PREA Audit: Subpart A
DHS Immigration Detention Facilities
Corrective Action Plan Final Determination

Homeland Security

AUDITOR INFORMATION			
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AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		
FIELD OFFICE INFORMATION			
Name of Field Office:	Denver		
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Field Office HQ physical address:	12445 East Caley Avenue Centennial, CO 80111		
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INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Teller County Jail		
Physical address:	288 Weaverville Road, Divide, CO 80814		
Mailing address: *(if different from above)*	PO Box 730, Divide, CO 80814		
Telephone number:	719-687-7770		
Facility type:	IGSA		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Commander
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Facility PSA Compliance Manager			
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Lieutenant
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FINAL DETERMINATION

SUMMARY OF AUDIT FINDINGS:

Directions: Please provide summary of audit findings to include the number of provisions with which the facility has achieved compliance at each level after implementation of corrective actions: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

During the audit, the Auditor found Teller County Jail (TCJ) met 30 standards, had 1 standard that exceeded (115.31), had 2 standards (115.14, 115.18) that were non-applicable, and 8 non-compliant standards (115.17, 115.21, 115.22, 115.43, 115.51, 115.61, 115.65, and 115.71). As a result of the facility being out of compliance with 8 standards, the facility entered a 180-day corrective action period which began on February 6, 2023, through August 5, 2023. The purpose of the corrective action period is for the facility to develop and implement a Corrective Action Plan (CAP) to bring these standards into compliance.

As the Auditor is no longer with Creative Corrections, the APM, Sharon Shaver completed the Auditor CAP review process. On March 13, 2023, the Auditor/APM received notification of the facility's first CAP via email from the Office of Professional Responsibility's (OPR), External Reviews and Analysis Unit (ERAU) and reviewed the submission. Additional documentation and responses were provided by the facility and reviewed by the Auditor/APM on April 13, 2023; May 16, 2023; July 14, 2023; July 24, 2023; and 3 CAP calls were held to discuss clarification of CAP requirements. During the final review on July 24, 2023, the Auditor/APM determined that the facility demonstrated compliance with all 8 standards found non-compliant at the time of the site visit, subsequently ending the CAP period early.

Number of Standards Met: 8

§115.17 Hiring and promotion decisions

§115.21 Evidence, protocols and forensic medical examinations

§115.22 Policies to ensure investigation of allegations and appropriate agency oversight

§115.43 Protective custody

§115.51 Detainee reporting

§115.61 Staff reporting duties

§115.65 Coordinated response

§115.71 Criminal and administrative investigations

PROVISIONS

Directions: After the corrective action period, or sooner if compliance is achieved before the corrective action period expires, the auditor shall complete the Corrective Action Plan Final Determination. The auditor shall select the provision that required corrective action and state if the facility's implementation of the provision now "Exceeds Standard," "Meets Standard," or "Does not meet Standard." The auditor shall include the evidence replied upon in making the compliance or non-compliance determination for each provision that was found non-compliant during the audit. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable.

§115. 17 - Hiring and promotion decisions

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 6-7.0 outlines, "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity 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 any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. The facility provided policy 320, Standards of Conduct, that requires employees to promptly and fully report activities that involve contact with any other law enforcement agency or that may result in criminal prosecution or discipline and delineates specific conditions for which this requirement applies. The list of specific conditions delineated in the policy does not include a continuing affirmative duty to disclose the misconduct as outlined in provision (a) of this standard. In addition, the facility submitted a memo that reads, "PREA training is conducted in-house, and the affirmative duty requirement is stated in the training. The deputy signing the roster is acknowledging the affirmative duty requirement." However, the Auditor was unable to locate the affirmative duty requirement to report misconduct in the training curriculum provided. The Lt. stated, during his interview, that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon any request from an institutional employer for which the employee has sought new employment when provided a release of information signed by the prior employee. He also stated that the facility would request information from prior institutions where the prospective candidate was previously employed. He stated that if the potential candidate notes this former employer during the initial facility paperwork, that the facility would contact the former employer. He further stated that during the thorough background check, the potential staff's entire employment record would be scrutinized. The Auditor interviewed 12 random staff, and each was aware of their duty to report. The Auditor also reviewed nine staff and contractor files with the assistance of the HR staff, and found that new employees, employees considered for promotion, and contractors are not asked questions listed in subpart (a) of the standard prior to hire, promotion, or annually. Of the files reviewed, three were promotions and one was a contractor. The Auditor was unable to locate any disclosure forms and interview with the HR staff confirmed the questions in subpart (a) are not asked. The Lt. and HR staff stated that material omissions regarding such misconduct, or the provision of false information, are grounds for termination or withdrawal of an offer of employment, as appropriate. The Auditor was unable to locate policy or documentation to verify subpart (e). The Auditor submitted a random sampling of TCJ employee, contractor, and ICE employee names to ICE Personnel Security Unit (PSU) to verify the background check process. ICE PSU confirmed the investigation status of all staff submitted was completed as required by the standard.

Does Not Meet (a)(b)(e): The facility is not in compliance with subsections (a) and (b) of the standard. A review of employee files and interviews with the Lt. and HR staff confirmed that the facility does not ask employees or contractors who may have contact with detainees during the initial background check or upon promotion specific questions as outlined in subpart (a). Those questions are: engaged in sexual abuse in a prison, jail, holding facility, confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. The Auditor reviewed the Background Screening Integrity Interview questions and employment application and confirmed they do not require the applicant to disclose if the applicant has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. In addition, a review of policy 606 does not include the requirement to ask applicants, promotional employees, contractors, or current employees annually to disclose if they have engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. Further,

the HR interview, nor file review explained how material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. The facility submitted a memo that reads, "PREA training is conducted in-house, and the affirmative duty requirement is stated in the training. The deputy signing the roster is acknowledging the affirmative duty requirement;" however, the Auditor reviewed employee files and facility policy and confirmed that neither impose upon employees a continuing affirmative duty to disclose misconduct related to sexual abuse, which was further confirmed during an interview with the Lt. and HR staff. The Auditor reviewed facility policy and confirmed it does not require the facility to directly ask staff, who may have contact with detainees, who are being considered for promotion about previous misconduct in an interview or written application. This was further confirmed by the Auditor's interviews with Lt. and HR staff. To become compliant, the facility must implement a practice that requires the facility not hire, promote, or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. In addition, the facility must implement a practice that requires staff have a continuing affirmative duty to report any misconduct involving sexual abuse. The facility must also implement a practice that requires the facility directly ask any staff, who has contact with detainees, who are being considered for promotion about previous misconduct related to sexual abuse in a written application or during an interview. The facility must provide the Auditor with (1) Two contractor files to confirm the contractor did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted to engage in sexual activity 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population; (2) If applicable, all new hire staff files during the Corrective Action Period (CAP) to confirm the facility reviewed the application and confirmed staff did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted to engage in sexual activity 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population; and, (3) If applicable, all staff promotion files, including ICE staff, who may have contact with detainees during the CAP to confirm they were directly asked about previous misconduct related to sexual abuse in a written application or during an interview.

Corrective Action (a)(b)(e): On March 15, 2023, the Auditor/APM reviewed a memo from the TCJ PSACM explaining that a new form, PREA Consideration Questions, has been implemented. These forms will be completed by new applicants, employees during their annual review, and employees during the promotion process. The form directly asks the applicant/employee questions about previous misconduct delineated in provision (a) of this standard. Additionally, this form requires the signor attest to understanding the continuing affirmative duty to disclose any such misconduct. On July 23, 2023, the Auditor/APM reviewed a memo from PSACM explaining the facility has had no new promotions, new hires, or evaluations completed as of July 10, 2023. Since there have been no qualifying events to demonstrate use of the new procedure using the PREA Consideration Questions form and the remainder of the CAP has been completed, the Auditor accepts the implementation of the form as demonstration of compliance with the previously outstanding provisions.

§115. 22 - Policies to ensure investigation of allegations and appropriate agency oversight
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(c): The protocols for ICE investigations are found on their web page (www.ice.gov/prea). The Auditor verified that policy 606, is located on the facility website (www.Tellercountysheriff.com/inmate-services); however, this policy does not provide the protocol information defined in the investigative protocol memo provided by the facility as evidence of the facility's protocols.

Does Not Meet (c): The facility is not in compliance with subpart (c) of the standard. The facility has investigative protocols located in policy 606 and in the investigative protocol memo; however, the memo is not posted on the facility's website. To become compliant, the facility must revise policy or develop a complete investigative protocol that contains all elements of standard 115.22, to include the protocols contained in the investigative protocol memo (exhibit 16) and policy 606 and place it on its website.

Corrective Action (c): The Auditor/APM reviewed the link provided by TCJ, DETENTIONS | TCSO (tellercountysheriff.com), and found the facility's SAAPI policy posted on its public website. This policy contains the facility's investigative protocols and thereby meets the requirements of this standard.

§115. 43 - Protective custody
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(d): The Auditor determined the facility is not in compliance with this subpart of the standard based on review of policy 606 that states, "Every 30 days, the jail Commander shall afford each such inmate a review to determine whether there is a continuing need for protective custody. High risk inmates or those placed on Administrative Segregation or PC will not be returned to general population until a re-classification is complete." The policy fails to mention that a supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. The Lt. confirmed that the placement of a vulnerable detainee in segregation would require the review process as required by policy and the subpart (d) requirements, and that placement notification would be made to the FOD within 72 hours. The Lt. stated during interview that they would follow the timelines indicated within this subpart. The facility has not had any PREA complaints or custody/administrative segregation of ICE detainees during this audit period; this was also confirmed by the (A)AFOD.

Does Not Meet (d): The facility is not in compliance with subpart (d) of the standard. The facility has protective custody protocols located in policy 606; however, the policy does not address (d-1) and (d-2) that requires a supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and a supervisory staff member to conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. To become complaint, the facility must revise policy 606 to contain all elements of standard 115.43, subsection (d) and submit revised policy to the Auditor during the corrective action period. In addition, the facility must train all applicable staff on the updated policy.

Corrective Action (d): On April 16, 2023 the Auditor/APM reviewed the revised policy 606 that includes the requirement for a supervisory staff member to conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and a supervisory staff member to conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. On July 23, 2023, the Auditor/APM reviewed a training roster dated July 3, 2023, indicating affected staff completed a Policy Review of 606 (PREA) and the Directive for Protective Custody. Based on the policy revisions and staff training on the revised procedures provides evidence that the facility has demonstrated full compliance with provision (d).

(e): TCJ submitted a memo that states, "During the audit period the Teller County Detention Facility has had no PREA complaints or custody/administrative segregation of detainees. In the event of this occurring, an email would be sent from [the Lt. or Commander] to the FOD immediately after the event." The Lt. and (A) AFOD confirmed that the placement of a vulnerable detainee in segregation would require notification be made to the FOD within 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse.

Does Not Meet (e): The facility is not in compliance with subpart (e) of the standard. While interviews confirmed that notification would be made to the FOD within 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative segregation on the basis of vulnerability to sexual abuse, this information must be included in the facility's written protocols. Therefore, policy 606 must be revised to include the requirements of subpart (e).

Corrective Action (e): On May 21, 2023, the Auditor/APM reviewed the Directive to TCSO Detention Personnel regarding Protective Custody of ICE Detainees. This Directive requires notification to the ICE FOD no later than 72 hours after the initial placement of a detainee in segregation due to a high risk of sexual victimization. The Directive instructs staff that "Notifications to the chain of command will be made in the event of an inmate housed under the IGSA with ICE and being placed into protective custody or administrative segregation due to a high risk of sexual victimization. The Jail Commander or designee shall notify the appropriate ICE Field Office Director (FOD) no later than 72 hours after the initial placement into segregation, whenever and ice inmate has been placed in administrative segregation on the basis of a vulnerability to sexual abuse or assault." The APM accepts this Directive as sufficient documentation to satisfy provision (e) of this standard. On July 23, 2023, the Auditor/APM reviewed Training Rosters dated 07/03/2023 indicating affected staff completed a Policy Review of 606 (PREA) and the Directive for Protective Custody. The facility has demonstrated compliance with provisions (d)(e) and is fully compliant with 115.43.

§115. 51 - Detainee reporting
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b): The facility is not in compliance with subpart (a) of the standard based on review of policy 606 that requires, "Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Office and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Jail Commander, allowing the inmate anonymity. Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose at any time. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Inmates may also log into a general non-specific HomeWAV account to make an anonymous PREA complaint through the PREA hotline." The facility supplemental handbook states, "Inmates may report an allegation of sexual abuse at any time. If you feel you are a victim of sexual abuse and/or sexual harassment alert a member of the detention staff immediately they will contact the appropriate person to conduct the investigation. You may fill out a kite to PREA regarding your situation at any time. If you feel uncomfortable contacting a member of the detention staff, you may notify the facility medical staff. ICE inmates may contact the OIG directly, by telephone, for allegations of officer misconduct or sexual abuse." All written material provided to the Auditor by the facility for this standard failed to address that detainees can use these methods to report retaliation for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. The Auditor observed posted in all housing units and the booking area contact information to detainees of relevant consular officials and the DHS OIG reporting poster to be able to confidentially, and, if desired, anonymously, report sexual abuse incidents. Reporting information is also available to detainees upon arrival through the TCJ facility supplemental handbook, ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and signage posted throughout the facility, as covered in standards 115.16 and 115.33 of this report. The nine detainee files reviewed by the Auditor demonstrated detainee receipt of these materials. The Auditor was able to test the detainee phone system for reporting sexual abuse allegations. The Auditor placed a call from the detainee phone to DHS OIG hotline for third-party reporting in which a representative stated that detainees would be allowed to remain anonymous if requested and the complaint would be forwarded for investigation. The Auditor placed a call from the detainee phone to CRISIS Sexual Abuse Hotline for Colorado in which the representative stated they would provide crisis intervention during the call. The Auditor placed a call from the detainee phone to ICE Detention Reporting and Information Line (DRIL) in which the representative stated the detainee would be allowed to remain anonymous if requested and the complaint would be forwarded for investigation. The facility allows detainees to place phone calls to these reporting entities anonymously using a universal PIN number should the detainee so choose. According to the Cpl. in charge of receiving internal reports, ICE detainees can use the kiosk located in each housing unit to submit a PREA grievance that would directly go to him and notify the ICE DO; this was also confirmed by the ICE DO during interview. There were no ICE detainees housed at the facility during the onsite portion of the audit.

Does Not Meet (a): The facility is not in compliance with subpart (a) of the standard due to policy 606 not addressing that detainees have multiple ways to report retaliation for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility must train all staff on the updated policy and document said training.

Corrective Action (a): On April 16, 2023, the Auditor/APM reviewed policy 606.6 which states "[Detainees] may report issues of retaliation for reporting sexual abuse and sexual abuse and staff neglect or violation(s) of responsibilities that may have contributed to such incidents. The policy is now compliant with the requirements of this standard; on July 24, 2023, the Auditor/APM reviewed Training Rosters dated 07/03/2023 indicating staff conducted a policy review of the revised 606 (PREA) Policy. The facility has demonstrated compliance with all provisions of 115.51.

§115. 61 - Staff reporting duties
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(a)(b)(c): After a review of policy 606 that requires, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward that matter to a sexual abuse investigator. Staff may also privately report sexual abuse and sexual harassment of inmates to the Jail Commander." The Auditor found the facility does not meet compliance with subpart (a). Policy 606 does not address that staff are able to report outside of their chain of command. Although the (A) AFOD confirmed by memo and during interview that he reviewed and approved policy 606, it still lacks necessary components. The Auditor interviewed 12 random security staff and shift supervisors and each of these staff members confirmed their knowledge of the reporting requirements of the standard and the facility policy. Staff understood that they are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that

occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Each was also aware of their ability to report allegations of sexual abuse outside of their chain of command through the any of the reporting hotline entities, if necessary. Staff also stated that they can use the anonymous tip line located on the website. All random staff interviewed detailed their responsibility for confidentiality and reporting only to a designated supervisor or official. Staff and supervisors confirmed that apart from reporting, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim; prevent further victimization of other detainees or staff in the facility; and to make medical treatment, investigation, law enforcement or other security and management decisions. The Auditor tested the phone number specified on the agency website and confirmed the ability to leave an anonymous voice mail. The Auditor also tested the online crime tip form located on the facility website https://www.tellercountysheriff.com/anonymoustips and was able to confirm successful transmission. The facility has had no allegations of sexual abuse during this audit period.

Does Not Meet (a): The facility is not in compliance with subpart (a) of the standard due to policy not addressing that staff are able to report sexual abuse outside of chain of command. To become complaint, the facility must revise their policy to contain subpart (a) of standard 115.61 and submit revised policy to the Auditor during the corrective action period. In addition, the facility must resubmit the updated policy to the Agency for review and approval and submit this approval documentation to the Auditor.

Corrective Action (a): On April 16, 2023, the Auditor/APM reviewed policy 606.5.1 which was found to include the following language: "Staff members may also report [an] incident of sexual [abuse] anonymously through the PREA hotline, 1-800-323-8603." This is the Hotline number for DHS OIG which satisfies the requirements of the facility providing a method for staff to report outside the chain of command. Since this language was in the original policy, the Auditor/APM waives the requirement to have policy resubmitted to the Agency for review and approval and requisite training for staff. The facility has demonstrated full compliance.

§115. 65 - Coordinated response

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

(c)(d): The Auditor determined compliance with these subparts of the standard based on a memo submitted by the facility that states, "During the audit period Teller County Detention facility has had no victims of sexual abuse/assault that were transferred to a different facility. In the event of this occurring, Teller County Detention Facility would place the full report as well as all other documentation in a confidential packet and it would be hand delivered with the detainee to the next facility to ensure the facility was notified of any potential needs or additional medical attention they will require." This practice was confirmed through interviews with the Lt. and the (A) AFOD. The Lt. and the HSA further stated that if they were to transfer a victim of sexual abuse to a DHS or non-DHS facility as identified in subparts (c) and (d) all proper notifications would be made according to the protocol described within the memo.

Does Not Meet (c)(d): The facility is not in compliance with subsections (c) and (d) of the standard. The facility submitted a memo that states, "During the audit period Teller County Detention facility has had no victims of sexual abuse/assault that were transferred to a different facility. In the event of this occurring, Teller County Detention Facility would place the full report as well as all other documentation in a confidential packet and it would be hand delivered with the detainee to the next facility to ensure the facility was notified of any potential needs or additional medical attention they will require." However, the standard requires a coordinated plan that includes, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in policy 606 (the facility's Coordinated Response Plan.) To become compliant, the facility must update their Coordinated Response Plan to include the verbiage from subsections (c) and (d) of the standard. In addition, the facility must train all applicable staff on the updated Coordinated Response Plan and document said training. If applicable, the facility must provide the Auditor with any sexual abuse investigation files, and corresponding medical and mental health records, of a detainee who was transferred due to an incident of sexual abuse to a facility not covered by paragraph (c) of the standard to confirm compliance with subsection (d) of the standard.

Corrective Action (c)(d): On May 21, 2023, the Auditor/APM reviewed the updated policy 606 that states, "If a victim of sexual abuse is an inmate housed under the IGSA with ICE and is transferred between facilities and/or removed from the housing limits of the Teller County Jail, and at the direction and control of ICE, all information regarding the inmate to include all PREA related files will be provided to ICE for their determination and dissemination to receiving agencies and facilities." Also

included was a memorandum dated May 9, 2023 from the (A)AFOD assuming responsibility for providing the appropriate notifications as required by this standard to the receiving facility when a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard and when the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, unless the victim requests otherwise. The facility has demonstrated full compliance with this standard.

§115. 71 - Criminal and administrative investigations
Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
Notes:

(c): The facility is not in compliance with subpart (c) of the standard based on review of policy 606. Policy 606 states "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. All PREA-related incidents, investigations, prosecutions, and evidence related material shall be stored in a secure location. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex, or gender identity. Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling devise as a condition for proceeding with an investigation. The office shall retain all written reports from administrative or criminal investigations for as long as the alleged abuser is held or employed by the Office, plus five years." However, the policy does not address interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; and it does not mention such procedures shall govern the coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation. The investigator confirmed that based on his training and experience, his determinations for administrative outcomes are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interview notes from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. The facility has not had any sexual abuse allegations or investigations during this audit period.

Does Not Meet (c): The facility is not in compliance with subpart (c) of the standard. The Auditor reviewed policy 606 and confirmed it does not contain the requirements that address interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; and it does not mention such procedures shall govern the coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation. To become complaint, the facility must revise policy 606 to contain all elements of subpart (c) and submit the revised policy to the Auditor during the corrective action period. Affected staff shall be trained on the revised written procedures for administrative investigations and documentation of this training shall be provided to the Auditor for compliance review. If applicable, the facility must provide the Auditor with all sexual abuse allegations that occur during the CAP period to confirm compliance with subsection (c).

Corrective Action (c): On April 16, 2023, the Auditor/APM reviewed policies 606.10 and 601 and found, collectively, language sufficient to satisfy subparts (c)(1)(i, iv, v, and vi). Additionally, language to satisfy subpart (c)(1)(vii) was found in policy section 606.15. On May 21, 2023, the Auditor/APM reviewed the memorandum dated May 9, 2023, from the Lieutenant stating that the following language will be added to policy 606: "the investigator will interview alleged victims, suspects, and witnesses and review any prior complaints and report of sexual abuse involving suspects." The APM accepts this action as demonstration of full compliance with this standard.

AUDITOR CERTIFICATION:
I certify that the contents of the report are accurate to the best of my knowledge and no conflict of interest exists with respect to my ability to conduct an audit of the agency under review. I have not included any personally identified information (PII) about any detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.

Sharon R. Shaver July 27, 2023
Auditor's Signature & Date

(b) (6), (b) (7)(C) July 27, 2023
Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) July 31, 2023
Program Manager's Signature & Date

PREA Audit: Subpart A
DHS Immigration Detention Facilities
Audit Report

Homeland Security

AUDIT DATES			
From:	12/6/2022	**To:**	12/7/2022
AUDITOR INFORMATION			
Name of auditor:	Joyce E. Bridschge	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-(b) (6), (b)
PROGRAM MANAGER INFORMATION			
Name of PM:	(b) (6), (b) (7)(C)	**Organization:**	Creative Corrections, LLC
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	409-866-(b) (6), (b)
AGENCY INFORMATION			
Name of agency:	U.S. Immigration and Customs Enforcement (ICE)		

FIELD OFFICE INFORMATION	
Name of Field Office:	Denver
Field Office Director:	Jason Knight
ERO PREA Field Coordinator:	(b) (6), (b) (7)(C)
Field Office HQ physical address:	12445 East Caley Avenue Centennial, CO 80111
Mailing address: (if different from above)	Click or tap here to enter text.

INFORMATION ABOUT THE FACILITY BEING AUDITED			
Basic Information About the Facility			
Name of facility:	Teller County Jail		
Physical address:	288 Weaverville Road, Divide, CO 80814		
Mailing address: (if different from above)	PO Box 730, Divide, CO 80814		
Telephone number:	719-687-7770		
Facility type:	IGSA		
PREA Incorporation Date:	2/18/2020		
Facility Leadership			
Name of Officer in Charge:	(b) (6), (b) (7)(C)	**Title:**	Commander
Email address:	(b) (7)(C), (b) (6)	**Telephone number:**	719-304-(b) (6), (b)
Name of PSA Compliance Manager:	(b) (6), (b) (7)(C)	**Title:**	Lieutenant
Email address:	(b) (6), (b) (7)(C)	**Telephone number:**	719-304-(b) (6), (b)

ICE HQ USE ONLY	
Form Key:	29
Revision Date:	02/24/2020
Notes:	Click or tap here to enter text.

NARRATIVE OF AUDIT PROCESS AND DESCRIPTION OF FACILITY CHARACTERISTICS

Directions: Discuss the audit process to include the date of the audit, names of all individuals in attendance, audit methodology, description of the sampling of staff and detainees interviewed, description of the areas of the facility toured, and a summary of facility characteristics.

The U.S. Department of Homeland Security (DHS) Prison Rape Elimination Act (PREA) audit of the Teller County Jail (TCJ) was conducted on December 6-7 2022, by U.S. Department of Justice (DOJ) and DHS certified PREA Auditor, Joyce Bridschge for Creative Corrections, LLC. The Auditor was provided guidance during the audit report writing and review process by the U.S. Immigration and Customs Enforcement (ICE) PREA Program Manager (PM), (b) (6), (b) (7)(C), and Assistant Program Manager (APM), (b) (6), (b) (7)(C), both DOJ and DHS certified PREA Auditors. The Program Manager s role is to provide oversight to the ICE PREA audit process and liaison with the ICE Office of Professional Responsibility (OPR), External Reviews and Analysis Unit (ERAU) during the audit report review process. The purpose of the audit was to determine compliance with the DHS PREA standards for the audit period of February 18, 2020, through December 7, 2022. TCJ is a Teller County managed facility and maintains a contractual agreement with the DHS ICE Office of Enforcement and Removal Operations (ERO). The facility houses adult male and female detainees and inmates for County, State, and Federal agencies. According to the Pre-Audit Questionnaire (PAQ), the top three nationalities held at the TCJ are American, Mexican, and Native Americans. The facility does not house juveniles or family detainees. According to the PAQ, the average detainee population for the year preceding the audit was 83. This was the first DHS PREA audit for the TCJ. The facility is located in Divide, Colorado.

On December 06, 2022, an entrance briefing was held in the Teller County Jail employee break room. The ICE ERAU Team Lead, (b) (6), (b) (7)(C) opened the briefing and then turned it over to the Auditor. In attendance were:

TCJ staff:

(b) (6), (b) (7)(C) Lieutenant (Lt.)
(b) (6), (b) (7)(C) Sergeant (Sgt.)
(b) (6), (b) (7)(C) Corporal (Cpl.)
(b) (6), (b) (7)(C) Cpl.
(b) (6), (b) (7)(C) Inmate Services Coordinator
(b) (6), (b) (7)(C) Deputy

Southern Health Partners Contract Medical staff:

(b) (6), (b) (7)(C) Health Service Administrator (HSA)
(b) (6), (b) (7)(C) Nurse

ICE Staff:

(b) (6), (b) (7)(C) ICE/OPR/ERAU Inspections and Compliance Specialist (ICS)
(b) (6), (b) (7)(C) ICE/ERO Deportation Officer (DO)
(b) (6), (b) (7)(C) Acting Assistant Field Office Director (A)(AFOD)

Creative Corrections Staff:

Joyce Bridschge, Certified PREA Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C) Assistant Program Manager (APM), Creative Corrections, LLC

The Auditor introduced herself and then provided an overview of the audit process and the methodology to be used to demonstrate PREA Compliance with those present. Approximately two weeks prior to the audit, ERAU TL, (b) (6), (b) (7)(C), provided the Auditor with the facility's PAQ, Agency policies, and other pertinent documents through the ICE SharePoint. The PAQ and supporting documentation was organized with the PREA Pre-Audit Policy and Document Request DHS Immigration Detention Facilities form and within folders for ease of auditing. The main policy that provides facility direction for PREA is policy 606, PREA. A review of policy 606 identified the term inmates is used instead of detainees and the Auditor is making a general recommendation to update the policy throughout to reflect detainees. All documentation, policies, and the PAQ were reviewed by the Auditor. A tentative daily schedule was provided by the Auditor for the interviews with staff and detainees. The Auditor also reviewed the facility's website, www.tellercountysheriff.com/inmate-services. The Auditor explained the audit process is designed to not only assess compliance through written policies and procedures but also to determine whether such policies and procedures are reflected in the knowledge of staff at all levels. She further explained compliance with the PREA standards will be determined based on the review of policy and procedures, observations made during the facility tour, provided documentation review, and conducting both staff and detainee interviews.

On the first day of the audit, there were zero ICE detainees housed at the TCJ. The current rated capacity for the facility is 120 adult detainees. The facility houses County and State inmates, Federal Marshals detainees, and DHS ICE detainees. The in-processing area consists of four holding cells and one unit. The rooms have toilets and a sitting area. The intake area has one single-use shower. Posters are provided in the intake area, consisting of consulate contact information, the Rape Crisis Center contact information, DHS-prescribed ICE Sexual Abuse Awareness (SAA) Information pamphlet, and the DHS ICE Zero-Tolerance for Sexual Abuse poster with phone and other contact information. The detainees remain in this area until they are individually classified and receive a risk assessment and then are placed in the general population housing. The facility has six multi-occupancy housing units and six mental health unit beds. During the site visit, the Auditor observed male and female staff announcing themselves prior to entering living areas during the tour. There were (b) (7)(E) being utilized throughout the TCJ, (b) (7)(E) of the housing units. The Auditor reviewed each camera assigned to areas that monitored ICE detainees and found no privacy concerns.

TCJ maintains a staff roster of 36 employees, to include security and non-security personnel for the entire complex. According to the PAQ and the interview with the Lt., there are 27 security staff, 4 medical staff, 2 mental health staff, and 3 non-security staff. TCJ utilizes contracted providers for medical, food service, maintenance services, and religious services. The facility does not utilize volunteers.

At the conclusion of the tour, the Auditor was provided with staff rosters, and randomly selected personnel to participate in formal interviews. Again, the facility did not have any ICE detainees to interview. A total of 23 staff and 2 contracted staff were interviewed. Staff interviewed included 16 random staff (line-staff and first-line supervisors) and 7 specialized staff. The specialized staff interviewed included the Lt., Inmate Services Coordinator, Human Resource Staff, kitchen manager, intake staff, (A) AFOD and the ICE DO. The two contracted staff interviewed was a food service staff employed by Summit Food Service and the other was the HSA employed by Southern Health Partners. There were no allegations of sexual abuse reported at TCJ during the audit period.

On December 7 2022, an exit briefing was held in the TCJ employee break room. The ICE ERAU TL, (b) (6), (b) (7)(C), opened the briefing and then turned it over to the Auditor. In attendance were:

TCJ staff:

(b) (6), (b) (7)(C) Lt.
(b) (6), (b) (7)(C) Sgt.
(b) (6), (b) (7)(C) Cpl.
(b) (6), (b) (7)(C) Cpl.
(b) (6), (b) (7)(C) Inmate Services Coordinator
(b) (6), (b) (7)(C) Deputy

Southern Health Partners Contract Medical staff:

(b) (6), (b) (7)(C) HSA

ICE Staff:

(b) (6), (b) (7)(C) ICE/OPR/ERAU ICS
(b) (6), (b) (7)(C) ICE/ERO DO
(b) (6), (b) (7)(C) (A) AFOD, via telephone

Creative Corrections Staff:

Joyce Bridschge, Certified PREA Auditor, Creative Corrections, LLC
(b) (6), (b) (7)(C) APM, Creative Corrections, LLC

The Auditor spoke briefly about the staff knowledge of the Teller County Jail PREA zero-tolerance policy. The Auditor informed those present that it was too early in the process to formalize an outcome of the audit and that she would need to review her findings and review interviews conducted prior to making a final determination on compliance. The Auditor explained the audit report process time frames and thanked all present for their cooperation.

SUMMARY OF AUDIT FINDINGS

Directions: Discuss audit findings to include a summary statement of overall findings and the number of provisions which the facility has achieved compliance at each level: Exceeds Standard, Meets Standard, and Does Not Meet Standard.

Number of Standards Exceeded: 1
§115.31 Staff training

Number of Standards Not Applicable: 2
§115.14 Juvenile and Family detainees
§115.18 Upgrades to facilities and technology

Number of Standards Met: 30
§115.11 Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator
§115.13 Detainee supervision and monitoring
§115.15 Limits to cross-gender viewing and searches
§115.16 Accommodating detainees with disabilities and detainees who are limited English proficient
§115.32 Other training
§115.33 Detainee education
§115.34 Specialized training: investigations
§115.35 Specialized training: medical and mental health care
§115.41 Assessment for risk of victimization and abusiveness
§115.42 Use of assessment information
§115.52 Grievances
§115.53 Detainee access to outside confidential support services
§115.54 Third party reporting
§115.62 Protection duties
§115.63 Reporting to other confinement facilities
§115.64 Responder duties
§115.66 Protection of detainees from contact with alleged abusers
§115.67 Agency protection against retaliation
§115.68 Post allegation protective custody
§115.72 Evidentiary standard for administrative investigations
§115.73 Reporting to detainees
§115.76 Disciplinary sanctions for staff
§115.77 Corrective action for contractors and volunteers
§115.78 Disciplinary sanctions for detainees
§115.81 Medical and mental health assessments; History of sexual abuse
§115.82 Access to emergency medical and mental health services
§115.83 Ongoing medical and mental health care for sexual abuse victims and abusers
§115.86 Sexual abuse incident reviews
§115.87 Data collection
§115.201 Scope of audits

Number of Standards Not Met: 8
§115.17 Hiring and promotion decisions
§115.21 Evidence, protocols and forensic medical examinations
§115.22 Policies to ensure investigation of allegations and appropriate agency oversight
§115.43 Protective custody
§115.51 Detainee reporting
§115.61 Staff reporting duties
§115.65 Coordinated response
§115.71 Criminal and administrative investigations

PROVISIONS

Directions: In the notes, the auditor shall include the evidence relied upon in making the compliance or non-compliance determination for each provision of the standard, 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 the standard. These recommendations must be included in the Corrective Action Plan Final Determination, accompanied by information on specific corrective actions taken by the facility. Failure to comply with any part of a standard provision shall result in a finding of "Does not meet Standard" for that entire provision, unless that part is specifically designated as Not Applicable. For any provision identified as Not Applicable, provide an explanation for the reasoning.

§115.11 - Zero tolerance of sexual abuse; Prevention of Sexual Assault Coordinator.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(c): The Auditor determined compliance with this subpart of the standard based on review of policy 606 mandating, "Zero-tolerance with regard to sexual abuse and sexual harassment in this facility." This written policy outlines the TCJ approach to accomplish this zero-tolerance goal through defined hiring practices and ensuring employees, contractors, and inmates receive training and information on the zero-tolerance policy regarding sexual abuse and assault, the means to report it, and consequences for violations. The interview with the TCJ Commander designee (Lt.) confirmed that this policy was reviewed and approved by the Agency, and he provided the Auditor with documentation in form of a memo of the policy review by the (A) AFOD. The informal and formal interviews with staff indicated they were aware of the facility's policy on sexual abuse. The (A) AFOD verified during interview that he has reviewed and approved jail policies relating to ICE detainees while in custody.

Recommendation (c): A review of policy 606 identified the term inmates is used instead of detainees and the Auditor is making a general recommendation to update policy 606 throughout to reflect detainees.

(d): The Auditor determined compliance with this subpart of the standard based on review of policy 606 that requires, "The Jail Commander shall appoint an upper-level manager with sufficient time and authority to develop, implement and oversee office efforts to comply with PREA standards." The Lt. confirmed he is the point of contact for the facility and the Agency PSA Coordinator and understands his requirement to report to the Agency and the facility. The Lt. further indicated he has sufficient time and authority to oversee efforts for the facility to comply with their zero-tolerance policy. His position is noted on the facility organizational chart as a direct report to the Jail Commander.

§115.13 - Detainee supervision and monitoring.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard based on review of policy 606 which states, "Developing a staffing plan to provide adequate levels of staffing and video monitoring, where applicable, in order to protect detainees from sexual abuse. This includes documenting deviations and the reasons for deviations from the staffing plan, as well as reviewing the staffing plan a minimum of once per year. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: Generally accepted detention and correctional practices; any judicial findings of inadequacy; the physical layout; the composition of the detainee population; the prevalence of substantiated and unsubstantiated incidents of sexual abuse incident review reports, and any other relevant factors." The interview with the Lt. confirmed that TCJ utilizes direct supervision by staff in conjunction with the use of the facility's (b) (7)(E) to provide supervision of the detainees. The Auditor was provided the most recent review of the facility's 2022 Staffing Plan documenting the subpart (c) requirements were assessed. In addition, the Auditor was provided and reviewed the 2022 TCJ comprehensive supervision guidelines (post orders) dated October 27, 2022, and verified the guidelines meet subpart (b) requirements. There were no recommendations for changes to policy or facility operations from this review. During the two days the Auditor was on-site, she observed, that there were no ICE detainees being held in the facility.

(d): The Auditor determined compliance with this subpart of the standard based on review of policy 606 that requires, "Implementing a protocol requiring mid-level or higher-level supervisors to conduct and document unannounced inspections to identify and deter sexual abuse and sexual harassment. The protocol shall prohibit announcing when such inspections are to occur unless it is necessary for operational considerations." The Auditor interviewed the shift supervisors (Cpl.'s) on each of the TCJ shifts. All three confirmed they make at least one round during their shift where detainees have access, staggering times, and locations. During the on-site visit, the Auditor randomly reviewed logbooks in areas where detainees have access and found signature verifications on each of the shifts, daily, confirming PREA rounds are conducted. In addition to logbook entries, the facility utilizes an electronic tracking system to record the date, time, and locations that unannounced rounds occur. The Auditor was able to review a sample of printed reports and verified that unannounced rounds are conducted on each shift daily. In interviews with 12 random security staff, it was confirmed they were aware of the policy prohibiting them from alerting other staff that the Cpl.s were making rounds.

§115.14 - Juvenile and family detainees.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b)(c)(d): This standard is non-applicable. TCJ does not accept juveniles or family detainees. This was confirmed in the PAQ, during interviews conducted with the Lt., and personal observations by the Auditor while on-site.

§115.15 - Limits to cross-gender viewing and searches.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(b)(c)(d): The Auditor determined compliance with these subparts of the standard based on interviews and the PAQ. The Auditor interviewed 12 security staff (male and female), who acknowledged cross-gender pat-down searches are not permitted at TCJ, except in exigent circumstances. In addition, the interviews of 12 security staff confirmed their awareness that if exigent circumstances occurred requiring a cross-gender pat-down search, the search would have to be documented. The PAQ and staff interviews indicated that cross-gender pat-down searches have not been conducted at TCJ during the audit period.

(e)(f): The Auditor determined compliance with these subparts of the standard based on an interview with the Lt. who indicated that cross-gender strip searches and cross-gender body-cavity searches shall not be conducted except in exigent circumstances, including consideration of officer safety or when performed by medical practitioners. In addition, in interviews with 12 random security staff it was confirmed that if a cross-gender body-cavity or strip search were to be conducted it would be documented. The Lt. and the PAQ confirmed the facility had no instances of cross-gender strip searches or visual body cavity searches conducted during the audit period, but they would be documented if there had been. There are no juveniles housed at TCJ.

(g): The Auditor determined compliance with this subpart of the standard based on review of policy 606 that states, "Staff are prohibited from viewing inmates of the opposite gender while showering, performing bodily functions, and changing clothes. Staff are required to announce their presence when entering an area where inmates are likely to be showering, performing bodily functions, or changing clothes." During the on-site visit, the Auditor observed staff announcing themselves prior to entering areas where detainees of the opposite gender would be housed. The random interviews with staff, including both male and female, confirmed their requirement of opposite gender staff announcing their presence prior to entering areas where detainees of the opposite gender would be housed. The review of the camera system and observations of the bathroom areas during the on-site visit revealed no privacy concerns within the shower or toilet areas in areas that house ICE detainees. At the time of the on-site audit, there were no detainees housed at TCJ for the Auditor to interview.

(h): This subsection is non-applicable. TCJ is not a family residential facility. This was confirmed in the PAQ, during interviews conducted with the Lt., and personal observations by the Auditor while on-site.

(i)(j): The Auditor determined compliance with these subparts of the standard based on a review of documentation and interviews. The TCJ provided the Auditor with signed training certification forms indicating that all security staff have received training on detention facility, hold room and staging facility physical search requirements using the *U.S. Immigration and Customs Enforcement Best Practices for Cross-Gender, Transgender, and Intersex Searches*. These practices are based on PBND 2011 and ICE policy 11087.1 and address general, cross-gender, transgender, and intersex searches, including: Search documentation; search parameters; search procedures; authorized search personnel; and search personnel gender requirements. The random male and female security staff interviews confirmed their knowledge of the prohibition of searching detainees to determine their genital status and the requirement to perform all pat-down searches in a professional and respectful manner, and in the least intrusive manner as possible. These security staff also detailed the search training they received to include techniques for conducting cross-gender, transgender, and intersex searches in a professional manner. The interview with the Lt. also indicated that all staff training on searches is developed based on ICE policy 11087.1 and PBNDS 2011. The Auditor reviewed nine security staff training files and found completed search training documentation in each of the files. At the time of the audit, there were no ICE detainees present at the facility, and therefore, the Auditor requested to review video of a previous pat-down search; however, the cameras only retained images for 90 days, and there were no ICE detainees held at the facility during that timeframe.

§115.16 - Accommodating detainees with disabilities and detainees who are limited English proficient.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard based on review of ICE policy 11062.2, Sexual Abuse and Assault Prevention and Intervention (SAAPI) that requires the facility to, "Take appropriate steps, in accordance with applicable law, to ensure that detainees with disabilities (including, for example, detainees who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse and sexual assault. Such steps shall include, when necessary, to ensure effective communication with detainees who are deaf or hard of hearing, providing access to in-person, telephonic, or video interpretation services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary." ICE policy 11062.2 further states, "Any written materials related to sexual abuse are provided in formats or through methods that ensure effective communication with detainees with disabilities, including detainees who have intellectual disabilities, limited reading skills, or who are blind or have low vision." ICE policy 11062.2 also requires the facility to, "Take steps to ensure meaningful access to all aspects of agency and facility efforts to prevent, detect, and respond to sexual abuse and assault to detainees who are limited English proficient (LEP), including steps to provide in-person or telephonic interpretive services that enable effective, accurate, and impartial interpretation, both receptively and expressively, using any necessary specialized vocabulary. In matters relating to allegations of sexual abuse or assault, ensure the provision of in-person or telephonic interpretation services that enable effective, accurate, and impartial interpretation, by someone other than another detainee, unless the detainee expresses a preference for another detainee to provide interpretation and the agency determines that such interpretation is appropriate and consistent with DHS policy. The provision of interpreter services by minors,

alleged abusers, detainees who witnessed the alleged abuse or assault, and detainees who have a significant relationship with the alleged abuser, is not appropriate in matters relating to allegations of sexual abuse or assault." Upon arrival at TCJ, detainees receive the TCJ Supplemental facility handbook, available in Spanish and English, the DHS-prescribed ICE SAA Information pamphlet, and the ICE National Detainee Handbook. The DHS-prescribed ICE SAA Information pamphlet is available to be printed in 15 languages (English, Spanish, Chinese, Arabic, French, Haitian Creole, Hindi, Portuguese, Punjabi, Bengali, Romanian, Russian, Turkish, Ukrainian, and Vietnamese). The ICE National Detainee Handbook is available to be printed in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Turkish, Bengali, Romanian, Portuguese, and Vietnamese). The Auditor observed the supplemental facility handbook, the DHS-prescribed ICE SAA Information pamphlet, and the ICE National Detainee Handbook available in English and Spanish, with other languages readily available to be printed. The Auditor interviewed an intake staff member which confirmed that he had not personally encountered a detainee who was deaf, hearing impaired, blind, had low vision, or was low intellect, mental health concerns, or limited reading skills; however, the employee stated he would provide the detainee the information in writing, through use of the text telephone (TTY), through the kiosk available to detainees, orally or in written format in a manner that ensures their understanding of the material, and if necessary, would refer them to the medical or mental health staff based on the detainee's limitation. The intake staff member interviewed also indicated that if they were to encounter a detainee who was LEP, they would utilize the ICE ERO Languages Services Line to assist them with interviews if a staff interpreter was unavailable, and that the kiosks are available for detainees to utilize; the kiosks contain the supplemental facility handbook, the DHS-prescribed ICE SAA Information pamphlet, and the ICE National Detainee Handbook in all languages listed above. TCJ ensures bilingual (Spanish/English) staff are available on each shift; this was verified by review of the facility staff roster and interviews with security staff. These staff also indicated when providing information on the efforts to prevent, detect, and respond to sexual abuse, in a language not covered by ICE National Detainee Handbook, they utilize the ICE ERO Languages Services for accessing interpreting services to provide the detainee with meaningful access to all aspects of the Agency's SAAPI program. Intake staff informed the Auditor that specific pages of the TCJ Supplemental facility handbook are read to the detainee through use of the interpreter and the orientation is documented with the interpreter's name, signed by the detainee, and placed in the detainee's detention file. These pages include information topics for the detainee regarding DHS Office of Inspector General (OIG) Hotline, Rape Crisis Center, PREA information, ICE SAAPI, and kiosk instructions. During the facility tour, the Auditor observed "I Speak Language Identification Guide," and the ICE ERO Language Services Resource Flyer posted in the booking area. The Auditor also observed posted throughout the facility HomeWAV PREA Hotline posters in English and Spanish, ICE Zero-Tolerance posters identifying the name of the facility's compliance manager (Lt.) in English and Spanish, and victim advocacy information in English and Spanish. The Auditor reviewed nine detainee files and found completed acknowledgement forms present in all files. These forms indicate their understanding of the handbooks and information pamphlet received. Six of the detainee files reviewed indicated the detainee was LEP (Spanish). The files indicated that the employee utilized a staff translator and received written information in Spanish. The random security staff interviewed were aware of the restrictions on interpreters as outlined in policy 11062.2. There were no ICE detainees present at TCJ to interview. The facility has not had any allegations of sexual abuse this audit period; therefore, there were no investigation files to review.

§115.17 - Hiring and promotion decisions.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(e)(f): The Federal Statute 731.202 (b), Executive Order 10450, ICE Personnel Security and Suitability Program Directive 6-7.0, and ICE Suitability Screening Requirements for Contractor Personnel Directive 6-8.0 collectively require anyone entering or remaining in government service undergo a thorough background examination for suitability and retention. The background investigation, depending on the clearance level, will include education checks, criminal records check, a financial check, residence and neighbor checks, and prior employment checks. ICE Directive 6-7.0 outlines, "misconduct and criminal misconduct as grounds for unsuitability, including material omissions or making false or misleading statements in the application." The Unit Chief of OPR Personnel Security Operations (PSO) informed Auditors, who attended virtual training in November 2021, that detailed candidate suitability for all applicants includes their obligation to disclose: any misconduct where he/she engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997); any conviction of engaging or attempting to engage in sexual activity 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 any instance where he or she has been civilly or administratively adjudicated to have engaged in such activity. The facility provided policy 320, Standards of Conduct, that requires employees to promptly and fully report activities that involve contact with any other law enforcement agency or that may result in criminal prosecution or discipline and delineates specific conditions for which this requirement applies. The list of specific conditions delineated in the policy does not include a continuing affirmative duty to disclose the misconduct as outlined in provision (a) of this standard. In addition, the facility submitted a memo that reads, "PREA training is conducted in-house, and the affirmative duty requirement is stated in the training. The deputy signing the roster is acknowledging the affirmative duty requirement." However, the Auditor was unable to locate the affirmative duty requirement to report misconduct in the training curriculum provided. The Lt. stated, during his interview, that the facility would provide information on substantiated allegations of sexual abuse involving former employees upon any request from an institutional employer for which the employee has sought new employment when provided a release of information signed by the prior employee. He also stated that the facility would request information from prior institutions where the prospective candidate was previously employed. He stated that if the potential candidate notes this former employer during the initial facility paperwork, that the facility would contact the former employer. He further stated that during the thorough background check, the potential staff's entire employment record would be scrutinized. The Auditor interviewed 12 random staff, and each was aware of their duty to report. The Auditor also reviewed nine staff and contractor files with the assistance of the HR staff, and found that new employees, employees considered for promotion, and contractors are not asked questions listed in subpart (a) of the standard prior to hire, promotion, or

annually. Of the files reviewed, three were promotions and one was a contractor. The Auditor was unable to locate any disclosure forms and interview with the HR staff confirmed the questions in subpart (a) are not asked. The Lt. and HR staff stated that material omissions regarding such misconduct, or the provision of false information, are grounds for termination or withdrawal of an offer of employment, as appropriate. The Auditor was unable to locate policy or documentation to verify subpart (e). The Auditor submitted a random sampling of TCJ employee, contractor, and ICE employee names to ICE Personnel Security Unit (PSU) to verify the background check process. ICE PSU confirmed the investigation status of all staff submitted was completed as required by the standard.

Does Not Meet (a)(b)(e): The facility is not in compliance with subsections (a) and (b) of the standard. A review of employee files and interviews with the Lt. and HR staff confirmed that the facility does not ask employees or contractors who may have contact with detainees during the initial background check or upon promotion specific questions as outlined in subpart (a). Those questions are: engaged in sexual abuse in a prison, jail, holding facility, confinement facility, juvenile facility, or other institution; been convicted of engaging or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. The Auditor reviewed the Background Screening Integrity Interview questions and employment application and confirmed they do not require the applicant to disclose if the applicant has engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. In addition, a review of policy 606 does not include the requirement to ask applicants, promotional employees, contractors, or current employees annually to disclose if they have engaged in sexual abuse in a prison, jail, holding facility, community confinement facility, juvenile facility or if the applicant had been civilly or administratively adjudicated to have engaged in such activity. Further, the HR interview, nor file review explained how material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination or withdrawal of an offer of employment, as appropriate. The facility submitted a memo that reads, "PREA training is conducted in-house, and the affirmative duty requirement is stated in the training. The deputy signing the roster is acknowledging the affirmative duty requirement;" however, the Auditor reviewed employee files and facility policy and confirmed that neither impose upon employees a continuing affirmative duty to disclose misconduct related to sexual abuse, which was further confirmed during an interview with the Lt. and HR staff. The Auditor reviewed facility policy and confirmed it does not require the facility to directly ask staff, who may have contact with detainees, who are being considered for promotion about previous misconduct in an interview or written application. This was further confirmed by the Auditor's interviews with Lt. and HR staff. To become compliant, the facility must implement a practice that requires the facility not hire, promote, or use the services of any individual, including staff, contractors, and volunteers who have engaged in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempting to engage in sexual activity 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 who has been civilly or administratively adjudicated to have engaged in such activity. In addition, the facility must implement a practice that requires staff have a continuing affirmative duty to report any misconduct involving sexual abuse. The facility must also implement a practice that requires the facility directly ask any staff, who has contact with detainees, who are being considered for promotion about previous misconduct related to sexual abuse in a written application or during an interview. The facility must provide the Auditor with (1) Two contractor files to confirm the contractor did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted to engage in sexual activity 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population; (2) If applicable, all new hire staff files during the Corrective Action Period (CAP) to confirm the facility reviewed the application and confirmed staff did not engage in, been convicted of, or been civilly or administratively adjudicated for engaging in sexual abuse in confinement settings within the community or attempted to engage in sexual activity 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 been civilly or administratively adjudicated to have engaged in such activity prior to providing services to the detainee population; and, (3) If applicable, all staff promotion files, including ICE staff, who may have contact with detainees during the CAP to confirm they were directly asked about previous misconduct related to sexual abuse in a written application or during an interview.

Recommendation (a)(b)(e)(f): The Auditor recommends that the facility update policy 606 to include all elements of the standard.

(c)(d): The Auditor determined compliance with these subparts of the standard based on a training session in November 2021, and through review of the training documentation available on SharePoint. During the training session, the Unit Chief of OPR PSO explained that all ICE staff having contact with detainees must clear a background investigation through PSO before hiring. The staff complete an Electronic Questionnaire for Investigations Processing (e-QIP) and fingerprints to start the investigation process. The process takes an average of 45-60 days to determine suitability for hiring. If the prospective employee does not clear the background investigation, the individual will not be hired to work for ICE. Policy 606 requires, "the office conducts follow-up criminal background records check at least once every five years on members or contractors who may have contact with inmates." The Lt. stated that the facility completes background checks for all contractors prior to hiring, and then again, every five years. The Auditor reviewed nine staff and contractor files and confirmed that background checks, including an integrity interview are conducted annually. The facility submitted an Applicant Checklist for each file reviewed that indicates the date the initial background check was completed. Annually, the Lt. performs a background check and submits the findings electronically as verified by the Auditor through a review of electronic submission forms (Rule 17 Compliance form), thus exceeding the subpart (c) requirement. The Auditor reviewed one contractor file and confirmed that a background check was performed prior to reporting to work. The Auditor submitted a random sampling of TCJ employee, contractor, and ICE employee names to ICE PSO to verify the background check process. ICE PSO confirmed the

investigation status of all staff submitted was completed. The Auditor determined the provided background check information was compliant with this standard.

Recommendation (c)(d): The Auditor recommends that the facility update policy 606 to include all elements of the standard.

§115.18 - Upgrades to facilities and technologies.

Outcome: Not Applicable (provide explanation in notes)

Notes:

(a)(b): This standard is not applicable as the Lt. confirmed that TCJ has not expanded or modified the existing facility within the audit period; or installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology. The Lt. submitted a memo confirming, "During the audit period the Teller County Detention Facility has no major facility changes/updates or remodels completed."

§115.21 - Evidence protocols and forensic medical examinations.

Outcome: Does Not Meet Standard (requires corrective action

Notes:

(a)(b)(c)(d): The Agency's policy 11062.2, outlines the Agency's evidence and investigation protocols. Per policy 11062.2, when a case is accepted by OPR, OPR coordinates investigative efforts with law enforcement and the facility's incident review personnel in accordance with OPR policies and procedures. OPR does not perform sex assault crime scene evidence collection. Evidence collection shall be performed by a partnering federal, state, or local law enforcement agency. The OPR will coordinate with the ICE ERO Field Office Director (FOD) and facility staff to ensure evidence is appropriately secured and preserved pending an investigation. If the allegation is not referred or accepted by DHS Office of Inspector General (OIG), OPR, or the local law enforcement agency, the agency would assign an administrative investigation to be conducted." Policy 606 requires, "Evidence collection shall be based on a uniform evidence protocol that is developmentally appropriate for youth, if applicable, and adopted from or otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, 'A National Protocol for Sexual Assault Medical Forensic Examinations, Adult/Adolescents,' or similarly comprehensive and authoritative protocols developed after 2011." Policy 606 further states, "Inmates who are victims of sexual abuse shall be transported to the nearest appropriate location for treatment of injuries and collection of evidence, and for crisis intervention services. Inmates are generally transported to [UC Health] Memorial Hospital in Colorado Springs for medical evaluation via UC Health and depending on the severity of the injuries, transportation may occur by a staff member or by ambulance, in either case with appropriate security to protect staff, the inmate, and the public, and to prevent escape. A victim advocate from a rape crisis center should be made available to the victim. If a rape crisis center is not available, the office shall make available a qualified staff member of a community-based organization, or a qualified health care or mental health professional from the office, to provide victim advocate services. Efforts to secure services from a rape crisis center shall be documented. A rape crisis center refers to an entity that provides intervention and related assistance to sexual assault victims of all ages. A rape crisis center that is part of a government unit may be used if it is not part of the criminal justice system and it offers a level of confidentiality comparable to the level at a nongovernmental entity that provides similar victim services." In addition, policy 606 states, "forensic medical examinations shall be performed as evidentiarily or medically appropriate, without financial cost to the victim. Where possible, these examinations shall be performed by Sexual Assault Forensic Examiners (SAFE's) or Sexual Assault Nurse Examiners (SANE's). If neither SAFE's nor SANE's area available, other qualified medical practitioners can perform the examination. The office shall document its efforts to provide SAFE's or SANE's. As requested by the victim, a victim advocate, qualified office staff member or a qualified community organization staff member shall accompany the victim through the forensic medical examination process and investigatory interviews. That person will provide emotional support, crisis intervention, information, and referrals." A review of policy 606 confirms that it does not establish procedures that direct staff as to how to make available, to the full extent possible, outside victim services following incidents of sexual abuse; to attempt to make available to the victim a victim advocate for a rape crisis center, or what community agency would provide the services if the rape crisis center does not have available victim advocacy services. Interviews with the Lt. and the HSA confirm that the facility has made efforts to secure a MOU with Tessa, a local victim advocacy agency. TCJ provided email correspondence between the facility and Tessa requesting an MOU be created to bring inmates that require assistance solely to utilize Tessa services regarding sexual abuse and/or sexual violence. According to the HSA, the facility already utilizes Tessa for these cases, but they are hoping to establish a written MOU with the agency. According to Tessa's website and an interview with a Tessa representative, Tessa provides confidential victim advocates with a 24/7 hospital response to victims seeking medical attention due to an incident of sexual assault and would provide these services to inmates and detainees from the TCJ. The facility submitted email correspondence between the facility and UC Health Memorial Hospital regarding entering a MOU for SAFE/SANE services. The Auditor interviewed a representative with UC Health who stated that the hospital has SAFE or SANE nurses available for sexual assault victims and that they would be available for victims from the TCJ. The facility has not had any allegations of sexual assault this audit period. An interview with the HSA confirmed that facility medical staff shall not participate in sexual assault forensic medical examinations or evidence gathering and that examinations will be performed by a SANE or SAFE at UC Health that will handle all forensic examinations and make the needed referrals. She also stated that the facility has had no need for forensic examinations of ICE detainees during this audit period, which was also confirmed during interview with the Lt. There were no allegations of sexual abuse reported at TCJ for the audit period, this was confirmed through an email submitted by the Lt. to the Team Lead, detainee file review, and interview with the Lt. and the (A) AFOD.

Does Not Meet (b): The facility is not in compliance with subsection (b) of the standard. Although interviews reflected the facility utilizes services to meet the needs of subsection (b), the standard requires documented procedures to be in place, and a review of policy 606 confirmed these procedures are not present To become compliant, the facility must develop a protocol that directs staff on

how to make available, to the full extent possible, outside victim services following incidents of sexual abuse; to attempt to make available to the victim a victim advocate for a rape crisis center, or what community agency would provide the services if the rape crisis center does not have available victim advocacy services. In addition, the facility must train all staff on the newly documented protocol and document said training.

Recommendation (b): The Auditor recommends that the facility update their request for an MOU with Tessa to include detainees.

(e): The Auditor determined compliance with this subpart of the standard based on policy 606 that requires, "If the investigation is referred to another agency for investigation, the office shall request that the investigating agency follow the requirements as provided in 115.21 (a) through (e). The referral shall be documented. The office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation. If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges." The facility submitted a memo that states, "During the audit period TCJ facility has had no PREA complaints. In the event of a PREA complaint, the following procedure is completed: The DO is immediately contacted via email from the Lt. or Commander. A Deputy will take the initial complaint and forward the information to an administrative investigator. The administrative investigator will determine if the PREA complaint is criminal in nature. If it is determined to be criminal, the administrative review will stop and a referral to Teller County Sheriff's Office Investigations Division will be completed. Detectives will complete the criminal investigations and will complete a full report within three days of the findings due to discovery and charges filed if the case was founded for sexual assault. Once the criminal investigation is completed, the administrative investigation will be completed, and a report completed within 10 days of the findings. Criminal and Administrative investigations conducted by local agencies will comply with a-d provisions. The Lt. also confirmed both entities are part of the TCSO; and therefore, are required to follow the requirements of subsection (a - d) of the standard. All information will be uploaded to the aggressor detainees file in digital format." The facility did not have any allegations of sexual assault during this audit period.

§115.22 - Policies to ensure investigation of allegations and appropriate agency oversight.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(d)(e)(f): The Auditor determined compliance with these subparts of the standard based on review of policy 606 that requires, "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases. When practicable, an investigator of the same sex as the victim should be assigned to the case. Sexual abuse and sexual harassment investigations should be conducted promptly and continuously until completed. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Investigators should not assume that any sexual activity among inmates is consensual. If the investigation is referred to another agency for investigation, the office shall request that the investigating agency follow the requirements as provided in 115.21 (a) through (e). The referral shall be documented. The office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation. If criminal acts are identified as a result of the investigation, the case shall be presented to the appropriate prosecutor's office for filing of new charges." The agency's policy 11062.2 outlines the evidence and investigation protocols. All investigations are to be reported to the Joint Intake Center (JIC), who assesses allegations to determine which allegations fall within the PREA purview. The PREA allegations are referred to OIG or OPR. OIG has the first right of refusal on all employee, volunteer, or contractor on detainee sexual abuse allegations. Once the allegation is reviewed and accepted by DHS OIG, the OPR would not investigate so there is no possible intervention. If refused, the allegation is referred to OPR. All detainee-on-detainee allegations are referred to the OPR for assessing criminality. Once the allegation is reviewed and accepted by the OPR investigator, the investigation is conducted by OPR, who will decide on the investigative process. If OPR investigates the allegation, the investigation is conducted in accordance with OPR policies and procedures and coordination with law enforcement and facility staff. If allegations are not criminal in nature, the allegations are referred to the OPR field office or the ERO Administrative Inquiry Unit (AIU) for investigation, and the AFOD would assign an administrative investigation to be completed.

The facility submitted an investigative protocol memo that states, "During the audit period TCJ has had no PREA complaints. In the event of a PREA complaint, the following procedure is completed: The [ICE ERO] DO is immediately contacted via email from the Lt. or Commander. A Deputy will take the initial complaint and forward the information to an administrative investigator. The administrative investigator will determine if the PREA complaint is criminal in nature. If it is determined to be criminal, the administrative review will stop and a referral to Teller County Sheriff's Office Investigations Division will be completed. Detectives will complete the criminal investigations and will complete a full report within three days of the findings due to discovery and charges files if the case was founded for sexual assault. Once the criminal investigation is completed, the administrative investigation will be completed, and a report completed within 10 days of the findings. Criminal and Administrative investigations conducted by local agencies will comply with (a)-(d) provisions." In an interview with the ICE ERAU DO, he stated that he will be notified by the facility of all sexual abuse/assault allegations and that there have not been any allegations during the audit period. He also stated that he would notify the Joint Intake Center (JIC) and the OPR and the AFOD of the allegation. In an interview with the designated facility investigator, it was indicated that an administrative investigation is conducted on all allegations of sexual abuse. The Auditor reviewed investigator training records and found training certificates that verify appropriate investigative training was received. The facility

reported on the PAQ and submitted a memo to the Team Lead indicating that there have not been any allegations of sexual abuse/assault made during this audit period. Policy 606 requires, "The office shall retain all written reports from administrative and criminal investigations pursuant to this policy for as long as the alleged abuser is held or employed by the office, plus five years." In interview with the Lt. and the designated facility investigator, it was indicated that all reports and referrals of allegations of sexual abuse are retained in accordance with the standard. The facility reported no allegations of sexual assault during this audit period.

(c): The protocols for ICE investigations are found on their web page (www.ice.gov/prea). The Auditor verified that policy 606, is located on the facility website (www.Tellercountysheriff.com/inmate-services); however, this policy does not provide the protocol information defined in the investigative protocol memo provided by the facility as evidence of the facility's protocols.

Does Not Meet (c): The facility is not in compliance with subpart (c) of the standard. The facility has investigative protocols located in policy 606 and in the investigative protocol memo; however, the memo is not posted on the facility's website. To become compliant, the facility must revise policy or develop a complete investigative protocol that contains all elements of standard 115.22, to include the protocols contained in the investigative protocol memo (exhibit 16) and policy 606 and place it on its website.

§115.31 - Staff training.

Outcome: Exceeds Standard (substantially exceeds requirement of standard)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard based on review of policy 606 that requires, "All employees and contractors will participate in appropriate training to prevent sexual abuse." The Auditor reviewed the facility's Employee PREA training curriculum, ICE PREA Virtual University Training curriculum, and the ICE SAAPI Program curriculum and found that it covers the following: The Agency's and facility's zero-tolerance policies for all forms of sexual abuse; the right of detainees and staff to be free of sexual abuse, and from retaliation for reporting sexual abuse; definitions and examples of prohibited and illegal sexual behavior; recognition of situations where sexual abuse may occur; recognition of physical, behavioral and emotional signs of sexual abuse, and methods of preventing and responding to such occurrences; how to avoid inappropriate relationships with detainees; how to communicate effectively and professionally with detainees, including lesbian, gay, bisexual, transgender, intersex (LGBTI) or gender nonconforming detainees; procedures for reporting knowledge or suspicion of sexual abuse; and the requirement to limit reporting of sexual abuse to personnel with a need-to-know in order to make decisions concerning the victims welfare and for law enforcement or investigative purposes. The curriculum power point states, "The following training is mandated for all employees who have contact with inmates." The Auditor reviewed the SAAPI training curriculum provided by the TCJ which is used to train staff and noted it addressed the subpart (a) requirements. The Lt. interview confirmed all TCJ employees sign a roster, serving as verification of the employee's review and understanding of this training and the Agency and facility's zero-tolerance policy. The random 12 TCJ staff and one ICE employee interviewed by the Auditor confirmed they had received a PREA pre-service training and receive annual refresher training, exceeding subpart (b) of this standard. During their interviews, they detailed the training content that addressed the requirements outlined in subpart (a) of the standard. The Auditor reviewed nine staff training files and one ICE staff file and found completed PREA training documents in each file for years 2021 and 2022, exceeding the requirement of subpart (b).

§115.32 - Other training.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard based on review of contracted staff training documentation and the ICE PREA Training for Contractor and Volunteer curriculum. The curriculum covers the contractors' responsibilities under the Agency's and facility's sexual abuse prevention, detection, intervention and response policies and procedures; zero tolerance policies regarding sexual abuse; and how to report incidents of sexual abuse. By review of the curriculum, the level and type of training provided to volunteers and other contractors is based on the services they provide and level of contact they have with detainees. The Auditor interviewed the Lt. who indicated that contractors receive training in PREA prior to having contact with detainees. The Auditor interviewed a contractor who stated although he has very limited access to detainees and is always supervised by facility security staff, he was provided training on zero-tolerance and how to report prior to working in the facility. The facility provided eight signed Basic Training Acknowledgement forms and certificates of completion for contractors verifying that contactors received PREA training. The facility does not utilize volunteers.

§115.33 - Detainee education.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(e)(f): The Auditor determined compliance with these subparts of the standard based on review of policy 606 that requires, "Ensuring that inmates are provided with rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding the office's policies and procedures for responding to such incidents." In an interview with the intake staff and Lt., they confirmed during the intake process TCJ ensures detainees are notified and informed about the facility's zero-tolerance policy regarding all forms of sexual abuse/assault and includes instruction on: Prevention and intervention strategies; definitions and examples of detainee-on-detainee sexual abuse, staff-on-detainee sexual abuse and coercive sexual activity; explanation of methods for reporting sexual abuse/assault, including to any employee, including an employee other than immediate point-of-contact line officer (i.e. the Lt. or mental health staff), the DHS OIG, and the JIC; information about self-protection and indicators of sexual abuse; prohibition against retaliation, including an explanation that reporting sexual abuse shall not negatively impact the detainees immigration proceedings; and, the right of a detainee who has been subjected to sexual abuse receive treatment and counseling. All detainees arriving at TCJ receive the facility supplemental handbook, available in English and Spanish, the DHS-

prescribed ICE SAA Information pamphlet, and the ICE National Detainee Handbook. The DHS-prescribed ICE SAA Information pamphlet is available in 15 languages (Arabic, Bengali, Chinese, English, French, Haitian Creole, Hindi, Portuguese, Punjabi, Romanian, Russian, Spanish, Turkish, Ukrainian, and Vietnamese). The ICE National Detainee Handbook is available in 14 of the most prevalent languages encountered by ICE (English, Spanish, French, Haitian Creole, Punjabi, Hindi, Arabic, Simplified Chinese, Russian, Portuguese, Romanian, Turkish, Bengali, and Vietnamese). The Auditor interviewed an intake staff that confirmed he had not personally encountered a detainee who was hearing impaired, however, if he were too, the information would be provided to them in writing or through use of the text telephone (TTY) or through use of the contracted language interpreter services. The Auditor was also informed by the intake staff that if they encountered a detainee with a disability, low intellect, mental health concerns, or limited reading skills the detainee would be assessed by medical and mental health staff on an individual basis to determine his or her specific needs. They may be provided information orally or in written format in a manner that ensures their understanding of the material, and if necessary, would require referral to a supervisor, medical, or mental health staff based on the detainee's limitation. The intake staff interviewed also indicated that if they were to encounter a detainee who was LEP, they would utilize their contracted interpretive language service to assist them with interviews if a staff interpreter was unavailable. The Lt. stated that the facility employs bilingual (English/Spanish) staff that are available on all shifts. The intake staff further indicated when providing information on the efforts to prevent, detect, and respond to sexual abuse, in a language not covered by ICE National Detainee Handbook that provides this information, they utilize the facility's language line services for accessing interpreting services to provide the detainee with meaningful access to all aspects of the Agency's SAAPI program. He informed the Auditor that during the intake process, specific pages in the facility's supplemental handbook are read to the detainee through use of the interpreter and the orientation is documented with the interpreter's name, signed by the detainee, and placed in the detainee's detention file. The intake staff stated that for detainees who are blind or have limited sight, information is read verbally to the detainees and a PREA video with audio is provided. The Auditor observed the recorded video shown to detainees while being processed, in English and Spanish, with closed caption. For detainees who do not speak English or Spanish an interpreter service is provided. The Auditor reviewed nine electronic entries verifying that detainees received PREA orientation and PREA video at time of booking. Detainees sign that this information was received prior to it being uploaded into the electronic system. The Auditor observed and tested kiosks in the housing units that contains the facility supplemental handbook, available in English and Spanish, the DHS-prescribed ICE SAA Information pamphlet in all 15 languages listed above, and the ICE National Detainee Handbook in all 14 languages listed above. Detainees can access the kiosks located in the day rooms within the units using a PIN number issued to them at time of processing. Additionally, besides the two handbooks and the DHS-prescribed SAA Information pamphlet available on the kiosks, detainees receive the written materials at time of intake. During the on-site audit, there were no ICE detainees present at TCJ for the Auditor to interview.

(d): The Auditor determined compliance with this subpart of the standard based on observation of the following notices being posted in all housing units: The DHS-prescribed sexual assault awareness notice; the name of the Lt.; and the Tessa hotline contact information in all detainee housing units. At time of audit, there were no ICE detainees being held at the facility.

§115.34 - Specialized training: Investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard based on review of TCJ policy 606 that states, "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigation shall be assigned to investigate these cases." The facility submitted an email from the Commander advising the three internal investigators to complete the online class titled PREA: Investigating Sexual Abuse in a Confinement Setting and submit documentation of completion directly to the Commander. In addition, the Lt. sent an email to the three investigators advising them to complete the Effective Cross-agency Coordination training and submit documentation. The Auditor reviewed the internal investigators training records and confirmed that they have completed the required training for investigating sexual abuse in a confinement setting and effective cross-agency coordination, as well as the general PREA training provided to all facility staff. The Auditor reviewed the ICE OPR Investigating Incidents of Sexual Abuse and Assault training curriculum and found the curriculum to cover in-depth investigative techniques, evidence collection, and all aspects to conduct an investigation of sexual abuse in a confinement setting. The Auditor reviewed the training curriculum for the Effective Cross-agency Coordination and determined it met the training subpart (a) requirements. The facility has not had any sexual abuse allegations or investigations during this audit period. The agency policy 11062.2 states, "OPR shall provide specialized training to OPR investigators who conduct investigations into allegations of sexual abuse and assault." The lesson plan for this specialized training is the ICE OPR Investigations Incidents of Sexual Abuse and Assault, which covers in depth investigative techniques, evidence collection and covers all aspects of conducting an investigation of sexual abuse in a confinement setting. The agency offers another level of training, the Fact Finders Training, which provides information needed to conduct the initial investigation at the facility to determine if an incident has taken place or to complete the administrative investigation. This training includes topics related to interacting with traumatized victims; best practices for interacting with LEP; Lesbian, Gay, Bi-sexual, Transgender, Intersex (LGBTI), and disabled detainees; and an overall view of the investigative process. The agency provides rosters of trained investigators on OPR's SharePoint site for Auditors' review; this documentation is in accordance with the standard's requirements.

Recommendation (a): The Auditor recommends that the facility add the requirement to policy 606 (606.10) that all investigators are trained in Effective Cross-agency Coordination as required by subsection (a) of the standard.

§115.35 - Specialized training: Medical and mental health care.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b) These subparts of the standard do not apply to TCJ as the facility medical department is operated through Southern Health Partners and not DHS or agency employees. This was verified by the Auditor through review of the facility staff roster and by a memo submitted by the Lt. An interview with the HSA confirmed they are contracted employees and not employed by the Agency or facility.

(c) The Auditor determined compliance with the subpart of the standard based on policy 606 that states, "The facility contracts to address the medical needs and care of inmates. The Teller County Sheriff's Office will ensure the contracted provider will provide specialized training to its employees who serve within the Jail. The training shall include how to access signs of sexual abuse; how to respond to victims of sexual abuse; how and whom to report allegations or suspicions of sexual abuse; and how to preserve physical evidence of sexual abuse." The HSA indicated during interview that medical and mental health staff are contracted through Southern Health Partners and do not provide any forensic services and only stabilize the alleged victim for transport to the outside hospital. She also noted that her entire staff has received the specialized training as described by policy and the general training provided to all employees annually, and the facility provided the Auditor with training documents to confirm training received for all six contracted staff. The Auditor reviewed the training curriculum that outlined procedures for examining and treating victims of sexual abuse, in facilities where medical staff may be assigned these activities. Policy 606 was approved by the facility Commander and the ICE (A) AFOD per memo submitted by the (A) AFOD and confirmed through interview.

§115.41 - Assessment for risk of victimization and abusiveness.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e): The Auditor determined compliance of these subparts of the standard after a review of procedure 300, Booking Post Orders, that requires, "All incoming inmates are screened by the booking officer." There were no intakes during the on-site visit; and therefore, the Auditor interviewed an intake staff member who confirmed that the initial classification, to include the Classification Report (vulnerability assessment) is normally completed within two hours of arrival and would always occur within 12 hours of arrival. He stated that in addition to the vulnerability assessment, staff are tasked with conducting a thorough review of all available records provided by ICE that can assist them with the risk assessment, to include any information about prior acts of sexual abuse or assault, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse or assault, as known to the facility. He stated that detainees assessed on intake to identify those likely to be sexual aggressors or sexual abuse victims and detainees are housed to prevent sexual abuse, taking necessary steps to mitigate any dangers identified in the assessment. He and the Lt. confirmed that new arrival detainees are kept separate from general population in the intake area until the Classification Report and classification processes are completed to identify appropriate housing assignments. The Classification Report form was reviewed by the Auditor and found that it complied with subparts (c) and (d) of the standard. The Auditor reviewed nine detainee detention files and found Classification Reports were completed utilizing the facility's detainee electronic file system. The Auditor was also able to confirm that initial classification and housing determination was completed within 12 hours. The facility did not have any ICE detainees to interview. The intake staff confirmed that he would reassess each detainee's risk of victimization or abusiveness between 60 and 90 days from the date of initial assessment, and at any other time when warranted based upon the receipt of additional, relevant information or following an incident of abuse or victimization. Of the nine detention files reviewed, all files were of detainees held at TCJ less than 90 days. The facility has not had any sexual abuse allegations or investigations during this audit period.

Recommendation (a)(b)(c)(d)(e): The Auditor recommends that the facility update policy 606 to include all elements of subsections (a), (b), (c), (d), and (e) of the standard.

(f): The Auditor determined compliance with this subpart of the standard based on the interview with intake staff who stated that, disciplining detainees for refusing to answer or not providing complete information in response to certain screening questions is prohibited. The Lt. confirmed that detainees are not disciplined for refusing to answer any of the questions asked from the Classification Report.

Recommendation (f): The Auditor recommends that the facility update policy 606 to include all elements of subsection (f) of the standard.

(g): The Auditor determined compliance with this subpart of the standard based on interview with the intake staff and Lt., who confirmed that TCJ implements appropriate controls on dissemination of responses to questions asked related to sexual victimization or abusiveness in order to ensure sensitive information is not exploited by employees or other detainees. When staff received PREA/SAAPI orientation training, the emphasis was placed on the need-to-know and that confidentiality is important. Sensitive information is limited to need-to-know employees only for the purpose of treatment, programming, housing and security, and management decisions, this was confirmed by random security staff interviewed. The Lt. and the intake staff informed the Auditor that completed vulnerability assessments are maintained in the detainee's electronic file with restricted password access, and this was verified by the Auditor during the site review observation.

Recommendation (g): The Auditor recommends that the facility update policy 606 to include all elements of subsection (g) of the standard.

§115.42 - Use of assessment information.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a): The Auditor determined compliance with the subpart of the standard based on interview and observations. The intake officer stated that information from the Classification Report is used to inform each detainee's housing, recreation, other activities, and voluntary work assignments. He also stated that to ensure the safety of each detainee, individualized determinations are made, and this was confirmed by the Lt. The intake staff and Lt. stated that information regarding classification is shared with staff and medical through notation in the electronic file system, which was verified by the Auditor through review of the electronic file system and confirmed through interview with security and medical staff. The shift supervisors stated that they are aware of all areas in the units where that detainee can be placed in a safe, least restrictive environment. According to the Lt., TCJ has limited voluntary work opportunities for detainees, but the facility utilizes information from the Classification Report and classification process for making work assignments by making individualized determinations about how to ensure the safety of each detainee; this determination is made by the Lt., HSA, supervisors, and the Jail Commander. The Auditor reviewed nine detainee detention files. All the files reviewed are detainees who were determined to be not at risk of victimization or abusiveness, and the Lt. confirmed that no ICE detainees during this audit period were classified as at risk of victimization or abusiveness. There were no ICE detainees being housed at the facility during the onsite observation by the Auditor to interview.

(b)(c): These subparts of the standard are not applicable as the facility does not house transgender or intersex detainees, this was confirmed by the Lt. and the (A) AFOD during interview and written memo submitted to the Auditor. There were no ICE detainees held at the facility during the onsite observation by the Auditor to interview.

§115.43 - Protective custody.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after a review of policy 606. Policy 606 contains the procedures for protective custody (PC) and was approved by the ICE ERO (A) AFOD during interview and written memo. Policy 606 states, "If involuntary protective custody assignment is made because of a high risk for victimization, the Jail Commander shall clearly document the basis for the concern for the inmate's safety and the reasons why no alternative means of separation can be arranged. Inmates at high risk for sexual victimization shall be placed in the least restrictive housing unit and not placed on administrative segregation for more than five days unless the inmate requests protective custody. These inmates shall not be placed on involuntary protective custody unless an assessment of available alternatives has been made and it has been determined that there is no reasonably available alternative means of separation. The facility shall assign these inmates to involuntary protective custody only until an alternative means of separation from the likely abusers can be arranged, not ordinarily in excess of 30 days. Inmates placed in temporary protective custody shall continue to have reasonable access to programs, privileges, education, and work opportunities. If restrictions are put in place, the Jail Commander shall document the following: The opportunities that have been limited; the duration of the limitation; and the reasons for such limitations." The Lt. informed the Auditor that the use of segregation for any vulnerable detainee would not be the typical protocol at TCJ. He indicated his options to deal with protecting a vulnerable detainee would include moving the vulnerable detainee to another housing unit or to discuss the situation with the AFOD to expedite the transfer of the detainee to another facility more suitable for the detainee's safety. He further indicated that should a detainee be placed in administrative segregation, access to programs, visitation, legal counsel, medical, mental health, and other services available to the general population will be allowed to the maximum extent possible. The Lt. also confirmed that TCJ has not utilized segregation for any vulnerable detainee at risk of sexual abuse during the audit period. During the facility observation, the Auditor noted that the facility did not have any ICE detainees currently housed at the facility.

(d): The Auditor determined the facility is not in compliance with this subpart of the standard based on review of policy 606 that states, "Every 30 days, the jail Commander shall afford each such inmate a review to determine whether there is a continuing need for protective custody. High risk inmates or those placed on Administrative Segregation or PC will not be returned to general population until a re-classification is complete." The policy fails to mention that a supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. The Lt. confirmed that the placement of a vulnerable detainee in segregation would require the review process as required by policy and the subpart (d) requirements, and that placement notification would be made to the FOD within 72 hours. The Lt. stated during interview that they would follow the timelines indicated within this subpart. The facility has not had any PREA complaints or custody/administrative segregation of ICE detainees during this audit period; this was also confirmed by the (A) AFOD.

Does Not Meet (d): The facility is not in compliance with subpart (d) of the standard. The facility has protective custody protocols located in policy 606; however, the policy does not address (d-1) and (d-2) that requires a supervisory staff member shall conduct a review within 72 hours of the detainee's placement in administrative segregation to determine whether segregation is still warranted; and a supervisory staff member shall conduct, at a minimum, an identical review after the detainee has spent seven days in administrative segregation, and every week thereafter for the first 30 days, and every 10 days thereafter. To become complaint, the facility must revise policy 606 to contain all elements of standard 115.43, subsection (d) and submit revised policy to the Auditor during the corrective action period. In addition, the facility must train all applicable staff on the updated policy.

(e): TCJ submitted a memo that states, "During the audit period the Teller County Detention Facility has had no PREA complaints or custody/administrative segregation of detainees. In the event of this occurring, an email would be sent from [the Lt. or Commander] to the FOD immediately after the event." The Lt. and (A) AFOD confirmed that the placement of a vulnerable detainee in segregation would require notification be made to the FOD within 72 hours after the initial placement into segregation, whenever a detainee has been placed in administrative segregation on the basis of a vulnerability to sexual abuse.

Does Not Meet (e): The facility is not in compliance with subpart (e) of the standard. While interviews confirmed that notification would be made to the FOD within 72 hours after the initial placement into segregation whenever a detainee has been placed in administrative segregation on the basis of vulnerability to sexual abuse, this information must be included in the facility's written protocols. Therefore, policy 606 must be revised to include the requirements of subpart (e).

§115.51 - Detainee reporting.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a)(b): The facility is not in compliance with subpart (a) of the standard based on review of policy 606 that requires, "Implementing a process by which inmates may report sexual abuse and sexual harassment to a public/private entity or an office that is not part of the Office and that the outside entity or office is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to the Jail Commander, allowing the inmate anonymity. Inmates may report sexual abuse or sexual harassment incidents anonymously or to any staff member they choose at any time. Staff shall accommodate all inmate requests to report allegations of sexual abuse or harassment. Inmates may also log into a general non-specific HomeWAV account to make an anonymous PREA complaint through the PREA hotline." The facility supplemental handbook states, "Inmates may report an allegation of sexual abuse at any time. If you feel you are a victim of sexual abuse and/or sexual harassment alert a member of the detention staff immediately they will contact the appropriate person to conduct the investigation. You may fill out a kite to PREA regarding your situation at any time. If you feel uncomfortable contacting a member of the detention staff, you may notify the facility medical staff. ICE inmates may contact the OIG directly, by telephone, for allegations of officer misconduct or sexual abuse." All written material provided to the Auditor by the facility for this standard failed to address that detainees can use these methods to report retaliation for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. The Auditor observed posted in all housing units and the booking area contact information to detainees of relevant consular officials and the DHS OIG reporting poster to be able to confidentially, and, if desired, anonymously, report sexual abuse incidents. Reporting information is also available to detainees upon arrival through the TCJ facility supplemental handbook, ICE National Detainee Handbook, the DHS-prescribed SAA Information pamphlet, and signage posted throughout the facility, as covered in standards 115.16 and 115.33 of this report. The nine detainee files reviewed by the Auditor demonstrated detainee receipt of these materials. The Auditor was able to test the detainee phone system for reporting sexual abuse allegations. The Auditor placed a call from the detainee phone to DHS OIG hotline for third-party reporting in which a representative stated that detainees would be allowed to remain anonymous if requested and the complaint would be forwarded for investigation. The Auditor placed a call from the detainee phone to CRISIS Sexual Abuse Hotline for Colorado in which the representative stated they would provide crisis intervention during the call. The Auditor placed a call from the detainee phone to ICE Detention Reporting and Information Line (DRIL) in which the representative stated the detainee would be allowed to remain anonymous if requested and the complaint would be forwarded for investigation. The facility allows detainees to place phone calls to these reporting entities anonymously using a universal PIN number should the detainee so choose. According to the Cpl. in charge of receiving internal reports, ICE detainees can use the kiosk located in each housing unit to submit a PREA grievance that would directly go to him and notify the ICE DO; this was also confirmed by the ICE DO during interview. There were no ICE detainees housed at the facility during the onsite portion of the audit.

Does Not Meet (a): The facility is not in compliance with subpart (a) of the standard due to policy 606 not addressing that detainees have multiple ways to report retaliation for reporting sexual abuse and staff neglect or violation of responsibilities that may have contributed to such incidents. The facility must train all staff on the updated policy and document said training.

(c): TCJ policy 606 requires, "Staff shall accept reports made verbally, in writing, anonymously, and from third parties at any time and shall promptly document all verbal reports." The Auditor interviewed 12 random staff who confirmed their knowledge of the facility policy requirement that they are to accept and immediately report allegations of sexual abuse, regardless of how the report was made, and that all verbal reports from detainees or third parties must be documented in writing to their supervisors for investigation referral. The 12 random staff interviewed also stated that they can report allegations of sexual abuse outside the chain of command by calling one of the hotline's contact numbers, if needed. The facility has not had any allegations of sexual abuse reported during this audit period per memo and email submitted by the facility and notated in the PAQ.

§115.52 - Grievances.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e)(f): The Auditor determined compliance with these subparts of the standard after a review of the facility supplemental handbook, that is provided to every detainee upon arrival and available on kiosks located in each housing unit, that requires, "Any inmate of the Teller County Jail shall be allowed to file a grievance without fear of reprisal, whenever the inmate believes he/she has been subject to abuse, harassment, abridgment of civil rights, or denied privileges specified within the inmate handbook." In an interview with the Cpl., charged with receiving grievances, it was indicated that the facility does not impose a time limit on when a detainee may submit a grievance regarding an allegation of sexual abuse. The detainee supplemental handbook does not require that

the detainee attempt to resolve the grievance through informal means. The detainee supplemental handbook states that, "In the event that an inmate/ICE detainee believes that his/her safety may be threatened, they may ask for an emergency grievance. The emergency grievance must state in detail why he/she believes that they may be in jeopardy. The grievance will then be placed in a sealed envelope marked confidential and immediately given to the supervisor on duty. The supervisor on duty will immediately notify the appropriate ICE personnel and the Jail Commander." In addition, the facility supplemental handbook states that, "All responses to any inmate grievances will be done via the kiosk system by the supervisor on duty. You should receive a response within 72 hours. If you are not satisfied with the grievance response you received, you may appeal the decision within 72 hours to the Lt. via a paper grievance appeal form. If an ICE inmate needs to contact ICE agents, request an ICE kite from the pod officer. ICE detainees may submit written questions, requests, or concerns to ICE/ERO using the detainee request form/kite." The facility supplemental handbook also states, "A medical authority is on call at all times for emergency treatment." In addition, the facility supplemental handbook states that, "ICE detainees may request assistance from family members, non-governmental organizations, or legal representatives in preparing a grievance. The facility provides communication assistance to inmates with disabilities and to inmates who are limited English proficiency." The Cpl. and the (A) AFOD informed the Auditor that emergency grievances are those time-sensitive grievances that pose an immediate threat to the detainee's health, safety, or welfare, and security of the facility, which would be handled immediately. The Cpl. and the HSA stated that all medical emergencies are brought to the immediate attention of proper medical personnel for further assessment. Shift supervisors interviewed also indicated they would ensure medical emergencies are referred to the medical department immediately. Supervisors interviewed confirmed that responses to an appeal of the grievance decision are responded to within 30 days. The ICE (A) AFOD confirmed that he would receive all grievances related to sexual abuse and the facility's decisions with respect to such grievances at the end of the grievance process. Supervisors stated that they can assist the inmate with completing a grievance and that staff interpreters and the language line are available to inmates who request assistance in completing a grievance. The facility has had no sexual abuse allegations reported through the grievance process during the audit period.

§115.53 - Detainee access to outside confidential support services.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): The Auditor determined compliance with these subparts of the standard after a review of policy 606 that requires, "Making reasonable efforts to enter into agreements with community service providers to provide inmates with confidential, emotional support services related to sexual abuse. The facility shall provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, state, or national victim advocacy or rape crisis organizations. Persons detained solely for civil immigration purposes shall be given contact information for immigrant service agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies in as confidential a manner as possible. The facility shall inform inmates, 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." In an interview with the Lt. and HSA, they stated that the facility utilizes available community resources and services to provide valuable expertise and support in the areas of crisis intervention, counseling, investigation and the prosecution of sexual abuse perpetrators to most appropriately address victims' needs. TCJ provided email correspondence between the facility and Tessa requesting an MOU be created to bring inmates that require assistance solely to utilize Tessa services regarding sexual abuse and/or sexual violence. According to the HSA, the facility already utilizes Tessa for these cases, but they are hoping to establish a written MOU with the agency. According to Tessa's website and interview with a Tessa representative, Tessa provides confidential victim advocates with a 24/7 hospital response to victims seeking crisis intervention, counseling, investigation and prosecution of sexual abuse perpetrators to most appropriately address victim's needs and would provide these services to inmates from the TCJ. Tessa also provides a 24/7 toll-free hotline to the detainees of TCJ. Contact information for Tessa was observed by the Auditor in each of the housing units. The Auditor verified that Tessa accepts allegations of sexual assault through a phone call placed by the Auditor to the center using a detainee phone. A staff member from Tessa stated that bilingual (English/Spanish) staff are available 24/7 and a language interpreter service is utilized should a detainee speak a language other than English or Spanish. The facility has not received any allegations or had any investigations of sexual abuse during this audit period. There were no ICE detainees housed at TCJ during the onsite audit.

Recommendation (a): The Auditor recommends that the facility explicitly include detainees in their request to enter an MOU with Tessa.

§115.54 - Third-party reporting.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditor determined compliance with this standard after a review of policy 606 that requires, "The Facility shall provide information to all visitors or third parties on how they may report any incident, or suspected incident, of sexual abuse or sexual harassment to a staff member. Information on how to report sexual abuse and sexual harassment on behalf of an inmate [is published on the office website]." The Auditor observed reporting sexual abuse information on behalf of any detainee, in Spanish and English, in the entrance lobby at the TCJ. The Auditor verified that third-party reporting information is available in the Detainee supplemental Handbook. The handbook is available in English and Spanish and can be printed in the detainee's primary language when needed. A review of both the ICE website https://ice.gov and the Teller County Jail website https://www.tellercountysheriff.com/anonymoustips confirmed each has a means for the public to report incidents of sexual abuse/harassment on behalf of any detainees. The Auditor placed a call to DHS OIG hotline for third-party reporting in which a representative stated that detainees and third-party reporters would be allowed to remain anonymous if requested and the complaint would be forwarded for investigation. The Auditor placed a call to CRISIS Sexual

Abuse Hotline for Colorado in which the representative stated they would accept third party reports of sexual abuse. The Auditor placed a call to DRIL in which the representative stated the detainee and third-party reporters would be allowed to remain anonymous if requested and the complaint would be forwarded for investigation. The facility had no third-party reports, and no allegations or investigations of sexual abuse during the audit period. At time of the onsite audit, there were no ICE detainees being housed at the facility.

§115.61 - Staff reporting duties.

Outcome: Does Not Meet Standard (requires corrective action)

Notes:

(a)(b)(c): After a review of policy 606 that requires, "Any employee, agency representative, volunteer or contractor who becomes aware of an incident of sexual abuse, sexual harassment or retaliation against inmates or staff shall immediately notify a supervisor, who will forward that matter to a sexual abuse investigator. Staff may also privately report sexual abuse and sexual harassment of inmates to the Jail Commander." The Auditor found the facility does not meet compliance with subpart (a). Policy 606 does not address that staff are able to report outside of their chain of command. Although the (A) AFOD confirmed by memo and during interview that he reviewed and approved policy 606, it still lacks necessary components. The Auditor interviewed 12 random security staff and shift supervisors and each of these staff members confirmed their knowledge of the reporting requirements of the standard and the facility policy. Staff understood that they are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse that occurred in the facility; retaliation against detainees or staff who reported or participated in an investigation about such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Each was also aware of their ability to report allegations of sexual abuse outside of their chain of command through the any of the reporting hotline entities, if necessary. Staff also stated that they can use the anonymous tip line located on the website. All random staff interviewed detailed their responsibility for confidentiality and reporting only to a designated supervisor or official. Staff and supervisors confirmed that apart from reporting, staff are prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to help protect the safety of the victim; prevent further victimization of other detainees or staff in the facility; and to make medical treatment, investigation, law enforcement or other security and management decisions. The Auditor tested the phone number specified on the agency website and confirmed the ability to leave an anonymous voice mail. The Auditor also tested the online crime tip form located on the facility website https://www.tellercountysheriff.com/anonymoustips and was able to confirm successful transmission. The facility has had no allegations of sexual abuse during this audit period.

Does Not Meet (a): The facility is not in compliance with subpart (a) of the standard due to policy not addressing that staff are able to report sexual abuse outside of chain of command. To become complaint, the facility must revise their policy to contain subpart (a) of standard 115.61 and submit revised policy to the Auditor during the corrective action period. In addition, the facility must resubmit the updated policy to the Agency for review and approval and submit this approval documentation to the Auditor.

(d): The Auditor determined compliance with this subpart of the standard after review of policy 606 that requires, "If a victim is under 18 or considered a vulnerable adult under state law, the assigned investigator shall report the allegation to the designated agency." The Lt. confirmed, if the facility encountered an incident of sexual abuse involving a vulnerable adult, the facility will report the allegation to the AFOD, and the (A) AFOD verified that he would receive notice and make the appropriate notifications to any designated State or local services agency required by mandatory reporting laws. There are no juveniles housed at TCJ and no ICE detainees were housed at the facility during the onsite audit.

§115.62 - Protection duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditor determined compliance of this standard after a review of policy 606 and the facility's Coordinated Response Plan that requires the coordinated response to include the office's approach to identifying imminent sexual abuse toward inmates and preventing and detecting such incidents. The specific question about any detainee at substantial risk was asked of the 12 random security staff, shift supervisors, and the Lt. All indicated if they became aware of a detainee at substantial risk of sexual abuse, they would take immediate action to mitigate the threat. In most cases this would include finding and securing the detainee and removing him from the threat. The Lt. indicated removing the detainee from the facility would be a consideration after the situation was evaluated. According to the Lt., the facility would also take immediate action to protect the detainees who alleged sexual abuse by separating the alleged abuser from them. The facility has had no allegations of sexual abuse and no instances of risk of imminent sexual abuse during this audit period.

§115.63 - Reporting to other confinement facilities.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): The Auditor based compliance on the subparts of the standard after a review of policy 606 that requires, "If there is an allegation that an inmate was sexually abused while he/she was confined at another facility, the Jail Commander shall notify the head of that facility as soon as possible but no later than 72 hours after receiving the allegation. The Jail Commander shall ensure that the notification has been documented." A memo submitted by the facility states, "During the audit period, Teller County Detention Facility has had no PREA complaints from another facility. If a complaint was received, Teller County Detention facility would immediately contact the facility where the abuse occurred and notate the contact with the facility in the inmate tracking system, also known as Tiger." The Lt. and the PAQ indicated that TCJ has not received any reports of sexual abuse from a detainee on arrival at TCJ that

occurred at another facility within the audit period, nor has the facility received notification from another facility that an inmate there made an allegation of sexual abuse while at TCJ. If an allegation were reported from another facility occurring at TCJ, the Lt. confirmed an investigation would be conducted and the AFOD would be notified. The interview with the (A) AFOD confirmed that he would receive notification of such allegation. At the time of on-site audit, there were no ICE detainees to interview.

§115.64 - Responder duties.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a) The Auditor determined compliance with the subpart of the standard after a review of policy 606 that requires, "If an allegation of inmate sexual abuse is made, the first deputy to respond shall separate the parties; request medical assistance as appropriate. If no qualified health care or mental health professionals are on-duty when a report of recent abuse is made, staff first responders shall take preliminary steps to protect the victim and shall immediately notify the appropriate qualified health care and mental health professionals; establish a crime scene to preserve and protect any evidence; identify and secure witnesses until steps can be taken to collect any evidence; if the time period allows for collection of physical evidence, request that the alleged victim, and ensure that the alleged abuser, do not take any actions that could destroy physical evidence (e.g., washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, eating)." The Auditor interviewed 12 random security staff and shift supervisors, and each were questioned about responding to allegations of sexual abuse. All 12 staff members detailed the policy and subpart (a) requirements in their response. The facility has not received any allegations of sexual abuse during this audit period.

(b) The Auditor determined compliance with the subpart of the standard after a review of policy 606 that requires, "If the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, remain with the alleged victim, and notify security staff." During the site visit, the Auditor interviewed two non-security staff (HSA and a kitchen employee, both contracted staff) specifically about responding to allegations of sexual abuse. Both contracted staff stated that they would ask the victim not to destroy any potential evidence and immediately notify a security staff member. Additionally, both stated that they have not encountered an incident of sexual abuse in the facility during this audit period.

§115.65 - Coordinated response.

Outcome: Does Not Meet Standard (requires corrective action)

Notes:

(a)(b): The Auditor determined compliance on these subparts of the standard after review of policy 606 that requires the facility to develop "a written plan to coordinate response among staff first responders, medical and mental health practitioners, investigators and facility management to an incident of sexual abuse." The Auditor reviewed policy 606 and confirmed it contains protocols for the facility's coordinated response plan in detail, to include, first responder duties, victim advocacy services, examination, testing, and treatment to include forensic medical examinations and counseling, rape crisis center response, protocols to ensure referrals of allegations are made for investigations, the ability to protect detainees from contact with abusers, criminal and investigative investigation processes, investigative reports and investigation findings, receipt of allegations of sexual abuse and assault; evidence protocols, preservation of evidence for victim and abuser, mental health assessments, sources of evidence, physical evidence, interviewing alleged victims, suspected abusers and witnesses, reporting to inmates, disciplinary actions and corrective actions, multidisciplinary sexual abuse incident review, data reviews, and recordkeeping requirements. The Lt. and the HSA, who are members of the sexual abuse incident review team, were both interviewed during the site visit, and confirmed that policy 606 is the facility's written coordinated response to incidents of sexual assault and the coordinated response is accomplished through a multidisciplinary approach. They detailed for the Auditor their responsibilities during a sexual assault and how they interact with the other members of the team during a response to a sexual assault.

(c)(d): The Auditor determined compliance with these subparts of the standard based on a memo submitted by the facility that states, "During the audit period Teller County Detention facility has had no victims of sexual abuse/assault that were transferred to a different facility. In the event of this occurring, Teller County Detention Facility would place the full report as well as all other documentation in a confidential packet and it would be hand delivered with the detainee to the next facility to ensure the facility was notified of any potential needs or additional medical attention they will require." This practice was confirmed through interviews with the Lt. and the (A) AFOD. The Lt. and the HSA further stated that if they were to transfer a victim of sexual abuse to a DHS or non-DHS facility as identified in subparts (c) and (d) all proper notifications would be made according to the protocol described within the memo.

Does Not Meet (c)(d): The facility is not in compliance with subsections (c) and (d) of the standard. The facility submitted a memo that states, "During the audit period Teller County Detention facility has had no victims of sexual abuse/assault that were transferred to a different facility. In the event of this occurring, Teller County Detention Facility would place the full report as well as all other documentation in a confidential packet and it would be hand delivered with the detainee to the next facility to ensure the facility was notified of any potential needs or additional medical attention they will require." However, the standard requires a coordinated plan that includes, "if a victim of sexual abuse is transferred between facilities covered by subpart (a) or (b) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victim's potential need for medical or social services and if the victim is transferred from a DHS immigration detention facility to a facility not covered by paragraph (c) of the standard, the sending facility shall, as permitted by law, inform the receiving facility of the incident and the victims potential need for medical or social services, unless the victim requests otherwise," which is not covered in policy 606 (the facility's Coordinated Response Plan.) To become compliant, the facility must update their Coordinated Response Plan to include the verbiage from

subsections (c) and (d) of the standard. In addition, the facility must train all applicable staff on the updated Coordinated Response Plan and document said training. If applicable, the facility must provide the Auditor with any sexual abuse investigation files, and corresponding medical and mental health records, of a detainee who was transferred due to an incident of sexual abuse to a facility not covered by paragraph (c) of the standard to confirm compliance with subsection (d) of the standard.

§115.66 - Protection of detainees from contact with alleged abusers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditor determined compliance with the standard after review of policy 606 that requires, "The staff member, contractor or volunteer will be immediately reassigned to duties not allowing contact with inmates pending the outcome of the investigation." The Lt. was specifically asked what the consequences would be for any staff member or contractor suspected of perpetrating sexual abuse and he confirmed with the Auditor that they would be removed from all detainee contact pending the results of the investigation. The facility does not utilize volunteers. The facility has not had any allegations of sexual abuse during this audit period.

§115.67 - Agency protection against retaliation.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 606 that requires, "All inmates and staff who reports sexual abuse or sexual harassment, or who cooperates with sexual abuse or sexual harassment investigations shall be protected from retaliation. If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility shall take reasonable measures to protect that individual against retaliation." Policy 606 furthers states, "Protective measures, including housing changes, transfers, removal of alleged abusers from contact with victims, administrative reassignment or reassignment of the victim or alleged perpetrator to another housing area, and support services for inmates or staff who fear retaliation, shall be utilized." In addition, policy 606 also requires, "The Jail Commander or the authorized designee shall assign a supervisor to monitor, for at least 90 days, the conduct and treatment of inmates or staff who report sexual abuse or sexual harassment, as well as inmates who were reported to have suffered sexual abuse, to determine if there are any possible retaliation. The supervisor shall act promptly to remedy any such retaliation. The assigned supervisor should consider inmate disciplinary reports, housing or program changes, negative staff performance reviews or reassignment of staff members. Monitoring may continue beyond 90 days if needed. Inmate monitoring shall also include periodic status checks." The Lt. confirmed that the protective measures specified in subpart (b) would be employed to protect detainees and staff from retaliation and that retaliation monitoring would take place for a minimum of 90 days and may continue beyond 90 days if the initial monitoring indicates a continuing need. The Lt. interviewed further indicated that staff, contractors, and all detainees who report, complain about, or participate in an investigation into an allegation of sexual abuse, or for participating in sexual activity as a result of force, coercion, threats, or fear of force, will be protected from retaliation. The facility submitted a memo stating that the facility has not had any PREA complaints or any retaliation relating to this during the audit period. There were no ICE detainees housed at the facility during the onsite audit to interview.

§115.68 - Post-allegation protective custody.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d): The Auditor determined compliance with the subparts of the standard after review of Policy 606 that requires, "Inmates at high risk for sexual victimization shall be placed in the least restrictive housing unit and not placed on administrative segregation for more than five days, unless the inmate requests protective custody. High risk inmates or those placed on administrative segregation or PC will not be returned to general population until a re-classification is complete." A memo submitted by the facility states, "During the audit period the Teller County Detention Facility has had no PREA complaints or custody/administrative segregation of detainees. In the event of this occurring, an email would be sent [from the Lt. or Commander] to the FOD immediately after the event." The Lt. and (A) AFOD confirmed that the placement of a vulnerable detainee in segregation would require notification be made to the FOD or AFOD whenever an ICE inmate is held in administrative segregation for 72 hours. The (A) AFOD confirmed that there have not been any post-allegation protective custody placements during this audit period. The Lt. confirmed that the placement of any detainee victim of sexual assault in segregation would be a last resort at TCJ. The facility submitted sample master forms that would be used for the ICE detainee weekly housing/72-hour review; daily observation and services received notes; and an Administrative Segregation Order Memo. The Auditor reviewed nine detainee files, and none indicated that they were placed in administrative segregation or PC.

Recommendation (d): The Auditor recommends that the facility update policy 606 to include subpart (d) of this standard that states the facility shall notify the appropriate ICE FOD whenever a detainee victim has been held in administrative segregation for 72 hours.

§115.71 - Criminal and administrative investigations.

Outcome: Does not Meet Standard (requires corrective action)

Notes:

(a): The Auditor determined compliance with these subparts of the standard after review of Policy 606 that requires, "The office will take appropriate affirmative measures to protect all inmates from sexual abuse and sexual harassment, and promptly and thoroughly investigate all allegations of sexual abuse and sexual assault." Policy 606 further states, "Only investigators who have completed office-approved training on sexual abuse and sexual harassment investigations shall be assigned to investigate these cases." A facility investigator was interviewed, and he stated that his responsibilities as an investigator include that investigations must be thorough, prompt and objective. He also stated that he has received appropriate training to conduct investigations. The facility submitted an

email from the Commander advising the three internal investigators to complete the online class titled PREA: Investigating Sexual Abuse in a Confinement Setting and submit documentation of completion directly to the Commander. In addition, the Lt. sent an email to the three investigators advising them to complete the Effective Cross-agency Coordination training and submit documentation. The Auditor reviewed the internal investigators training records and confirmed that they have completed the required training for Investigating Sexual Abuse in a Confinement Setting and Effective Cross-Agency Coordination, as well as the general PREA training provided to all facility staff. The facility has not had any sexual abuse allegations or investigations during this audit period.

(b): The Auditor reviewed policy 606 and confirmed it does not address that "upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation shall be conducted. Upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility shall review any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. Administrative investigations shall be conducted after consultation with the appropriate investigative office with DHS, and the assigned criminal investigative entity." However, the facility submitted a memo that states, "The administrative investigator will determine if the PREA complaint is criminal in nature. If it is determined to be criminal, the administrative review will stop and a referral to Teller County Sheriff's Office Investigations Division will be completed." The investigator interviewed confirmed, although not in policy, that upon conclusion of a criminal investigation where the allegation was substantiated, an administrative investigation is conducted, and upon conclusion of a criminal investigation where the allegation was unsubstantiated, the facility reviews any available completed criminal investigation reports to determine whether an administrative investigation is necessary or appropriate. He also confirmed that administrative investigations will be conducted after consultation with the appropriate investigative office with DHS, and the assigned criminal investigative entity. The facility has not had any sexual abuse allegations or investigations during this audit period.

(c): The facility is not in compliance with subpart (c) of the standard based on review of policy 606. Policy 606 states "An administrative investigation, criminal investigation or both shall be completed for all allegations of sexual abuse and sexual harassment. All PREA-related incidents, investigations, prosecutions, and evidence related material shall be stored in a secure location. Investigators should evaluate reports or threats of sexual abuse and sexual harassment without regard to an inmate's sexual orientation, sex or gender identity. Administrative investigations shall include an effort to determine whether the staff's actions or inaction contributed to the abuse. All administrative and/or criminal investigations shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings. Inmates alleging sexual abuse shall not be required to submit to a polygraph examination or other truth-telling devise as a condition for proceeding with an investigation. The office shall retain all written reports from administrative or criminal investigations for as long as the alleged abuser is held or employed by the Office, plus five years." However, the policy does not address interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; and it does not mention such procedures shall govern the coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation. The investigator confirmed that based on his training and experience, his determinations for administrative outcomes are based on direct and circumstantial evidence; available physical DNA evidence; available electronic monitoring data; interview notes from alleged victims, suspected perpetrators, and witnesses; and reviewing prior complaints and reports of sexual abuse or assault involving the suspected perpetrator. The facility has not had any sexual abuse allegations or investigations during this audit period.

Does Not Meet (c): The facility is not in compliance with subpart (c) of the standard. The Auditor reviewed policy 606 and confirmed it does not contain the requirements that address interviewing alleged victims, suspected perpetrators, and witnesses; reviewing prior complaints and reports of sexual abuse involving the suspected perpetrator; and it does not mention such procedures shall govern the coordination and sequencing of the two types of investigations to ensure that the criminal investigation is not compromised by an internal administrative investigation. To become complaint, the facility must revise policy 606 to contain all elements of subpart (c) and submit the revised policy to the Auditor during the corrective action period. Affected staff shall be trained on the revised written procedures for administrative investigations and documentation of this training shall be provided to the Auditor for compliance review. If applicable, the facility must provide the Auditor with all sexual abuse allegations that occur during the CAP period to confirm compliance with subsection (c).

(e)(f): The Auditor based compliance on these subparts of the standard after review of policy 606 requiring, "The departure of the alleged abuser or victim from the employment or control of the jail or office shall not provide a basis for terminating an investigation." The policy further states, "The Office shall cooperate with the outside agency investigation and shall request to be informed about the progress of the investigation." The facility investigator confirmed he remains in contact with these agencies, providing assistance where needed. The Lt. confirmed that by policy, the departure of the alleged abuser or victim from the facility or agency's employment or control would not provide a basis for terminating his investigation and that the Office will cooperate with TCSO during the investigation. The facility has not had any sexual abuse allegations or investigations during this audit period.

§115.72 - Evidentiary standard for administrative investigations.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditor determined compliance with this standard after review of policy 606 that requires, "The Jail Commander or Sheriff shall review the investigation and determine whether any allegations of sexual abuse or sexual harassment have been substantiated by a preponderance of the evidence." The interview with the facility investigator confirmed the evidence standard he utilizes when

determining the outcome of a sexual abuse case is preponderance of evidence. The facility has not had any sexual abuse allegations or investigations during this audit period.

§115.73 - Reporting to detainees.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

The Auditor determined compliance with the standard after review of policy 606 that requires, "The Jail Commander or authorized designee shall inform a victim inmate in writing whether an allegation has been substantiated, unsubstantiated or unfounded. All notifications or attempted notifications shall be documented. When notification is made while the inmate is in custody, the inmate will sign a copy of the notification letter. The letter will be added to the case file." The facility submitted a memo that states, "During the audit period TCJ has had no PREA complaints to investigate. If an investigation occurs, the victim is notified and can request all documentation of the investigation per the Colorado Open Records Act." The Lt. confirmed during his interview that the facility will notify the detainee about the results of the investigation and any response action taken. The Auditor reviewed a blank copy of the notification form that would be used to provide the notification to the detainee. The facility has not had any sexual abuse allegations or investigations during this audit period.

§115.76 - Disciplinary sanctions for staff.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b): The Auditor determined compliance with these subparts of the standard after reviewing policy 606 that requires, "The staff shall be subjected to disciplinary sanctions, up to and including termination, for violating this policy. Termination shall be the presumptive disciplinary sanction for staff members who have engaged in sexual abuse. All discipline shall be commensurate with the nature and circumstances of the acts committed, the staff members disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories." A review of policy 606 confirmed it does not contain the verbiage, "including removal from their federal service for allegations of sexual abuse or for violating Agency or facility sexual abuse policies" and "including removal from the Federal service, when there is a substantiated allegation of sexual abuse, or Agency sexual abuse rules, policies, or standards." In addition, policy 606 does not indicate that "removal from Federal service is the presumptive disciplinary sanction for staff who have engaged in or attempted or threatened to engage in sexual abuse, as defined under the definition of sexual abuse of a detainee by a staff member, contractor, or volunteer." However, as termination is greater than removal from Federal Service, the Auditor finds policy 606 in substantial compliance with the wording required by subsection (b) of the standard. In addition, in a memo submitted by the facility that states, "If an employee of the Teller County Detention Facility is involved in a PREA complaint, they are placed on administrative leave until the end of the investigation. If an employee of the Teller County Detention Facility is terminated following a PREA complaint, the information is entered into benchmark (a system used by Colorado POST Board for certification tracking) and the individual is shown as terminated "with cause" and notated for the reason. Additionally, a memo is drafted and sent to HR indicating the termination." The (A) AFOD submitted a memo confirming that he reviews and approves facility policies and procedures regarding disciplinary or adverse actions for staff. Interviews conducted with both the Lt. and HR staff confirmed removal from employment and federal service would be the presumptive discipline for any staff member who has engaged in or attempted or threatened to engage in sexual abuse or fail to follow the zero-tolerance policy. The facility has not had any sexual abuse allegations or investigations during this audit period.

(c)(d): The Auditor determined compliance with these subparts of the standard after reviewing policy 606 that states, "All terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to the law enforcement agency that would handle any related investigation and to any relevant licensing bodies." The interview with the Lt. confirmed that they would report violations of the TCJ sexual abuse policy to the law enforcement agency and to any licensing bodies as known. The facility has not had any sexual abuse allegations or investigations during this audit period.

§115.77 - Corrective action for contractors and volunteers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard after review of policy 606 that requires, "Any contractor or volunteer who engages in sexual abuse within the facility shall be immediately prohibited from having any contact with inmates." Memo submitted by the facility states, "If a contractor is involved in a PREA complaint, the employee is trespassed from the property until the outcome of the investigation. An email to the contractor is completed for notification immediately after the event occurs. If the investigation is founded, the Teller County Detention Facility will not allow the individual to return to the facility." Policy 606 further states, "He/she shall be promptly reported to the law enforcement agency that would investigate such allegations and brought to the attention of any relevant licensing bodies. Teller County Sheriff Office will take appropriate remedial measures and will consider whether to prohibit further contact with detainees by contractors or volunteers who have not engaged in sexual abuse but have violated other provisions." The Lt. interview confirmed that any contractors and volunteers who engaged in sexual abuse would face removal from the facility and be reported to law enforcement and licensing bodies as applicable. He also stated he would report such conduct and removal to the ICE ERO FOD. TCJ had no such incidents requiring the removal of a contractor or volunteer within the audit period; this was confirmed by interviews with the Lt. and HR staff.

§115.78 - Disciplinary sanctions for detainees.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e)(f): The Auditor determined compliance with these subparts of the standard after review of policy 600, Inmate Discipline, that requires, "Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following and administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Discipline shall be commensurate with the nature and circumstances of the offense committed, the inmate's disciplinary history and the sanctions imposed for comparable offenses by other inmates with similar histories. Inmates who are subject to discipline as a result of rule violations shall be afforded the procedural due process established in the policies, procedures and practices relating to inmate discipline. The process for an inmate accused of a major rule violation includes: A fair hearing in which the Jail Cpl. or the authorized designee presents factual evidence supporting the rule violation and the disciplinary action; advance notice to the inmate of the disciplinary hearing, to all the inmate time to prepare a defense; Assignment of an impartial hearing officer; The limited right to call witnesses and/or present evidence on his/her behalf; The appointment of an assistant or representative in cases where the inmate may be incapable of self-representation; A formal written decision that shows the evidence used by the hearing officer, the reasons for any sanctions and an explanation of the appeal process; Reasonable sanctions for violating rules that relate to the severity of the violation; and, the opportunity to appeal the finding. The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to the inmate's behavior when determining what type of discipline, if any, should be imposed. No discipline may be imposed for sexual contact with staff unless there is a finding that the staff member did not consent to such conduct. No inmate may be disciplined for falsely reporting sexual abuse or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation, if the report was made in good faith based upon a reasonable belief that the alleged conduct occurred." The Auditor interviewed and discussed the detainee disciplinary process at TCJ with the Lt. and Cpl., and they detailed the process to include a system that allows for progressive levels of reviews, appeals, procedures, and documentation procedures. There were no allegations of sexual abuse reported at TCJ during the audit period, nor were there any ICE detainees housed at the facility during the onsite audit.

§115.81 - Medical and mental health assessments; history of sexual abuse.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c): The Auditor determined compliance with these subparts of the standard through interviews and record review. Intake staff interviewed confirmed that any detainee disclosure of prior victimization or perpetrated sexual abuse, during intake, would require notification be forwarded to medical and/or mental health requesting follow-up services immediately. The Classification Report (vulnerability assessment) required under 115.41 is entered electronically into a secure electronic database to indicate a victim or abuser, and a referral is immediately forwarded to medical and mental health for follow-up. The HSA interview confirmed when this medical follow up/referral is initiated for either victimization or abusiveness, the detainee receives a health evaluation, typically the same day and no later than two working days from the date of the assessment, and it is documented using the Clinical Pathway/Patient Clinical Data Form which is uploaded into the detainee's secure electronic medical file. When a referral for mental health is initiated, the detainee receives a mental health evaluation, no later than 72 hours after the referral, and it is documented on the Clinical Pathway/Mental Health Survey which is then uploaded into the detainee's secure electronic medica file. The Auditor reviewed blank samples of the Medical and mental Health Clinical Notes that would be used for follow-up. The HSA submitted a memo that states, "There have been zero reports of prior sexual abuse or victimization in 2021-2022," and the Lt. confirmed that there have been no reports during the audit period. The Auditor reviewed nine completed classification reports and did not find any disclosures of prior victimization or perpetrated sexual abuse, during intake, which would require notification be forwarded to medical and/or mental health requesting follow-up services. Additionally, the Auditor verified that all detainee's Classification Reports are reviewed by Medical the day of intake, and if any follow-up is determined by Medical, then they would provide follow-up services per the timelines specified within this standard.

§115.82 - Access to emergency medical and mental health services.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy 606 that requires, "Victims shall be offered information about, and given access to, emergency contraception, prophylaxis for sexually transmitted infections prophylaxis and follow-up treatment for sexually transmitted diseases. This shall be done in a timely manner. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." In interview with the HSA, she stated that TCJ does not conduct forensic examinations. Any detainee requiring such an examination would be sent to UC Health Hospital. She also confirmed all services for any alleged victim to include emergency medical treatment and crisis intervention services, including sexually transmitted infections prophylaxis, are provided without cost and with professionally accepted standards of care. The HSA and the PAQ confirmed TCJ had no detainees sent out for a forensic examination for a sexual abuse during the audit period. The Auditor placed a call to the UC Health Hospital and was able to verify through conversation with a hospital representative that they would provide detainee victims with emergency medical treatment and crisis intervention services with a hospital staff person, to include forensic medical evaluations, at no cost to the detainee. The HSA submitted a memo that states "There have been zero reports of prior sexual abuse or victimization in 2021-2022," and the Lt. confirmed that there have been no reports during the audit period.

§115.83 - Ongoing medical and mental health care for sexual abuse victims and abusers.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b)(c)(d)(e)(f): The Auditor determined compliance with these subparts of the standard after review of policy 606 that requires, "Victims shall be provided with 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. Victims will be provided with medical and mental health services consistent with the community level of care. Victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests. If pregnancy results from the abuse, such victims shall receive comprehensive information about, access to, all lawful pregnancy-related medical services. This shall be done in a timely manner. Provisions shall be made for testing the victim for sexually transmitted diseases. Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident." The interview with the HSA confirmed that any detainees, who experienced sexual abuse while in detention, receive a medical and mental health evaluation. She also confirmed that all services provided to detainee victims of sexual abuse are consistent with the community level of care. She further stated that the evaluation and treatment are without cost to the detainee, regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident, and the medical and mental health department can provide on-site crisis intervention services, sexually transmitted infections and other infectious diseases testing along with prophylactic treatment to victims, pregnancy testing and referrals for any other treatment services if necessary. There were no allegations of sexual abuse reported at TCJ for the audit period as verified by a memo submitted by the Lt. and confirmed by the PAQ. During the on-site audit, there were zero mental health staff present for the Auditor to interview.

(g): The Auditor determined compliance with this subpart of the standard after interview with the HSA. She confirmed that her department would conduct a mental health evaluation of all known detainee-on-detainee abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners. There were no allegations of sexual abuse reported at TCJ for the audit period as verified by a memo submitted by the Lt. and confirmed by the PAQ. During the on-site audit, there were zero mental health staff on-site for the Auditor to interview.

§115.86 - Sexual abuse incident reviews.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a)(b) The Auditor determined compliance with these subparts of the standard after review of policy 606 that requires, "An incident review shall be conducted at the conclusion of every sexual abuse investigation within 30 days of the conclusion of the investigation. The Jail Commander or the authorized designee shall implement the recommendations for improvement or document the reasons for not doing so." The policy further states that the review team shall, "Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender or intersex identification status or perceived status; gang affiliation; or other group dynamics at the facility [and] prepare a written report of the team's findings, including and recommendations for improvement." The Lt. was interviewed regarding his role as chairperson of the Incident Review Team during the site visit. He informed the Auditor that an incident review is conducted on every allegation of sexual abuse and in a written report, within 30 days of the conclusion of the investigation. He indicated that the review includes subpart (b) requirements and once completed, he provides copies to all parties required by policy and standard, including the (A)FOD. In an interview with the (A) AFOD it was confirmed that he would receive a copy of the incident review which he would forward to the ICE PSA Coordinator. The facility submitted a memo stating that there has been no allegations or investigations of sexual abuse during the audit period; this was further confirmed by the Lt. and the (A) AFOD.

(c) The Auditor determined compliance with this subpart of the standard after review of policy 606 that requires, "This office shall conduct an annual review of collected and aggregated incident-based sexual abuse data. The purpose of these reviews is to assess and improve the effectiveness of sexual abuse data" and to "assess and improve the effectiveness of sexual abuse prevention, detection and response policies, practices and training." The Auditor was provided the facility's 2021 negative report of sexual abuse allegations indicating the facility has not had any reports of sexual abuse during the annual reporting period. The Lt. confirmed a copy of this review is provided to the (A) AFOD and Jail Commander, and the (A) AFOD confirmed receipt of such report. In addition, the facility provided email correspondence indicating the negative report was submitted to the (A) AFOD. During interview, the (A) AFOD stated that the report is submitted to the ICE PSA Coordinator immediately after his review. The Facility has not had any sexual abuse allegations or investigations during this audit period.

§115.87 - Data collection.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(a) The Auditor determined compliance on this subpart of the standard after a review of policy 606 that requires, "all case records associated with a claim of sexual abuse and sexual harassment, including incident reports, investigative reports, offender information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment, or counseling, shall be retained in accordance with confidentiality laws. All PREA related incidents, investigations, prosecutions, and evidence related material shall be stored in a secure location." The Auditor observed the location where the TCJ staff secures these documents and found them under a double lock and restricted key. The Lt. stated that he would maintain all documentation in a locked cabinet.

§115.201 - Scope of audits.

Outcome: Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

Notes:

(d) The Auditor was allowed access to the entire facility and able to revisit areas of the facility as needed during the site visit.

(e) The Auditor was provided with and allowed to view all relevant documentation as requested.

(i) Formal interviews with staff were conducted in a private confidential setting. At time of audit, the facility did house any ICE detainees, and therefore, none were interviewed by the Auditor.

(j) Notices of Audit were posted and observed throughout the facility in English, Spanish, Arabic, Bengali, French, Haitian Creole, Hindi, Portuguese, Punjabi, Russian, Simplified Chinese and Vietnamese. The Auditor received no staff, detainee, or other party correspondence.

AUDITOR CERTIFICATION

Update Audit Findings Outcome Counts by Clicking Button: **Update Outcome Summary**

SUMMARY OF AUDIT FINDINGS (Use the Update Outcome Summary button, Do Not Manually Enter)	
Number of standards exceeded:	1
Number of standards met:	30
Number of standards not met:	8
Number of standards N/A:	2
Number of standard outcomes not selected (out of 41):	0

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

Joyce E. Bridschge 01/09/2023

Auditor's Signature & Date

(b) (6), (b) (7)(C) 02/03/2023

Assistant Program Manager's Signature & Date

(b) (6), (b) (7)(C) 02/03/2023

Program Manager's Signature & Date