in cases of obviously vulnerable offenders.
2. If they fail to take steps to investigate substantial risks to client health and safety.
3. If they fail to investigate, report, and help to prosecute client sexual assaults.
- A. It is critical that all employees take this issue seriously by investigating and reporting suspected issues.
- B. Investigating means looking into the issue with diligence and reporting to your supervisor or the PREA Compliance Manager. Staff shall document their investigation.

- C. Staff can be sued as an employee, intern, volunteer or contractor of a Community Corrections facility and also as an individual. If staff is found guilty of willful and wanton misconduct or conduct outside the course and scope of job duties, he/she could lose personal assets.
- D. Apart from reporting to designated supervisors or officials, staff shall not reveal 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.
- E. If the facility receives a report that a contractor or volunteer engages in sexual abuse on a client, Administration will conduct an investigation and notify the contractor or volunteer agency. The review team will determine whether services from the contractor or volunteer will continue.

4.8 Agency Protection Duties (§115.262)

If staff learns that a client is subject to a substantial risk of imminent sexual abuse, they shall take immediate action to protect the client. Staff will perform basic threshold questions consisting of what happened, who was involved, where the incident took place, and advising the client that the reported information will be kept confidential, except the information will be reported to the facility Supervisors and local law enforcement (if appropriate). The client will also be offered additional support via written material or referral to an administrator, advocate through referral or facility mental health practitioner. Security Staff will immediately inform the facility Director.

4.9 Facility Protection Against Retaliation (§115.267)

- A. IH shall 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. Staff is required to report any suspicion or knowledge of retaliation.
- B. If necessary, IH will ensure protection measures, such as room changes or transfers to another facility, removal of alleged staff or client abusers from contact with victims, and emotional support services for clients or staff who fear retaliation.
 - 1. For at least 90 days following a report of sexual abuse, staff shall monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation. The staff shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.
 - 2. In the case of clients, monitoring shall be completed by Program Administration or Case Manager and include documented periodic status checks utilizing the IH Retaliation Monitoring Form.
 - 3. The staff member assigned to conduct retaliation monitoring shall be designated in writing at the time monitoring is initiated and shall continue monitoring throughout the full 90-day period. The designation and all monitoring records shall be documented using the IH Retaliation Monitoring Form, copies of which are maintained by the PREA Compliance Manager.
 - 4. If any other individual who cooperates with an investigation expresses a fear of retaliation, the PREA Manager shall take appropriate measures to protect that individual against retaliation.
 - 5. A facility's obligation to monitor shall terminate if the facility determines that the allegation is unfounded.

4.10 Resident Rights: Medical Treatment, Emergency Contraception, and STI Prophylaxis (§115.282(c)(d))

Resident victims of sexual abuse are entitled to the following rights regardless of whether they name the abuser or cooperate with any investigation:

1. Immediate, unimpeded emergency medical treatment and crisis intervention at no financial cost.
2. Timely information about and access to emergency contraception, as clinically appropriate.
3. Timely information about and access to STI prophylaxis, in accordance with professionally accepted standards of care.
4. All treatment services without financial cost to the resident.

These rights shall be communicated to residents in the resident handbook and at intake orientation.

4.11 Authority

The Independence House Chief Executive Officer and PREA Coordinator will review all policies including this PREA policy on an annual basis and reserves the right to make revisions when necessary.

APPENDIX: POLICY DETAIL

Prevention Planning (§115.211)

The Chief Operations Officer (Rose Rodriguez) has been designated as the company-wide PREA Coordinator. The PREA Coordinator develops, implements, and oversees efforts to comply with the PREA standards in all of its facilities.

Supervision and Monitoring

See Staff Coverage policy (§115.213)

Limits to Cross-Gender Viewing and Searches (§115.215)

The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches except in exigent circumstances or when performed by medical practitioners.

The facility shall not permit cross-gender pat-down searches of female residents absent exigent circumstances. The facility shall not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision.

All cross-gender strip searches, cross-gender visual body cavity searches, and cross-gender pat-down searches of female residents shall be documented. Documentation shall include: date/time, resident name and register number, staff name and title, reason for cross-gender search, whether exigent circumstances existed, and search result.

Staff of the opposite gender shall announce their presence before entering any area where residents are likely to be showering, performing bodily functions, or changing clothing. Residents have the right to perform these activities without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia.

The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining genital status. When conducting searches of transgender or intersex residents, staff shall ask the resident to identify the gender of staff with whom they would feel most comfortable and shall accommodate that preference to the extent possible consistent with security needs.

Security staff shall receive training on cross-gender pat-down searches and searches of transgender and intersex residents in a professional, respectful, and least-intrusive manner. See Contraband & Evidence policy for full procedures. See Staff Development policy for training requirements.

Clients with Disabilities and Clients who are Limited English Proficiency (§115.216)

Clients with disabilities and with limited English proficiency shall have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

1. When necessary, staff shall provide access to interpreters who can interpret effectively, accurately, and impartially. Staff may serve as an interpreter or be required to read information to the client. If a client enters the program with a disability, staff shall immediately inform the Program Director, who may make arrangements for assistive services.
2. IH maintains a memorandum of understanding with the Spring Institute for Intercultural Learning to assist with clients with disabilities and limited English proficiency. Staff who serve as interpreters shall receive training in their interpreter role. Training records shall be maintained by the PREA Compliance Manager.
3. IH is not required to take actions that would impose an undue financial or administrative burden as defined under 28 CFR 35.164.
4. Staff shall not rely on client interpreters or client readers except in limited circumstances where delay would compromise safety, first-response duties, or investigation.

Hiring and Promotion Decisions (§115.217)

Independence House shall not hire or promote anyone who may have contact with residents, shall not retain any employee in such a position, and shall not enlist the services of any contractor or volunteer 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 such activity. These prohibitions are absolute and apply to hiring, promotion, and retention decisions.

In addition to the absolute prohibitions above, IH shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer, who may have contact with residents.

Before hiring new employees who may have contact with residents, IH shall perform a criminal background check and, 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 sexual harassment, or any resignation during a pending investigation of such an allegation.

IH shall conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents. See Recruitment and Selection policy for full procedures (§115.217).

Upgrades to Facilities and Technologies (§115.218)

1. When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, IH will consider the effect upon the facility's ability to protect clients from sexual abuse.
2. When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, IH will consider how such technology may enhance the facility's ability to protect clients from sexual abuse.

Employee Training (§115.231)

All staff who may have contact with residents shall receive training covering all topics required under §115.231(a)(1)-(10), including: IH's zero-tolerance policy; staff responsibilities under PREA prevention, detection, reporting, and response policies; residents' right to be free from sexual abuse and harassment and retaliation for reporting; dynamics of sexual abuse and harassment in confinement; common reactions of victims; how to detect and respond to signs of threatened or actual abuse; how to communicate effectively with residents including LGBTQI+ and gender nonconforming individuals; how to detect and report staff sexual misconduct; and relevant laws and policies.

Training shall be tailored to the gender of residents at the employee's facility. Employees reassigned between facilities housing only male or only female residents shall receive gender-specific supplemental training.

All staff shall receive refresher training at least every two years. In non-refresher years, the PREA Compliance Manager shall distribute updated information on any policy changes or compliance issues as interim refresher information.

All staff shall sign or electronically verify, following training, that they have received and understood the training content. Training verification records shall be maintained by the PREA Compliance Manager.

See Staff Development policy for full training procedures (§115.231).

Volunteer and Contractor Training (§115.232)

All volunteers and contractors who have contact with residents shall receive training on their responsibilities under IH's sexual abuse and sexual harassment prevention, detection, and response policies. This training shall be specific to contractor/volunteer roles — general inmate-facing materials do not constitute compliant contractor/volunteer PREA training.

All volunteers and contractors shall sign or electronically verify receipt and understanding of this training. Training records shall be maintained by the PREA Compliance Manager.

See Staff Development policy for full procedures (§115.232).

Resident Education (§115.233)

At intake, all residents shall receive education on IH's zero-tolerance policy, how to report sexual abuse or sexual harassment through all available methods, their rights including the right to be free from retaliation, and access to outside confidential support services. Education shall be provided in a format accessible to each resident's language and literacy level. A PREA education packet shall be provided in English and Spanish. Resident participation shall be documented.

See Intake Orientation policy for full procedures (§115.233).

Specialized Training: Investigations (§115.234)

To the extent IH conducts sexual abuse investigations, investigators shall receive training in conducting such investigations in confinement settings. Training records shall be maintained by the PREA Compliance Manager. See Staff Development policy.

Screening for Risk of Sexual Victimization and Abusiveness (§115.241)

All residents shall be screened for risk of sexual victimization and abusiveness at intake and upon transfer from another facility. Initial screening shall be completed within 72 hours of arrival, conducted privately, using a standardized instrument.

Within 30 days of arrival, the assigned case manager shall conduct and document an affirmative reassessment that includes direct resident consultation to identify any changes in risk factors since intake.

Event-triggered reassessment: A resident's risk level shall be reassessed whenever warranted due to a referral, request, incident of sexual abuse, or receipt of new information bearing on the resident's risk of victimization or abusiveness.

Residents may not be disciplined for refusing to answer or for not disclosing complete information in response to PREA screening questions regarding sexual orientation/gender identity, prior victimization, prior abusiveness, or perceived vulnerability.

PREA screening information shall be maintained in a secure, confidential PREA Risk Assessment Binder accessible only to the Program Director, Members of Program Management, Case Manager, and PREA Compliance Manager. This information shall not be disclosed to other residents or in general staff communications.

See Intake Orientation and Client Program Plans and Assessments policies for full procedures (§115.241).

Use of Screening Information (§115.242)

Screening information for all residents, including BOP/federal clients, shall be used to inform housing, bed, work, education, and program assignments with the goal of keeping residents at high risk of sexual victimization separate from those at high risk of being sexually abusive. PREA screening results shall be documented in the resident's Program Plan.

See Client Program Plans and Assessments policy for full procedures (§115.242).

Resident Reporting (§115.251)

Residents shall be provided multiple internal reporting options including verbal, written, anonymous, and third-party reporting. Staff shall accept reports through all these methods and shall promptly document verbal reports in writing.

External Reporting Entity (§115.251(b)): The facility shall designate an external entity that is not bound by confidentiality obligations and is able to receive and immediately forward resident reports to facility officials. Note: Blue Bench serves as a confidential victim advocacy resource only and cannot serve as the §115.251(b) external reporting entity.

The Spanish version of the resident handbook shall be made available to all residents with limited English proficiency.

See Intake Orientation policy for full resident reporting education (§115.251).

Exhaustion of Administrative Remedies (§115.252)

Residents alleging sexual abuse are not required to use informal resolution procedures and may proceed directly to submitting a formal written grievance. This carve-out shall be reflected in the resident handbook and the standalone grievance policy.

Resident Access to Outside Confidential Support Services (§115.253)

The facility provides residents access to the following outside confidential support services: Blue Bench (confidential victim advocacy): 303-322-7273 (English) / 303-329-0031 (Spanish); RAINN National Sexual Assault Hotline: 1-800-656-4673.

Prior to accessing outside advocacy services, residents shall be informed of: (1) the extent to which their communications will be monitored; and (2) the extent to which reports of abuse will be forwarded to

authorities under mandatory reporting laws. This disclosure shall appear in the resident handbook adjacent to the contact information.

Reporting to Other Confinement Facilities (§115.263)

Upon receiving an allegation that an IH client was sexually abused while confined at another facility, the PREA Coordinator will notify the administrator of that facility within 72 hours of receiving the allegation. The Program Director shall document that notification was provided.

Preservation of Ability to Protect Clients from Contact with Abusers (§115.266)

IH shall not enter into any collective bargaining agreement or other agreement that limits IH's ability to remove alleged staff sexual abusers from contact with clients pending the outcome of an investigation or determination of discipline.

Evidentiary Standard for Administrative Investigations (§115.272)

IH shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

Discipline

Disciplinary Sanctions for Staff — See Termination of an Employee policy (§115.276)

Corrective Action for Contractors and Volunteers — See Termination of an Employee and Disciplinary Actions policy (§115.277)

Disciplinary Sanctions for Clients — See Disciplinary Procedures and Hearings policy (§115.278)

Access to Emergency Medical and Mental Health Services (§115.282)

1. Directors will ensure that client victims of sexual abuse receive immediate, unimpeded emergency medical treatment and crisis intervention services at no financial cost to the resident.
2. Staff first responders shall directly notify the appropriate medical and mental health practitioners immediately — staff shall not wait for management approval when direct notification is needed for victim safety. If the Program Director is unavailable, staff shall use the emergency contact list maintained at the front desk and in the PREA binder, which identifies specific contacts for specific types of emergencies.
3. Directors shall offer client victims of sexual abuse timely information about and access to emergency contraception and STI prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.
4. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.

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

1. The Program Director shall refer for medical and mental health evaluation and, as appropriate, treatment, all clients who have been victimized by sexual abuse in a confinement setting.
2. Referral for evaluation and treatment shall include, as appropriate, follow-up services, treatment plans, and referrals for continued care following transfer or release.

3. The Program Director shall refer such victims for medical and mental health services consistent with the community level of care.
4. Client victims of sexually abusive vaginal penetration while confined shall be offered pregnancy tests.
5. If pregnancy results from such conduct, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
6. Client victims of sexual abuse while confined shall be referred for tests for sexually transmitted infections as medically appropriate.
7. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.
8. The Program Director shall refer for a mental health evaluation all known client-on-client abusers within 60 days of learning of such abuse history, and shall refer for treatment when deemed appropriate by mental health practitioners.

Sexual Abuse Incident Reviews (§115.286)

1. IH 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.
2. Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
3. The review team shall include: the Program Director (PREA Compliance Manager), the PREA Coordinator, an upper-level management official, and a Program representative. The Program representative shall be included in all reviews. The review team shall obtain input from medical or mental health practitioners in every review. Because IH does not have on-site practitioners, the PREA Compliance Manager shall consult with Blue Bench, Denver Health, or the facility's substance abuse treatment provider and shall document the steps taken to secure such input.
4. The review team shall: (a) consider whether the allegation or investigation indicates a need to change policy or practice; (b) consider whether the incident was motivated by race, ethnicity, gender identity, LGBTQI+ identification, gang affiliation, or other group dynamics; (c) examine the area where the incident allegedly occurred for physical barriers that may enable abuse; (d) assess adequacy of staffing levels; (e) assess whether monitoring technology should be added or augmented; and (f) prepare a written report of findings and recommendations.
5. The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

Data Collection (§115.287)

1. The PREA Coordinator collects accurate, uniform data for every allegation of sexual abuse using the IH PREA Investigation form.
2. The IH PREA Coordinator shall aggregate incident-based sexual abuse data at least annually.
3. The incident-based data collected shall include, at a minimum, all data fields necessary to complete the Survey of Sexual Violence — Institutional (SSV-IA) as published by the Department of Justice. The IH PREA Investigation form shall be reviewed annually to ensure it captures all current SSV-IA required data fields.
4. IH shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews.
5. Upon request, IH shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

Data Review for Corrective Action (§115.288)

1. IH shall 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: (a) identifying problem areas; (b) taking corrective action on an ongoing basis; and (c) preparing an annual report of its findings and corrective actions for each facility, as well as the company as a whole.
2. Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.
3. IH's annual report shall be reviewed and approved by the IH Chief Executive Officer or Chief Operations Officer (agency head) prior to publication. The approved report shall include the approving official's name, title, signature, and date of approval. The approved report shall be made readily available to the public through the IH website.
4. IH may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility, but must indicate the nature of the material redacted.

Data Storage, Publication, and Destruction (§115.289)

1. The PREA Coordinator shall ensure that data collected pursuant to §115.287 are securely retained in accordance with IH's written data storage policy, which specifies the location, access controls, and retention schedule for PREA data.
2. IH shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through its website.
3. Before making aggregated sexual abuse data publicly available, IH shall remove all personal identifiers.
4. IH shall maintain sexual abuse data collected pursuant to §115.287 for at least 10 years after the date of initial collection unless Federal, State, or local law requires otherwise.