

Prison Rape Elimination Act (PREA) Audit Report Community Confinement Facilities

Interim Final

Date of Report 4/16/18

Auditor Information

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Company Name: Click or tap here to enter text.	
Mailing Address: PO Box 110993	City, State, Zip: Aurora, CO 80042-0993
Telephone: 720-391-3025	Date of Facility Visit: September 25-27, 2017

Agency Information

Name of Agency:		Governing Authority or Parent Agency (If Applicable):	
Time to Change-Commerce City		Click or tap here to enter text.	
Physical Address: 4901 Krameria St		City, State, Zip: Commerce City, CO 80022	
Mailing Address: Click or tap here to enter text.		City, State, Zip: Click or tap here to enter text.	
Telephone: 720-407-8061		Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
The Agency Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: Click or tap here to enter text.			
Agency Website with PREA Information: timetochange.cc			

Agency Chief Executive Officer

Name: Dino Martinez	Title: Vice President/Program Director
Email: dinomartinez@timetochange.cc	Telephone: 720-407-8061

Agency-Wide PREA Coordinator

Name: Victoria Longstrom	Title: Program/PREA Coordinator
Email: vlongstrom@timetochange.cc	Telephone: 720-377-0900 x 204

PREA Coordinator Reports to: Dino Martinez – Vice President/Program Director	Number of Compliance Managers who report to the PREA Coordinator <small>Click or tap here to enter text.</small>
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Facility Information

Name of Facility: Time to Change-Commerce City

Physical Address: 4901 Krameria St, Commerce City, CO 80022

Mailing Address (if different than above): Click or tap here to enter text.

Telephone Number: 720-407-8061

The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

Facility Mission: Click or tap here to enter text.

Facility Website with PREA Information: timetochange.cc

Have there been any internal or external audits of and/or accreditations by any other organization? Yes No

Director

Name: Dino Martinez	Title: Vice President/Program Director
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Email: dinomartinez@timetochange.cc	Telephone: 720-407-8061
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Facility PREA Compliance Manager

Name: <small>Click or tap here to enter text.</small>	Title: <small>Click or tap here to enter text.</small>
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Email: <small>Click or tap here to enter text.</small>	Telephone: <small>Click or tap here to enter text.</small>
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Facility Health Service Administrator

Name: N/A	Title: N/A
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Email: N/A	Telephone: N/A
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Facility Characteristics

Designated Facility Capacity: 136		Current Population of Facility: 136	
Number of residents admitted to facility during the past 12 months			270
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			N/A
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			204
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			264
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-99	<input type="checkbox"/> Juveniles Click or tap here to enter text.	<input type="checkbox"/> Youthful residents Click or tap here to enter text.
Average length of stay or time under supervision:			4 months
Facility Security Level:			Minimum
Resident Custody Levels:			Minimum
Number of staff currently employed by the facility who may have contact with residents:			21
Number of staff hired by the facility during the past 12 months who may have contact with residents:			13
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			1
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		20	
Number of Open Bay/Dorm Housing Units:		0	
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): 8 internal cameras, 8 external cameras,			
Medical			
Type of Medical Facility:		N/A	
Forensic sexual assault medical exams are conducted at:		Click or tap here to enter text.	
Other			
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:			1
Number of investigators the agency currently employs to investigate allegations of sexual abuse:			2

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

The Prison Rape Elimination Act (PREA) audit of the Time to Change – Commerce City community confinement facility in Commerce City, Colorado began on August 7, 2017 with the agency PREA Coordinator, Victoria Longstrom sending an email with pictures attached demonstrating the facility's compliance with posting the audit announcements throughout the facility 6 weeks prior to the on-site audit. The PREA auditor received an email from the PREA Coordinator on September 11, 2017 that the facility flash drive was completed and ready for review. The flash drive was picked up by the PREA Auditor on September 15, 2017; the flash drive included agency/facility supporting documentation and the Pre-Audit Questionnaire. A review of the documentation began on September 17th and concluded on the 23rd. Since the PREA Auditor completed one of the agencies other community confinement facilities there were no request for additional information.

During the two and one-half days of the on-site audit, the auditor was provided space in a conference room in the administrative area of the facility to conduct staff and client interviews. The auditor interviewed eight staff members representing all job classifications. A total of five security staff members were interviewed representing all three shifts (1st 8am-4pm; 2nd shift 4pm-12am; and 3rd shift 12am-8am). Following the DOJ interview protocol, the following specialized staff were interviewed or have been interviewed by the auditor: Administrative (human resources) staff; SANE medical facility; volunteers and contractors; investigative staff; staff who perform screening for risk of victimization and abusiveness; staff on the incident review team; designated staff member charged with monitoring retaliation; first responders and intake staff. The agency/facility does not provide on-site medical or mental health care and does not contract with agencies for the confinement of their clients. Twenty-three clients were interviewed over a period of two days. Clients interviewed included: one client who identified as LGBTI, two clients who were identified as known sexual abuse victims, one client who is limited English speaking (Spanish speaker); the remaining nineteen clients were randomly selected. All client interviews included ex-DOC clients as well as diversion clients, who were a mix of race and ethnicity.

On the first day of the on-site audit was a half day, involving a tour of the facility and staff interviews. The auditor toured the facility escorted by the PREA Coordinator and observed facility programming, location of cameras and mirrors, client dayroom, client rooms, restroom, laundry room, kitchen, facility control, and placement of posters. The auditor noted the shower area allows clients to shower separately and is The staff interviews were conducted with the facility security supervisor, two security staff from the 8am-4pm shift, and two case managers. The following individuals were not interviewed: Program Director, Case Manager Supervisor, Program Coordinator, Human Resource; these individuals participated in an interview with the PREA auditor during the TTC-Adams PREA audit.

On the first full day of the audit the auditor concluded the staff interviews by interviewing two staff on the second shift, and began client interviews. The auditor conducted ten client interviews involving clients who

were in the facility during the 1st shift; the auditor returned during the 2nd shift to interview clients who were not available during the 1st shift.

On the final day of the audit the auditor concluded the remaining client interviews except for one. The auditor contacted the facility in the early morning of September 28th to conduct the final interview with the client who is identified as limited English speaking. The interview was scheduled after having made arrangements with a Spanish speaking staff member who agreed to translate the interview over the phone prior to the client leaving the facility for the day.

At the conclusion of the on-site audit the Auditor requested the facility provide an electronic version of pat search forms, risk assessment and reassessment forms, room assignment memo addressed to the facility staff, background clearance and 5-year background checks, grievances from the past 12 months and training logs for employees and contractor. The Auditor was able to review some of this information while on-site in the facilities CorrectTech database, but needed the records to maintain with Auditors documents. All supporting material was provided to the Auditor on October 30, 2017.

On November 12, 2017 the Auditor emailed the interim report with eight corrective action standards to the agency PREA Coordinator and the facility Program Coordinator; and on December 11, 2017 there was a follow-up email from the Auditor to determine if the facility had any questions with the findings. On December 12, 2017, the Auditor received a response from the PREA Coordinator that the company was going through ownership changes and was now under the authority of CoreCivic. This change resulted in a change at the PREA Coordinator position, and moving forward all Program Coordinators would also assume the role as the PREA Compliance Managers within their facility's. The PREA Coordinator position would be assigned to someone within the company. All responses to the corrective action items would be under CoreCivic policies. The Auditor contacted the PREA Coordinator on January 29th check-in and answer any questions; at that time the agency was still transitioning because of the change in company management and working to address the corrective action items.

On April 6, 2018, the Auditor received an email from the PREA Coordinator responding to all eight corrective action areas.

115.216 (b) – The Auditor requested the facility to implement a practice (i.e., case notes, form, CorrectTech, etc.) to document when a client interpreter is used to assist a limited English speaker. The facility submitted a policy 14-2-CC Sexual Abuse Prevention and Response; page 14 of the policy addresses Resident Orientation and Education. The policy prohibits the use of resident interpreters and states, “In the event that a resident has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such residents on an individual basis. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective.”

115.216 (c) - The Auditor received policy 14-2-CC Sexual Abuse Prevention and Response; page 14 of the policy addresses Resident Orientation and Education. The policy prohibits the facility from relying on residents to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where extended delay in obtaining any effective interpreter could compromise the resident's safety, the performance of first-responder duties, or the investigation of the resident's allegations. The facility staff will use case notes to document when resident interpreters are used; however, the practice of using resident interpreters will never be used to assist in the screening or reassessment process (completing the 14-2-CC B Form) or to conduct any type of interview related to sexual assault or harassment reporting.

115.231(a) (d) – The facility provided the Auditor 15 signed training logs demonstrating all TTC-Commerce City staff completed an Instructor-Led PREA training in February 2018; and a memo explaining the facility had openings in the following positions, 1 Administration, 1 Case Manager, and 4 Correctional Technicians.

115.232 (a) – The facility provided the Auditor with two background clearance check records and training documentation for the Aramark contractors.

115.234 The facility provided the Auditor a Relias Learning training certificate covering PREA: Investigation Protocols for the PREA Coordinator assigned during the audit.

115.241 The facility provided the Auditor with a training attendance roster conducted April 5, 2018 titled, “PREA 30-day and initial assessment training.” The roster included the signature for five Case Managers. The facility also provided a copy of the new screening form that has been implemented with the change in management.

115.271 (i) The Auditor received policy 14-2-CC Sexual Abuse Prevention and Response; page 29 of the policy addresses Collection and Use of Data. The policy includes language requiring the facility to retain all records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling.

Facility Characteristics

The auditor’s description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Time to Change operates community confinement/halfway house facilities in Colorado. Once such facility is Time to Change-Commerce City, which will be known as “TTC-Commerce City” from here on out. The TTC-Commerce City facility is a 136-bed facility located in Commerce City, Colorado. The facility is in an area that has commercial, industrial, and residential buildings. TTC-Commerce City facility houses male clients with risk factors ranging from minimum to low-medium risk. The clients are a mix of Colorado Department of Corrections step down inmates and local jurisdictions diversion clients.

TTC-Commerce City consists of one building with 20 multiple occupancy sleeping rooms. The entrance of the building houses an administrative area with office space, staff lounge, staff workout room, conference rooms and staff restrooms. The remainder of the internal portion of the building consist of a public entrance, client lounge room, public restroom, staff control center, three client dayrooms, kitchen, storage closets, client sleeping rooms, laundry rooms, and three client bathrooms. The exterior of the building has a large courtyard with exercise equipment that can be utilized by the clients.

The average length of stay at TTC-Commerce City four months. The facility has 21 staff and 1 contractor who currently employed who have contact with residents. At the time of the on-site audit the facility was at full capacity with 136 clients. TTC-Commerce City has 8 internal cameras and 8 cameras on the external parts of the building.

Summary of Audit Findings

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, **along with a list of each of the standards in each category**. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

The Time to Change – Commerce City facility received one allegation of staff on client sexual harassment. The allegation involved a staff member having an inappropriate relationship with a client; since the allegation did not involve sexual contact the allegation did not rise to the level of sexual misconduct or sexual abuse. The allegation resulted in an administrative investigation, but since there was no proof of sexual contact the allegation was not referred to law enforcement for a criminal investigation.

Interviews with the facility clients demonstrated they received PREA information upon intake and are made aware of their right to be free from sexual abuse and sexual harassment from other clients and staff. Most client reported being inmates within the Colorado Department of Corrections where they were inundated with information and was very familiar when TTC-Commerce City provided additional information. The clients report they receive a client brochure and view a short PREA video during intake. They all consistently report receive the information immediately upon intake. Clients demonstrated they are aware of the various ways to report sexual abuse and sexual harassment.

Staff interviews demonstrated they are very familiar with PREA; the agency zero-tolerance policy; and their roles and responsibility when they receive a disclosure. All staff members could articulate the step they would follow as a staff first responder, and appropriate referrals.

The following individuals were contacted via telephone to conduct an interview: one Spanish speaking client and Alexandra Popada with the Correctional Psychology Associates (CPA). The auditor interviewed the agency Vice President and PREA Coordinator during a previous audit during the current cycle; therefore, the auditor did not interview those individuals during the TTC-Commerce City audit.

In summary, after reviewing all pertinent information and conducting the on-site review, client interviews and staff interviews, the Auditor found the agency/facility leadership and staff have clearly made PREA compliance a high priority and have devoted a significant amount of time to training staff and educating clients. While there has been a lot of work committed to comply with the standards, there are areas that require additional work to meet full compliance and corrective action:

Number of Standards Exceeded: 0

[Click or tap here to enter text.](#)

Number of Standards Met: 38

115.211, 115.213, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.241, 115.242, 115.251, 15.252, 115.253, 115.254, 115.261, 115.262, 115.263, 115.264, 115.265, 115.267, 115.271, 115.272, 115.273, 115.276, 115.277, 115.278, 115.282, 115.283, 115.286, 115.287, 115.288, 115.289, 115.401, 115.403

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.216 (b) The facility shall implement a practice (i.e. case notes, form, CorrectTech, etc.) to document instances when a client interpreter is used to assist a limited English speaker.

115.216 (c) In order to comply with this standard, the Auditor is requesting the agency/facility implement a procedure to address in what instances staff can rely on client interpreters, and when the facility should utilize the services provided by Springs Intercultural learning.

115.231 (a) The facility will need to conduct another training with all 21 staff (if this number is still accurate) who may have contact with clients. If the number of staff has changed the facility can provide a memo explaining the difference (i.e., 2 vacancies, someone out on paternity leave, etc.).

115.231 (d) The facility will need to provide a training log with all participants signatures, which will indicate the employee understands the training they received.

115.232 (a) The facility will need to keep a personnel file for their contract employee demonstrating they have cleared a background and have received PREA training. If the facility has a permanent Aramark contractor onsite the training log will need to be submitted to the Auditor.

115.234 With the recent change at the PREA Coordinator position, the current PREA Coordinator will need to receive the appropriate training and provide the auditor with the training certificate.

115.241 TTC-Commerce City Program Coordinator will need to provide the facility Case Managers with guidance or training in completing the Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment. If the Program Coordinator decides to provide a formal training a signed training log will need to be submitted to the Auditor, if the information is not provided face-to-face and in a less formal manner (i.e. email, memo, etc.) then the Program Coordinator will need to submit a memo to the Auditor explaining the steps taken to provide this information to the Case Managers.

115.271 (i) The agency policy does not include the retention of written reports pertaining to the administrative and criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. This language will need to be added to policy and submitted to the Auditor for review.

PREVENTION PLANNING

Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Program Coordinator/PREA Compliance Manager

The PREA Coordinator states she has sufficient time and authority to perform her duties. She also functions as a facility Program Director but states she has adequate time to perform all duties as assigned.

Documentation reviews:

1. Policy 321 PREA – Policy statement
2. Policy 321 PREA – Procedures C. Prevention, E. Investigation
3. Policy 321 PREA – Procedures B. Definitions Related to Sexual Abuse
4. Policy 321 PREA – Procedures J. Discipline
5. PREA Coordinator Job Description
6. Time to Change organizational chart

115.211 (a)-1 TTC-Commerce City has a zero-tolerance policy for all forms of sexual abuse and sexual harassment. It also describes the agency's response to preventing, detecting, and responding to and reporting all allegations of sexual abuse and sexual harassment. The Client Handbook provides valuable PREA information, including prohibited behavior. The facility has posters throughout the facility to communicate the zero-tolerance message.

115.211 (a)-3 PREA definitions were detailed within the policy. The definitions are as follows:

i. **Rape:** the carnal knowledge, oral sodomy, sexual assault with an object, sexual fondling of a person, forcibly or against that person's will, or not forcibly or against the person's will, where the victim is incapable of giving consent, because of his or her youth, temporary or permanent mental or physical incapacity, the carnal knowledge achieved through the exploitation of the fear or threat of physical violence or bodily injury.

ii. **Sexual Assault:** The act or attempted act of unwelcome sexual intrusion, sexual contact, or sexual penetration by any person on another by force, threat, coercion, or intimidation pursuant to CRS 18-3-401 through 18-3-415.5

iii. **Sexual Abuse:** Sexual behavior directed towards a person that does not or cannot consent or is coerced to include but not limited to any of the following acts:

1. Contact between the mouth, penis, breast, buttocks, vulva, anus, or any body part with the intent to abuse, arouse, stimulate, or gratify sexual desire
2. Any other intentional contact, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, or where the DOC employee, contract worker or volunteer has the intent to abuse arouse, or gratify sexual desire, excluding contact incidental to a physical altercation
3. Any threat of physical force or pressure for sexual acts or requests for sexual acts
4. Romantic or sexual relationships between DOC employees, contractors, or volunteers and offenders are prohibited.

iv. **Sexual Misconduct:** Sexual intrusion, sexual contact, or sexual penetration with consent between clients. Sexual Misconduct does not include staff, as there is no legal consent between clients and staff.

v. **Sexual Conduct in a Correctional Institution:** 'An employee, contract employee, or volunteer of a correctional institution, or an individual who performs work or volunteer functions in a correctional institution, who engages in sexual conduct with a person who

is in lawful custody in a correctional institution, commits the offense of sexual conduct in a correctional institution, pursuant to C.R.S. 18-7-701.' If charged and convicted, a possible condition could be the requirement of the staff member to register as a sex offender.

vi. **Sexual Harassment:** Includes any non-contact behavior or act that subjects another person to verbal or written statements or gestures of sexual or romantic nature; creating or encouraging an atmosphere of intimidation, hostility or offensiveness as perceived by the individual who observes the sexually offensive behavior or act, including but not limited to the following:

1. Any repeated and/or unwelcome sexual advances, requests for sexual favors, obscene or profane language or verbal comments or actions of a derogatory or offensive sexual nature, including demeaning references to gender, inappropriate, sexually suggestive, or derogatory comments about body or clothing, or obscene language or sexually harassing gestures, or written statements of a sexual or romantic nature.
2. Indecent exposure or any intentional or unwanted displays of anus, genitals, breasts, or other body parts to sexually harass another person or masturbation in the presence or direct vision of another person.
3. Voyeurism or invasion of privacy for the purpose of sexual gratification or intent to abuse or arouse sexual desire.
4. Taking or soliciting photographs or images of a person's nude breasts, genitalia, buttocks, naked body or while performing bodily functions.
5. Any unwelcome sexual advances, requests for sexual favors, unequal treatment, or other unwelcome verbal and physical conduct based on sex.
6. Submission to such conduct is made either explicitly or implicitly as a term or condition of an individual's employment; or
7. Submission to or rejection of such conduct is used as the basis for employment decisions about a person; or
8. Such conduct has the purpose or effect of substantially and unreasonably interfering with a DOC employee, contractor, or volunteers work performance or creating an intimidating, hostile, or offensive work or educational environment.

115.211 (a)-4 The policy states "Employee, interns, volunteers or contractors found guilty of sexual behavior/misconduct of any kind with other employees or clients will be immediately terminated. Clients guilty of sexual behavior/misconduct of any kind with other employees or clients will be immediately terminated."

115.211 (b)-1 Victoria Longstrom is assigned as the agency PREA Coordinator and is supervised by the agency Vice President.

Standard 115.212: Contracting with other entities for the confinement of residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.212 (a)

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) Yes No NA

115.212 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA
- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

This standard is not applicable.

Standard 115.213: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
 Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? Yes No

115.213 (b)

- In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)
 Yes No NA

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? Yes No

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Program Manager
2. Program Coordinator/PREA Compliance Manager

During the interview with the agency Vice President (Director), PREA Coordinator and Program Coordinator demonstrated all parties were a part of the development of the staffing plan and annual review.

Documentation reviews:

1. Facility Staffing Plan
2. Deviations from Staffing Plan
3. Staffing Plan Facility Review dated June 7, 2017
4. Facility Layout with camera locations

115.213 (a)-1 A staffing plan dated June 6, 2017 was provided to the Auditor to demonstrate 11 content area covered. The staffing plan was developed for a 136-capacity facility, indicated there was 1 incident of sexual misconduct/behavior in the last 12 months. The facility has 1 DVR, 16 cameras, and 2 convex mirrors

115.213 (b)-1 The facility provided the Auditor with documentation demonstrating zero deviations from the staffing plan during the last 12 months.

Standard 115.215: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.215 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if less than 50 residents)
Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if less than 50 residents) Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female residents?
 Yes No NA

115.215 (d)

- Does the facility implement policies and procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? Yes No

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? Yes No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that

information as part of a broader medical examination conducted in private by a medical practitioner?
 Yes No

115.215 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Random Clients
2. Transgender and Intersex Clients; Gay, Lesbian and Bisexual Clients
3. Random Staff
4. Non-medical staff involved in cross-gender strip or visual searches

115.215 (a)-1 Staff interviews consistently demonstrate female staff are prohibited and does not conduct physical pat searches; however, they can conduct property searches wand search of a client's physical body without physically touching the client.

115.215 (d)-1 Given that the facility is all male, female staff when conducting a count prior to entering a client's room or bathroom must knock on the doors and announce female staff before entering these areas. The female staff must allow time for the client(s) to cover up prior to entering. Client interviews

demonstrate this procedure is consistently adhered to. None of the clients reported feeling their right to privacy is invaded and had zero complaints about the practice.

Documentation reviews:

The facility policy strictly prohibits strip searches, and states physical searches will be conducted by gender specific staff members only. A review of search documentation demonstrates female staff members consistently conduct “Modified pat with wand” searches, and male staff consistently conduct routine pat search.

TTC-Commerce City policy states staff will not conduct physical searches of a client to determine the gender of a client. All security staff will be trained on how to appropriately search transgender and intersex clients.

1. Policy 486 Contraband Control – Policy A. Personal Searches
2. Policy 486 Contraband Control – Policy A. 1. Pat Searches
3. Policy 485 Population Counts – Procedures A. Conducting a Count 6.
4. 60 Pat Search Certification Forms

Standard 115.216: Residents with disabilities and residents who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.216 (a)

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? Yes No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? Yes No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) Yes No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? Yes No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? Yes No

115.216 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? Yes No

115.216 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Agency Head
2. Disabled and limited English Proficient Clients – Spanish Speaking Client
3. Random Staff

115.216 (a) During the interviews it appears the facility has not implemented a practice that would allow limited English proficient clients with the support necessary to communicate with the facility staff without using other clients as translators. It was discovered during the staff interviews that bilingual clients assist the Spanish speaking clients during case management meetings and on other occasions when needed. This practice could cause problems if the Spanish speaking client had to address sensitive issues.

115.216 (b) During an interview with a bilingual staff member and the agency Vice President there was an agreement that the facility will use staff interpreters or an outside agency to provide interpretive services when working with limited English speaking clients.

Documentation reviews:

1. Policy 321 PREA – C. Prevention
2. Memorandum of Understanding between Time to Change and Springs Intercultural Learning
3. Memo

115.216 (a) The agency has a policy stating staff shall take appropriate steps to ensure clients with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. The agency has a MOU with Springs Intercultural Learning, that is supposed to provide translation services for client victims of sexual abuse and sexual harassment.

115.216 (b) The facility provided a memo that explained there was no documentation that shows circumstances when a client interpreter was used to assist Spanish speaking clients. **CORRECTIVE ACTION:** The facility shall implement a practice (i.e. case note, form, CorrectTech, etc.) to document instances when a client interpreter was used to assist a limited English speaker.

115.216 (b) – The Auditor requested the facility to implement a practice (i.e., case notes, form, CorrectTech, etc.) to document when a client interpreter is used to assist a limited English speaker. The facility submitted a policy 14-2-CC Sexual Abuse Prevention and Response; page 14 of the policy addresses Resident Orientation and Education. The policy prohibits the use of resident interpreters and states, “In the event that a resident has difficulty understanding provided information and/or procedures outlined in this policy, employees must ensure that such information is effectively communicated to such residents on an individual basis. Auxiliary aids that are reasonable, effective, and appropriate to the needs of the resident shall be provided when simple written or oral communication is not effective.”

115.216 (c) - The Auditor received policy 14-2-CC Sexual Abuse Prevention and Response; page 14 of the policy addresses Resident Orientation and Education. The policy prohibits the facility from relying on residents to provide interpretation services, act as readers, or provide other types of communication assistance except in limited circumstances where extended delay in obtaining any effective interpreter could compromise the resident’s safety, the performance of first-responder duties, or the investigation of the resident’s allegations. The facility staff will use case notes to document when resident interpreters are used; however, the practice of using resident interpreters will never be used to assist in the screening or reassessment process (completing the 14-2-CC B Form) or to conduct any type of interview related to sexual assault or harassment reporting.

115.216 (c)- It seems the facility relies solely on client interpreters, client readers or other types of client’s assistants when communicating with limited English speakers. Such a practice could prevent a victim from disclosing sexual abuse, sexual harassment, or other sensitive information if they must rely on another client to interpret information. **CORRECTIVE ACTION:** To comply with this standard, the Auditor is requesting the agency/facility implement a procedure to address in what instances staff can rely on client interpreters, and when the facility should utilize the services provided by Springs Intercultural learning.

Standard 115.217: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.217 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community

confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?

Yes No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? Yes No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? Yes No

115.217 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents? Yes No

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? Yes No
- Before hiring new employees, who may have contact with residents, does the agency: Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? Yes No

115.217 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? Yes No

115.217 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? Yes No

115.217 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? Yes No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? Yes No

- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.217 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? Yes No

115.217 (h)

- Unless prohibited by law, does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Agency Head
2. Administrative (Human Resources) Staff

15.211 (a) All staff confirmed they were required to complete a background check as part of the hiring process.

Documentation reviews:

1. Policy 210 Hiring Polices – Procedures B.
2. Policy 211 Background Investigation process on Employees – Procedures A. B.
3. Background Clearance check for Aramark contract employee
4. Background Clearance check for Bible Study volunteer
5. 34 Background Clearance check forms for 32 employees

6. 4 5-year background clearance check forms

115.217 (a) Potential candidates complete the background check form and provide fingerprints on the fingerprinting card for processing that is run by the Colorado Department of Criminal Justice, which is the agency that oversees community confinement facilities within the state. The form includes 4 pertinent questions as required per the standard, the questions are explained by the person assisting the candidate with the form. If the candidates self-report is different from the background information the information is staffed with the agency Vice President/Program Director to determine if qualified to work with the facility.

115.217 (b) The facility policy explicitly states, “any potential employee, volunteer or contract worker that has been accused of sexual harassment will be reviewed on a case-by-case basis prior to any offer of employment or volunteer work”

115.217 (c) Of the 13 employees hired in the past 12 months all completed and cleared the DCJ background check and were eligible to work with the clients.

115.217 (d) Contractors go through the same background check process as the employees of the facility. One contractor was hired in the past 12 months and the facility provided background clearance documentation.

115.217 (e) The agency policy explicitly states, “all employees, contractors, and volunteers will have a CCIC/NCIC criminal history check every 5 years.”

115.217 (g) The facility policy states, “Any material omissions regarding sexual abuse or sexual harassment or providing materially false information, shall be grounds for disciplinary action up to and including termination.”

Standard 115.218: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

115.218 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency’s ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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Interviews:

1. Vice President/Director
2. Program Manager

115.218 (a) The facility has not made any substantial expansions or modifications of the existing facility since the last PREA audit.

115.218 (b) The facility has 1 DVR, 16 cameras and 2 convex mirrors. The cameras are strategically placed throughout the interior of the facility and exterior areas of the facility. The Auditor is **recommending** the facility purchase 1 convex mirror and install outside of the laundry room to be consistent with the other hallways and mitigate risk.

Documentation reviews:

1. Facility Tour
2. Facility Layout

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.221 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 - Yes No NA

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? Yes No

115.221 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.221 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating entity follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
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Interviews:

1. Clients who reported a sexual abuse
2. Program Coordinator/PREA Compliance Manager
3. Random Staff
4. Investigative Staff

115.221 (a) The auditor was satisfied during random staff interviews that all were aware of the agency's protocol for obtaining usable physical evidence and what agency is responsible for collecting the evidence. All communicated their role is to secure the scene until law enforcement can collect evidence.

115.221 (c) The auditor conducted a telephone interview with the lead SANE nurse for the Denver Health Medical Center who reports the treatment the clients would receive is the same treatment as the public.

115.221 (d) The auditor conducted a phone interview with The Blue Bench who reports they are familiar with their role as the rape crisis advocate when working with TTC-Commerce City clients who report being victims of sexual abuse. There is a MOU in place detailing each agencies role.

115.221 (f) TTC-Commerce City staff are only responsible for conducting administrative investigations. The Commerce City Police Department conduct criminal investigations. TTC-Commerce City attempted to enter into an agreement with the police department, the attempts were documented but since the police department is required by Colorado State statute to investigate criminal allegations the agreement was not finalized through a written agreement.

Documentation reviews:

1. Memorandum of Understanding between Time to Change and Adams County Sheriff's Office
2. Policy 321 PREA – Procedure F. Criminal and Administrative Facility Investigations
3. Memorandum of Understanding between Time to Change and Denver Health Medical Center
4. Policy 321 PREA – c. Evidence Protocol and Forensic Medical Examinations
5. Memorandum of Understanding between Time to Change and The Blue Bench
6. Policy 321 PREA – H. Intervention

115.221 (a) TTC-Commerce City policy states where sexual abuse is alleged, the facility shall contact local law enforcement agency to conduct the investigation. The criminal investigators have the responsibility to gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence. The investigator will also interview the alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator. The administrative investigations shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

115.221 (c) TTC-Commerce City did not receive allegations of sexual abuse requiring SANE. However, in those instances a client requires a SANE exam, there will be no financial cos to the victim TTC-Commerce City has a MOU with the Denver Health Medical Center as the designated hospital a client will be transported via ambulance for a SANE exam. Clients have the right to choose a different SANE clinic if they decide.

Standard 115.222: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? Yes No

115.222 (b)

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? Yes No
- Does the agency document all such referrals? Yes No

115.222 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).]
 Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Agency Head

115.222 (a) The Auditor interviewed the agency Vice President during the TTC-Adams audit, who explained the agency and facility Program Coordinators would work collaboratively to ensure a criminal and administrative investigation will be conducted for all sexual abuse allegations. All sexual abuse allegations would be reported to the local police department for a criminal investigation and the administrative investigation would be completed in collaboration between the facility Program Coordinator and PREA Coordinator.

Documentation reviews:

1. Policy 321 PREA – Procedure F. Criminal and Administrative Facility Investigations
2. PREA Process for Community Corrections Programs
3. Memorandum of Understanding between Time to Change and Adams County Sheriff's Office

115.222 (a) A review of the PAQ indicates the facility had one allegation of staff on client sexual harassment, which resulted in an administrative investigation. The allegation was substantiated and resulted in the staff members employment being separated from the agency.

115.222 (b) TTC-Commerce City policy states where sexual harassment is alleged, the facility shall investigate promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. Where sexual abuse is alleged, the facility shall contact the local law enforcement agency to conduct the investigation.

TRAINING AND EDUCATION

Standard 115.231: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? Yes No

- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in juvenile facilities? Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of juvenile victims of sexual abuse and sexual harassment? Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? Yes No

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? Yes No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

- Have all current employees who may have contact with residents received such training? Yes No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? Yes No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? Yes No

115.231 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Random Staff

115.231 (a) During staff interviews all staff were able to articulate the PREA training they have received over the past 12 months. All were very proficient in explaining their role and responsibility if they received a sexual abuse or sexual harassment disclosure. They were also very aware of "red flags" to look for to determine if another staff member or client is engaging in sexual misconduct.

Documentation reviews:

1. Policy 321 PREA – Procedure C. Prevention b. vi. Employees
2. Employee Training Log

115.231 (a) The facility provided a training log with 13 names listed as individuals who attended a training on 3/22/17. The facility PAQ list a total of 21 staff currently employed by the facility who may have contact with clients. **CORRECTIVE ACTION:** The facility will need to conduct another training with all 21 staff (if this number is still accurate) who may have contact with clients. If the number of staff has changed the facility can provide a memo explaining the difference (i.e., 2 vacancies, someone out on paternity leave, etc.).

115.231 (c) A review of the facility PAQ indicates staff receive refresher training quarterly.

115.231 (d) The training log submitted for review has a "Participant Signature" section on the form, but none of the attendees signed the training log acknowledging their attendance. **CORRECTIVE ACTION:** The facility will need to provide a training log with all participants signatures, which will indicate the employee understands the training they received.

115.231(a) (d) – The facility provided the Auditor 15 signed training logs demonstrating all TTC-Commerce City staff completed an Instructor-Led PREA training in February 2018; and a memo explaining the facility had openings in the following positions, 1 Administration, 1 Case Manager, and 4 Correctional Technicians.

Standard 115.232: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.232 (a)

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.232 (b)

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? Yes No

115.232 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Volunteers and Contractors who may have contact with clients

115.232 (a) The Auditor was unable to interview the Aramark contractor do to the individual abandoning employment on the first day of the on-site audit. The second day of the audit the facility was working with the agency for a replacement. The auditor interviewed Alexandra Papada with Correctional

Psychology Associates, who indicated she received PREA training through the agency (CPA). There were no volunteers in the facility during on the on-site audit.

Documentation reviews:

1. Policy 321 PREA – Procedures C. Prevention b. vi. Volunteers
2. Clinical Services Contract Provider PREA Acknowledgement

115.232 (a) Aramark is responsible for providing the PREA training; however, the facility/agency does not have anything demonstrating the Aramark contractor has indeed received the training. It was recommended to the facility that contractors sign an acknowledgement form indicating they received PREA training, their responsibility if they receive a disclosure, and their responsibility to maintain a professional relationship with all clients. The facility provided the auditor 2 signed acknowledgement forms for their contractors with Correctional Psychology Associates. **CORRECTIVE ACTION:** The facility will need to keep a personnel file for their contract employee demonstrating they have cleared a background and have received PREA training. If the facility has a permanent Aramark contractor onsite the training log will need to be submitted to the Auditor.

115.232 (a) – The facility provided the Auditor with two background clearance check records and training documentation for the Aramark contractors.

Standard 115.233: Resident education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.233 (a)

- During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? Yes No
- During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? Yes No
- During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? Yes No

115.233 (b)

- Does the agency provide refresher information whenever a resident is transferred to a different facility? Yes No

115.233 (c)

- Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? Yes No
- Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? Yes No

115.233 (d)

- Does the agency maintain documentation of resident participation in these education sessions? Yes No

115.233 (e)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Random Clients
2. Intake Staff

115.233 (a) All client interviews consistently reported receiving PREA information and viewing the PREA video upon intake. All stated the PREA information was provided within the first hour of admission. The intake staff interviews acknowledge the clients receive PREA information almost immediately upon intake.

Documentation reviews:

1. Policy 321 PREA – Procedure C. Prevention b. vii. Clients
2. Client PREA Advisement (English and Spanish)
3. Time to Change Client PREA Brochure
4. Memorandum of Understanding between Time to Change and Springs Intercultural Learning
5. Client PREA Advisement Forms (English and Spanish)

115.233 (a) The TTC-Commerce City policy explains during the intake process, all clients shall receive an orientation that includes the facility policy and procedures relating to sexual assault, sexual abuse, sexual harassment, and sexual misconduct.

115.233 (c) The facility provided the Auditor with signed client PREA Advisement forms in English and Spanish.

115.233 (d) The signed client PREA Advisement forms were signed electronically with the client's fingerprint.

Standard 115.234: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (b)

- Does this specialized training include: Techniques for interviewing sexual abuse victims? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: Proper use of Miranda and Garrity warnings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

- Does this specialized training include: Sexual abuse evidence collection in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA
- Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Investigative Staff

Documentation reviews:

1. Policy 321 PREA – Procedures C. Prevention b. Training and Education viii. Program Coordinators
2. Training certificate for 2 investigators

115.234 The agency policy states, "In addition to annual training on sexual abuse and sexual harassment; the PREA Coordinators will have specialized training on conducting agency investigations of sexual abuse and sexual harassment. **CORRECTIVE ACTION:** With the recent change at the PREA Coordinator position,

the current PREA Coordinator will need to receive the appropriate training and provide the auditor with the training certificate.

115.234 The facility provided the Auditor a Relias Learning training certificate covering PREA: Investigation Protocols for the PREA Coordinator assigned during the audit.

Standard 115.235: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? Yes No

115.235 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams.) Yes No NA

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for

circumstances in which a particular status (employee or contractor/volunteer) does not apply.]

Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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This standard is not applicable.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.241 (a)

- Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No
- Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? Yes No

115.241 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
 Yes No

115.241 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
 Yes No

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?
 Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? Yes No

115.241 (e)

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? Yes No
- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? Yes No

- In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?
 Yes No

115.241 (f)

- Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? Yes No

115.241 (g)

- Does the facility reassess a resident's risk level when warranted due to a: Referral?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Request?
 Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? Yes No
- Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?
 Yes No

115.241 (h)

- Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? Yes No

115.241 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Random Clients
2. Program Coordinator/PREA Compliance Manager
3. Investigative Staff

During random client interviews the clients were asked if when they first came in, did they remember whether they were asked any questions like whether they had been in jail or prison before, whether they have ever been sexually abused, whether they identify as being gay, lesbian, or bisexual, and whether they thought they might be in danger of sexual abuse while at the facility. All clients responded yes to the questions pertaining to prior incarceration; most of the clients report they were not asked if they identify as being gay, lesbian, or bisexual, and whether they think they might be in danger of sexual abuse. **CORRECTIVE ACTION:** TTC-Commerce City Program Coordinator will need to provide the facility Case Managers with guidance or training in completing the Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment. If the Program Coordinator decides to provide a formal training a signed training log will need to be submitted to the Auditor, if the information is not provided face-to-face and in a less formal manner (i.e. email, memo, etc.) then the Program Coordinator will need to submit a memo to the Auditor explaining the steps taken to provide this information to the Case Managers.

Documentation reviews:

1. Policy 321 PREA – Procedures C. Prevention b. Training and Education vii. Clients
2. Policy 321 PREA – Procedures C. Prevention 5. PREA Assessments
3. Screening for Risk of Sexual Victim Vulnerability/Abusiveness

The TTC-Commerce City policy requires the facility to complete an initial assessment interview within 72 hours of intake to the program; and be-reassessed again within 30 days of intake. The policy has additional re-assessment requirements to meet the standards; clients who identify as transgender or intersex shall be reassessed every six months, anytime there is an alleged incident, and whenever a client is negatively terminated from the program. The assessment tool covers all 9 areas as required per the standards.

115.241 The facility provided the Auditor with a training attendance roster conducted April 5, 2018 titled, "PREA 30-day and initial assessment training." The roster included the signature for five Case Managers. The facility also provided a copy of the new screening form that has been implemented with the change in management.

Standard 115.242: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.242 (a)

- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? Yes No
- Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? Yes No

115.242 (b)

- Does the agency make individualized determinations about how to ensure the safety of each resident? Yes No

115.242 (c)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? Yes No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? Yes No

115.242 (d)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? Yes No

115.242 (e)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? Yes No

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Transgender and Intersex Clients; Gay, Lesbian, and Bisexual Clients
2. Program Coordinator/PREA Compliance Manager
3. Investigative Staff

115.242 (c) Interviews with staff and clients indicate there are no clients admitted to the facility during the on-site audit or the 12-months prior to the audit who identify as transgender. The one client who identified as gay was housed and programmed in general population and shared feeling safe.

Documentation reviews:

1. Commerce City Housing Assignment Roster
2. Policy 321 PREA – Procedure C. Prevention
3. Staff memo dated 9/20/17

115.242 (a) TTC-Commerce City policy provides a rated level designation to make housing decisions. The SBV/SVR scale is rated from a level 1 through 5. 1-low risk, 2-moderate risk, 3-potential risk where caution in housing assignments should be exercised, 4-high risk where a higher level of caution should be used in housing assignments and 5-known risk where extreme caution should be used in housing assignment. Clients rated high on victimization or high on the abuser scale should not be housed in the same room. The facility has identified two rooms designated for clients identified as a victim or a perpetrator; the rooms are separated by halls. Both rooms are located near the staff control area, to provide better supervision.

115.242 (c) With regards to clients who identify as transgender or intersex, TTC-Commerce City will assess each client on a case-by-case basis to determine appropriate housing and make appropriate arrangements to comply with the standards.

REPORTING

Standard 115.251: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.251 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? Yes No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? Yes No

115.251 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? Yes No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? Yes No

- Does that private entity or office allow the resident to remain anonymous upon request?
 Yes No

115.251 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? Yes No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? Yes No

115.251 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? Yes No

Auditor Overall Compliance Determination

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Interviews:

1. Random Clients
2. Program Coordinator/PREA Compliance Manager
3. Random Staff

Staff and client interviews shared the different reporting methods afforded to the clients. Clients can make reports to the agency PREA Coordinator, the DOC tip line (1-877-362-8477), send a letter to the DOC PREA Manager or DCJ Director, talk to a trusted staff member, and since clients have access to their personal cellphones they can contact the local law enforcement agency directly. This information is provided to the clients through the handbook and brochure; and the hotline is posted throughout the facility. Clients receive the facility brochure during their intake process and can keep the brochure with their personal belongings. Staff interviews acknowledge they have the ability to privately report allegations to the same DOC tip line clients have access to.

Documentation reviews:

1. Client Handbook
2. Policy 321 PREA – A. Documentation/Communication a. Staff and Facility Reporting Duties
3. Policy 321 PREA – Staff Reporting Options
4. First Responder Guide Responding to a Sexual Assault Incident

115.251 (b) Review of the resident brochure list The Blue Bench as the confidential counseling agency and list the contact information as 1-888-394-8044.

115.251(c) TTC-Commerce City policy states, “If staff receives any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against clients or staff for reporting an incident, staff is required to immediately report the incident to his/her supervisor.” The reporting staff is required to complete a detailed incident report and the PREA Staff Line at 719-226-4621. The Auditor tested the PREA Staff Line and received a message that explicitly states the staff member can report incidents of sexual harassment, sexual abuse and sexual misconduct.

Standard 115.252: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) Yes No NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond is 70 days per 115.252(d)(3)] , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) Yes No NA
- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third-party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) Yes No NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.)

Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) Yes No NA

115.252 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

Interviews:

1. Clients who reported a sexual abuse (Zero reported, based on interviews with random clients that appears to accurate)

Documentation reviews:

1. Policy 325 Grievances/Incident Appeal/Explanation or Complaints
2. Policy 325 Grievance/Incident Appeal/Explanation or Complaints - G. PREA Grievances
3. Policy 321 PREA – G. Documentation/Communication b. Reporting to Clients
4. Third Party PREA Alleged Incident Reporting flier
5. Policy 321 PREA – A. Prevention a. Deliberate indifference
6. Policy 321 PREA – Procedures A. Investigation a. Staff First Responder Duties
7. Policy 321 PREA – Procedures b. Agency Protection Duties

TTC-Commerce City has a policy that directs grievances directly related to PREA violation may be turned in to a correctional technician, case manager or directly to an administrator. Once the grievance is received, the staff member receiving the grievance will date and initial receipt of the grievance. The grievance is then immediately forwarded to an administrator, which will initiate an investigation. After the investigation the client shall be notified of the outcome and findings. Client grievances are entered in the agency database system CorrectTech. The Auditor reviewed 23 grievances from the past 12 months and none alleged sexual misconduct, sexual abuse, or sexual harassment.

Standard 115.253: Resident access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? Yes No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? Yes No

115.253 (b)

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.253 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Random Clients
2. Clients who reported a sexual abuse

TTC-Commerce City has had no reported allegations of sexual abuse in the past 12 months; therefore, the Auditor was unable to conduct interviews of client victims.

Documentation reviews:

1. Client Handbook
2. Policy 321 PREA – Procedures H. Intervention a. Victim Counseling
3. Client PREA Brochures
4. Client Release of Information Authorization
5. Memorandum of Understanding between Time to Change and The Blue Bench

TTC-Commerce City has entered into a memorandum of understanding agreement for confidential support services with The Blue Bench. The MOU agreement provides immediate advocacy, support, and crisis intervention to victims by contacting the hotline. The Blue Bench will have a qualified advocate respond in person to the facility or other locations as requested to provide additional advocacy, emotional support, and information to victims; and provide up to three (3) follow-up visits and continued individual advocacy.

Standard 115.254: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

Documentation reviews:

1. Policy 321 PREA – d. Client Access to Outside Confidential Support Services/Third-party Reporting
2. Third Party PREA Alleged Incident Reporting flier

TTC-Commerce City has established methods to receive third-party reports of sexual abuse and sexual harassment and is required to distribute and post publicly information on how to report sexual abuse and sexual harassment on behalf of a client. Third-party reporters can call the DOC tip line, the PREA Staff Line and can send a letter to the DOC PREA Manager or DCJ Director. Third-party reporting information is available on the agency website PREA link.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? Yes No

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? Yes No

115.261 (b)

- Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? Yes No

115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? Yes No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? Yes No

115.261 (d)

- If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? Yes No

115.261 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Vice President/Program Director
2. Program Manager
3. Program Coordinator/PREA Compliance Manager
4. Random Staff

The facility did not have any reports of sexual abuse in the past 12 months; therefore, there was no one to interview to verify the policy was followed. Interviews with the Program Director and Program Manager indicate the facility would accept all allegations and suspicions of sexual abuse and sexual harassment and report to the appropriate authority to initiate an investigation.

Documentation reviews:

1. Policy 321 PREA – G. Documentation/Communication a. Staff and Facility Reporting Duties
2. Policy 321 PREA – A. Intervention a. i. Facility Protection Against Retaliation
3. Policy 321 PREA – A. Prevention a. Deliberate indifference

115.261 (a) If staff receive any information, regardless of its source, concerning any suspected prohibited sexual behavior, observes an incident of prohibited sexual behavior, or has suspicion or knowledge of retaliation against clients or staff for reporting an incident, staff is required to immediately report the incident to their supervisor. Staff are required to report any suspicion or knowledge of retaliation. Interviews with case managers indicate the clients are informed about the limits to confidentiality during the first visit. Clients also sign a Release of Information, which authorizes any staff member of the Time to Change facility the permission to communicate, obtain and receive any and all records or reports, through cooperation with law enforcement personnel, from any correctional facility where being or have previously been incarcerated, employers, probation, social services, or any legal entity.

115.261 (b) In addition to staff members responsibility to report suspicion or knowledge the policy explicitly states, “Staff shall not reveal any information related to a sexual abuse report to anyone, other than to the extent necessary to make treatment, investigation, and other security and management decisions.”

Standard 115.262: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.262 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Agency Head
2. Program Manager
3. Random Staff

Interviews acknowledge clients at substantial risk of imminent sexual abuse will immediately be transferred to one of the other TTC facilities.

Documentation reviews:

1. Policy 321 PREA – A. Prevention a. Deliberate indifference

115.362 (a) When staff learn that a client is subject to a substantial risk of imminent sexual abuse, the staff member should take immediate action to protect the client. During interviews, it was made apparent the agency/facility has options to protect a client. A clients’ room assignment can be changed to separate the client from substantial risk. Also, the facility Program Coordinator has the ability to coordinate with other agency facilities to transfer the client to another facility. The interviews also indicated staff would take action immediately. The facility PAQ indicates the facility received zero (0) incidents where a client was subject to a substantial risk of imminent sexual abuse.

Standard 115.263: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.263 (a)

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? Yes No

115.263 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? Yes No

115.263 (c)

- Does the agency document that it has provided such notification? Yes No

115.263 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Agency Head
2. Program Manager

Documentation reviews:

1. Policy 321 PREA – G. Documentation/Communication c. Reporting to Other Confinement Facilities
2. Report of a Sexual Abuse Incident from Another Facility Documentation Form

115.263 (a) The agency/facility policy is clear that upon receiving an allegation that a client was sexually abused while confined at another facility, the Program Coordinator/PREA Compliance Manager of the facility should notify the administrator of the facility or appropriate office of the facility where the alleged abuse occurred. The facility PAQ indicates the facility did not receive any allegations that a resident was abused while confined at another facility.

115.263 (b) The policy explicitly states, "Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation." Interviews with the Program Director and PREA Compliance Manager indicate the facility would make a notification immediately.

115.263 (d) If the facility Program Coordinator/PREA Compliance Manager receives notification that a client under their supervision was sexually abused while confined at another facility, they shall ensure that the allegation is investigated. The facility PAQ indicates there were zero (0) allegations of sexual abuse the facility received from other facilities.

Standard 115.264: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
 Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? Yes No

115.264 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Clients who reported a sexual abuse
2. Random Staff
3. Security Staff and Non-Security Staff Who Have Acted as First Responders

There were zero reports of sexual abuse; therefore, the Auditor could not interview anyone who would have acted as a first responder. Random staff interviews indicate if they were to receive a disclosure the staff would separate the perpetrator from the victim, secure the area, and initiate a documented report.

Documentation reviews:

1. Policy 321 PREA – E. Investigation a. Staff First Responder Duties

115.264 (a) In reviewing the policy and considering staff interviews it was clear staff are well versed in their responsibilities as first responders. Upon learning of an allegation that a client was sexually abused, the first security staff member to respond to the report shall be required to:

1. Separate and isolate the victim and the alleged perpetrator
2. Immediately notify the Program Director or designee and local law enforcement
3. Instruct both the victim and the alleged perpetrator not to shower, wash, brush their teeth, use the restroom, change clothing or anything else that could potentially compromise evidence.
4. Staff shall separate and isolate any and all witnesses to the alleged incident.

The facility received one allegation of possible staff on client sexual misconduct that did not involve the collection of evidence, there was no evidence that the staff member engaged in sexual misconduct with the client and the allegation did not involve sexual contact.

Standard 115.265: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.265 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Program Manager

Documentation reviews:

1. Prison Rape Elimination Act (PREA) Process for Time to Change

The facility coordinated response plan is very comprehensive and details the steps for non-criminal and criminal allegations, the plan includes the definitions for sexual assault, sexual misconduct, staff sexual misconduct, and sexual harassment.

Standard 115.266: Preservation of ability to protect residents from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.266 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

- 1. Agency Head

Documentation reviews:

- 1. Policy 321 PREA – H. Intervention b. Facility Protection against Retaliation

This standard is not applicable; however, the facility included the language in the agency policy.

Standard 115.267: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.267 (a)

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? Yes No

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct

and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.267 (d)

- In the case of residents, does such monitoring also include periodic status checks?
 Yes No

115.267 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?
 Yes No

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Agency Head
2. Clients who reported a sexual abuse
3. Program Manager
4. Designated Staff Member Charged with Monitoring Retaliation

Documentation reviews:

1. Policy 321 PREA – E. Intervention b. Facility Protection against Retaliation
2. Retaliation Monitoring Form

115.267 (a) Interviews indicate the facility staff have the option of moving clients, room assignment, transferring clients to another agency facility, and terminating a client alleged to be a perpetrator from all agency facilities. The facility offers emotional support services for clients or staff that fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations. The responsibility to monitor a client and staff member is the responsibility of the clients' case manager, the Program Coordinator, PREA Coordinator, and the agency Vice President/Program Director. The policy explicitly states, "For at least 90 days following a report of sexual abuse, staff shall monitor the conduct and treatment of clients or staff who reported the sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by clients or staff, and shall act promptly to remedy any such retaliation." The facility reports zero (0) incidents of retaliation in the past 12 months.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] Yes No NA

115.271 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? Yes No

115.271 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? Yes No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? Yes No

115.271 (d)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? Yes No

115.271 (e)

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? Yes No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? Yes No

115.271 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? Yes No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? Yes No

115.271 (g)

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? Yes No

115.271 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? Yes No

115.271 (i)

- Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? Yes No

115.271 (j)

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation? Yes No

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? [N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a).] Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Clients who reported a sexual abuse
2. Program Manager
3. Program Coordinator/PREA Compliance Manager
4. Investigative Staff

Documentation reviews:

1. Policy 321 PREA – F. Criminal and Administrative Investigations

TTC-Commerce City conducts administrative investigation; the Commerce City Police Department conduct all criminal investigations. According to the PAQ the TTC-Commerce City there have been no allegation of sexual misconduct in the past 12 months. The agency policy provides guidance to the administrative investigation within the agency.

The PAQ indicates the agency has two individuals who have received the specialized training for conducting sexual abuse investigations. The trained individuals include the Michael Gardner, prior PREA Coordinator, Michael Asher, TTC-Commerce City Program Coordinator; the current PREA Coordinator Victoria Longstrom will need to complete the specialized training in her role as the agency PREA Coordinator

115.271 (i) **CORRECTIVE ACTION:** The agency policy does not include the retention of written reports pertaining to the administrative and criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years. This language will need to be added to policy and submitted to the Auditor for review.

115.271 (i) The Auditor received policy 14-2-CC Sexual Abuse Prevention and Response; page 29 of the policy addresses Collection and Use of Data. The policy includes language requiring the facility to retain all records associated with claims of sexual abuse, including incident reports, investigative reports, resident information, case disposition, medical and counseling evaluation findings, and recommendations for post-release treatment and/or counseling.

Standard 115.272: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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Interviews:

1. Investigative Staff

Documentation reviews:

1. Policy 321 PREA – F. Criminal and Administrative Facility Investigations

The policy explicitly states, "The facility shall impose no higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. Based on the one report the facility received alleging staff sexual misconduct that did not involve sexual contact, the facility takes such allegations seriously and will respond appropriately.

Standard 115.273: Reporting to residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? Yes No

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? Yes No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Clients who reported a sexual abuse
2. Program Manager
3. Investigative Staff

Documentation reviews:

1. Policy 321 PREA – G. Documentation/Communication b. Reporting to Clients
2. Time to Change Incident Report dated 9/23/16

115.273 (a) Following an investigation into a client's allegation of sexual abuse suffered in a facility, the facility's administrator or designee shall inform the client as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

115.273 (c) The facility policy covers all areas of notification required per the standards.

115.273 (e) Staff first responders shall document all information pertaining to the alleged incident and investigation in an informational report and submit the report to the Supervisor or Director.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? Yes No

115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? Yes No

115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? Yes No

115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

Documentation reviews:

1. Policy 321 PREA – J. Discipline
2. Time to Change Incident Report dated 9/23/16

TTC-Commerce City reports that in the past 12 months, there has been one staff from the facility that have been terminated for violating the agency sexual abuse or sexual harassment policies. There have been zero staff reported to law enforcement or licensing boards for violating agency policies.

The facility policy states, "Employee, interns, volunteers or contractors found guilty of sexual behavior/misconduct of any kind with other employees or clients will be immediately terminated." The facility also has what is referred to as "Intermediate sanctions", intermediate sanctions are as follows: Relieving staff of their post via a transfer to another Time to Change program or suspension without pay until completion of the investigation. The facility has terminated one staff member for violating the agency sexual abuse or sexual harassment policy.

Standard 115.277: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Program Manager

Documentation reviews:

1. Policy 321 PREA – J. Discipline

115.277 (a) The facility policy states, "Employee, interns, volunteers or contractors found guilty of sexual behavior/misconduct of any kind with other employees or clients will be immediately terminated." In the past 12 months, the facility reports there have been zero contractors or volunteers prohibited from contact with clients or reported to law enforcement for engaging in sexual abuse of clients.

Standard 115.278: Interventions and disciplinary sanctions for residents

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? Yes No

115.278 (b)

- Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? Yes No

115.278 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? Yes No

115.78 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits? Yes No

115.278 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? Yes No

115.278 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? Yes No

115.278 (g)

- Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Program Manager

Documentation reviews:

1. Policy 321 PREA – J. Discipline
2. Policy 321 PREA – Policy Statement

115.278 (a) Clients guilty of sexual behavior/misconduct of any kind with other employees or clients will be immediately terminated from the program. DOC clients are subject to the State of Colorado Department of Corrections Code of Penal Discipline (COPD). If a client is found guilty for a COPD violation, the DOC hearing officer will impose sanctions. The loss of privileges issued by DOC would be enforced by Time to Change. The facility had zero criminal or administrative findings of client-on-client sexual abuse that occurred in the facility.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?
 Yes No

115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? Yes No

115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? Yes No

115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?
 Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews:

1. Clients who reported a sexual abuse
2. Security Staff and Non-Security Staff Who Have Acted as First Responders

Documentation reviews:

1. Policy 321 PREA – I. Medical and Mental Care a. Access to Emergency Medical and Mental Health Services

115.282 (a) The facility does not have medical or mental health staff on site: therefore, clients receive access to medical treatment and crisis intervention at the Denver Health Medical Center. The facility policy 321 address every aspect of the community confinement PREA standards, which provides the facility staff the ability to provide the client with appropriate support in the incident they are victims of sexual abuse. Client victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, that nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

115.282 (c) The facility client brochure and policy details client victims of sexual abuse while TTC’s custody shall be offered by a medical provider information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. During interviews with the staff it was stated in instances of emergencies clients would be transported to the medical clinic via ambulance.

115.282 (d) The client brochure advises the client that treatment services are provided to every victim without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out the incident.

Standard 115.283: Ongoing medical and mental health care for sexual abuse victims and abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.283 (a)

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? Yes No

115.283 (b)

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? Yes No

115.283 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.) Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.) Yes No NA

115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? Yes No

115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? Yes No

115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does

not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Interviews:

1. Clients who reported a sexual abuse

Documentation reviews:

1. Policy 321 PREA – I. Medical and Mental Care b. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

115.283 (a) The agency policy states, “The facility shall refer for medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse confinement.” During the interviews, it was stated the facility would refer the client to a community provider for services.

115.283 (f) Client victims of sexual abuse while confined at a TTC facility may be referred for tests for sexually transmitted infections as medically appropriate; the services would be provided at the Denver Medical Health Center.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? Yes No

115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? Yes No

115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? Yes No

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? Yes No

- Does the review team: 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? Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? Yes No

115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Program Manager
2. Program Coordinator/PREA Compliance Manager
3. Investigative Staff

Documentation reviews:

1. Time to Change Sexual Abuse Review Report dated 8/28/17
2. Policy 321 PREA – K. Data Collection and Review a. Sexual Abuse Incident Reviews
3. Time to Change Incident Report dated 9/23/16

115.286 (a) The TTC policy requires TTC-Commerce City to conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation within 30 days of the conclusion of the investigation. The facility received one allegation of staff misconduct that did not involve sexual contact, which resulted in an employee termination

Standard 115.287: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.287 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? Yes No

115.287 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?
 Yes No

115.287 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? Yes No

115.287 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?
 Yes No

115.287 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) Yes No NA

115.287 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)
 Yes No NA

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

Documentation reviews:

1. Policy 321 PREA – A. Definitions Related to Sexual Abuse
2. Policy 321 PREA – K. Data Collection and Review b. Data Collection
3. 2013 Survey of Sexual Victimization Summary Form
4. 2016 Annual PREA Report

115.287 (a) The TTC agency policy mandates TTC facilities shall collect accurate, uniform data for every allegation of sexual abuse using a standardized instrument and set of definitions.

115.287 (b) TTC facilities shall aggregate the incident-based sexual abuse data at least annually.

115.287 (e) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.

115.287 (f) TTC did not receive a request from DOJ to provide data from the previous calendar year.

Standard 115.288: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? Yes No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? Yes No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? Yes No

115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse Yes No

115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? Yes No

115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Agency Head
2. Program Coordinator/PREA Compliance Manager

Documentation reviews:

1. 2016 PREA Audit Final Report

2. Policy 321 PREA – K. Data Collection and Review

115.288 (a) TTC shall review data collected in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including: 1. Identifying problem areas; 2. Take corrective action on an ongoing basis; and 3. Preparing an annual report of its findings and corrective actions for each facility, as well as the company.

115.288 (b) The report shall include comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.

The agency website has a data report for 2016, which is the first year the agency collected data for the website. Future data reports will need to demonstrate comparison data and indicate the agency head reviewed the report with a signature on the document. The 2016 data report can be accessed on the agency website at: <http://www.timetochange.cc/prea/>

Standard 115.289: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (Requires Corrective Action)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

1. Program Coordinator/PREA Compliance Manager

Documentation reviews:

1. Policy 321 PREA – K. Data Collection and Review d. Data Storage, Publication, and Destruction

115.289 (a) TTC shall ensure that data collected pursuant is securely retained according to policy. When interviewing the PREA Coordinator it was explained one of the roles and responsibilities of the facility PREA Coordinator is to collect and retain the data.

115.289 (b) TTC shall make all aggregated sexual abuse data, from facilities under its direct control, readily available to the public at least annually through the website or, if it does not have one, through other means. In reviewing the agency website, the data report could be accessed on the PREA link.

115.289 (c) TTC removes all personal identifiers before making the aggregated sexual abuse data publicly available. TTC shall maintain sexual abuse data collected for at least 10 years after the date of the initial collection unless Federal, State, or local law requires a longer storage period.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- During the three-year period starting on August 20, 2013, and during each three-year period thereafter, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once.? (N/A before August 20, 2016.)
 Yes No NA

115.401 (b)

- During each one-year period starting on August 20, 2013, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited? Yes No

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

Documentation reviews:

1. 2016 PREA Audit Report

TTC has a total of three facilities, two of which were operating and audited during the first audit cycle. TTC contracted for two audits during the second audit cycle, and has plans to have the third facility audited during the cycle. The Auditor had full access to the facility, the CorrectTech database system while on-site, and received all supporting documents requested. During the on-site audit the Auditor was positioned in the facility conference room and allowed to conduct all interviews in private.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Instructions for Overall Compliance Determination Narrative

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

Interviews:

Documentation reviews:

1. Agency website

The agency has a PREA report on the website for the 2016 TTC-Adams and TTC-Commerce City audits, which were conducted during the first audit cycle. The agency also has the 2017 TTC-Commerce City audit report for the second audit cycle.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

Natasha Shafer-Mitchell

April 16, 2018

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.