

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: September 20, 2017

Auditor Information			
Auditor name: Natasha Shafer			
Address: PO Box 110993, Aurora, Colorado 80042-0993			
Email: nshaferdu@gmail.com			
Telephone number: 720-371-2172			
Date of facility visit: July 5-7, 2017			
Facility Information			
Facility name: Time to Change-Adams			
Facility physical address: 1450 E 62 nd Ave, Denver, Colorado 80216			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: 720-377-0900			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input checked="" type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input checked="" type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Dino Martinez, Vice President/Program Director			
Number of staff assigned to the facility in the last 12 months: 20			
Designed facility capacity: 102			
Current population of facility: 99			
Facility security levels/inmate custody levels: Minimum			
Age range of the population: 18-99			
Name of PREA Compliance Manager: Michael Asher		Title: Program Coordinator	
Email address: 1450 E 62 nd Ave, Denver, Colorado 80216		Telephone number: 720-377-0900 Ext 204	
Agency Information			
Name of agency: Time to Change			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 1450 E 62 nd Ave, Denver, Colorado 80216			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: 720-377-0900			
Agency Chief Executive Officer			
Name: Evan Christ		Title: President	
Email address: evan@timetochange.cc		Telephone number: 720-377-0900	
Agency-Wide PREA Coordinator			
Name: Mike Gardner		Title: Program Coordinator	
Email address: mgardner@timetochange.cc		Telephone number: 720-407-8061	

AUDIT FINDINGS

NARRATIVE

Natasha Shafer, is an independent contractor certified by the United States Department of Justice (DOJ) to conduct audits of adult jails, prisons, community confinement facilities and juvenile facilities. The purpose of a PREA auditor is to assess a facilities compliance with the DOJ PREA standards of the Prison Rape Elimination Act of 2003 (PREA). Natasha Shafer conducted an onsite audit at the Time to Change-Adams facility located in Denver, Colorado on July 5-7, 2017. Time to Change-Adams facility is owned by Adams County and operated by Time to Change, which has contracted to house residents transferred from the Colorado Department of Corrections and from local diversion programs. During the audit there were 99 clients all of whom identified as men. There were 20 known full, part-time and on-call staff members, according to the employee list received during the onsite portion of the audit and was indicated on the facility Pre-audit questionnaire. The first day of the on-site visit started with an opening meeting consisting of the Auditor, Agency PREA Coordinator, Mike Gardner, Facility Program Coordinator/PREA Compliance Manager, Mike Asher, Facility Security Supervisor, Victoria Longstrom, Facility Case Manager Supervisor, Amanda Rice, and Facility Administrative Financial Coordinator, Millie Oldham. The Auditor was accompanied on the facility tour by Mike Gardner, Mike Asher, and Victoria Longstrom. The facility tour consisted of observation and taking pictures of all rooms, bathrooms, closets, halls, and storage areas of the building. During the two-day audit, PREA Auditor Natasha Shafer conducted one-on-one interviews with the agency Vice President and PREA Coordinator, Program Coordinator, Security Supervisor, Case Manager Supervisor, Administrative Financial Coordinator, Correctional Technicians, and Clients. Topics discussed included interview protocol questions for random staff and specialized staff. Sixteen (16) clients (specialized and random) were identified to interview but the auditor was only able to interview nine (9). One (1) client identified as LGBTQI and one (1) client was identified by the facility as limited English speaking (Spanish speaker). Given that this is community confinement (halfway house) facility, most clients were off-site during the hours the auditor was on-site. Documentation review included: staff and client roster; intake paperwork, assessment, and reassessment forms; employee background clearance documentation, staffing plan, PREA forms for monitoring, documentation, tracking, and reviews; and other documentation. At the conclusion of on-site audit day-2, the auditor met with representatives from the agency to address areas that required additional documentation to bring the facility into compliance without corrective action within 30 days. Those areas included the following: PREA training, 5-year background check, intake and housing transgender clients, sexual abuse incident reviews, initial risk assessment, and posting information throughout the facility informing clients about the Blue Bench.

DESCRIPTION OF FACILITY CHARACTERISTICS

Located at 1450 E 62nd Avenue, Time to Change-Adams is in a section of Denver, Colorado within Adams County that is comprised primarily of industrial/commercial buildings. The Time to Change-Adams facility has a maximum rated capacity of one hundred and two male offenders with risk factors ranging from minimum to low-medium risk offenders.

All resident living quarters are located on the western side of the first floor of the facility while the east side is largely used for staff offices and communal space. The east side of the first floor is equipped with a fully functioning kitchen, food prep area, resident cafeteria, and recreational areas. There is one large multi-person restroom containing toilets, urinals and sinks. Time to Change-Adams management staff have identified procedures to ensure an individualized shower for Time to Change clients who identify as transgender or intersex. Time to Change-Adams provides their clients with adequate privacy when showering, changing, or using the restroom. Time to Change female staff assigned to the Adams facility do not enter the client bathroom where clients may be showering and/or changing. Staff stand in the hallway at the threshold to the bathroom and conduct head counts verbally. All female staff are required to “knock and announce” their presence prior to entering any area in which a resident may be in any state of undress.

The Time to Change-Adams facility is currently equipped with one DVR recording video footage from sixteen cameras strategically placed to virtually eliminate blind spots and assist staff in detecting, deterring and preventing sexual abuse and sexual harassment.

SUMMARY OF AUDIT FINDINGS

The facility sent an email on Wednesday, May 24, 2017 to demonstrate the facility posted the PREA Audit notices.

The auditor received one anonymous email from someone who was concerned there was staff on client sexual misconduct that had not been dealt with by the facility. The facility reported one (1) allegation of staff sexual misconduct that resulted in a staff member being terminated, but did not result in criminal charges because there was no proof of criminal behavior.

The community confinement standards do not require unannounced supervisor rounds; however, through facility observation and interviews staff are constantly moving throughout the facility conducting security checks. The checks are verified and monitored through periodic video checks conducted by the Security Supervisor. The auditor reviewed the background clearance paperwork for new hires and current staff who per the facility's policy would have a background check conducted every five (5) years, which would be in compliance with the standards. During the review the auditor observed the clearance forms for eleven (11) specialized and random staff interviewed.

A total of eleven (11) staff including administrator, specialized and random staff were interviewed covering all areas and shifts. A total of nine (9) random and one (1) specialized clients of all levels and programs were interviewed; there was a total of two (2) specialized residents identified in the facility at the time. One (1) client who is limited English speaking was out of the facility working during the on-site audit; therefore, the auditor did not have an opportunity to conduct an interview. Of the clients interviewed they all appeared to be well informed of their rights to be free from sexual abuse and sexual harassment and how to report such incidents. All of the staff were aware of internal methods and policies related to reporting and responding to sexual abuse and sexual harassment allegations. The facility reported one (1) allegation of alleged staff sexual abuse the past 12 months. The auditor reviewed investigation documents or practices, and was satisfied with the facilities policy and response to to initiate an investigation.

The facility has a total of 16 cameras and one DVR allowing the facility to monitor video footage, ten (10) internal and six (6) external. The video monitoring equipment limits blind spots inside and outside of the facility. The facility policy prohibits strip and pat searches conducted by opposite gender staff; and at the time of the on-site audit the facility did not have any clients who identified as transgender or intersex.

The facility addressed the eight (8) standards that did not fully comply with the standard within the 30-days after the on-site visit, which prevented a 180-day corrective action period related to those standards. These areas were addressed by uploading additional documentation to the flash drive to demonstrate compliance.

The on-site audit concluded with a very informal exit meeting with the agency PREA Coordinator attending via telephone; the following were in person, the facility Program Coordinator/PREA Compliance Manager, Security Supervisor, and the Case Manager Supervisor. The brief exit was held to identify standards requiring additional supporting documentation and to address training needs. The auditor identified the following standards as a "work in progress"; 115.215 Limits to cross-gender viewing and searches, 115.231 Employee training, 115.232 Volunteer and contractor training, 115.233 Resident education, 115.235 Specialized training, Medical and mental health care, 115.241 Screening for risk of victimization and abusiveness, 115.276 Disciplinary sanctions for staff, 115.286 Sexual abuse incident reviews.

There are currently five (5) standards that do not meet compliance. They are as follows and require the following fixes:

1. 115.217 (g) CORRECTIVE ACTION-the facility will need to include the language to the policy and inform all current staff verbally or in writing. The auditor will accept signed acknowledgments by staff indicating their understanding.
2. 115.221 (d) CORRECTIVE ACTION- the facility will need to update the policy with the accurate

- information. The auditor will accept an updated version of the policy.
3. 115.233 (b) CORRECTIVE ACTION: The PREA Brochure provides clients with the confidential counseling services through the Pueblo Rape Crisis Services instead of The Blue Bench, which is the agency the facility has a MOU with. The auditor will accept an updated version of the client brochure. The auditor suggests the facility post the new and accurate information in client areas to make the information visible and clients' aware.
 4. 115.242 (c) CORRECTIVE ACTION - the agency will need to update their policy to include housing and program assignments for transgender or intersex clients in the facility will be assessed on a case-by-case basis. The auditor will accept an updated version of the policy.
 5. 115.282 (d) CORRECTIVE ACTION: Update the client PREA brochure with no financial cost information. The auditor will accept an updated version of the client PREA brochure.

On September 8, 2017 the TTC-Adams Facility submitted all corrective action documentation to demonstrate compliance with those standards that did not meet expectations. The following documentations were submitted:

1. 115.217 – TTC -Adams added the following language to Policy 210 – Hiring and Promotion Decisions, “Time to Change will be consistent with Federal, State, and local law, make our best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or harassment; or any resignation during a pending investigation of an allegation of sexual abuse or harassment.” Also, “Any material omissions regarding sexual abuse or sexual harassment or providing materially false information, shall be ground for disciplinary action up to and including termination.” The change in policy was shared with staff through an agency memo for “All TTC-Adams Staff”, which was dated September 5, 2017. The facility also provided the auditor with 11 signed memo acknowledgments indicating staff received and understand the policy change information. Compliant as of 9/13/17
2. 115.221 – TTC-Adams updated section H Intervention of policy 321 with information for The Blue Bench, advising the staff that clients may contact Blue Bench at 1-888-394-8044 for victim confidential counseling. This information should be communicated to each client during their intake process in writing, which is included in the PREA client brochure. Compliant as of 9/14/17
3. 115.233 - TTC-Adams submitted updated version of the resident PREA brochure to reflect The Blue Bench is a confidential reporting option and the agency that will provide advocacy support. The brochure includes The Blue Bench hotline number. Compliant as of 9/13/17
4. 115.242 – TTC-Adams policy has been updated to state explicitly, “In the event that Time to Change houses a transgender or intersex client, Time to Change will assess each client on a case by case basis to determine appropriate housing and make appropriate arrangements to comply with Federal and State standards and to ensure the safety of the clients.” Compliant as of 9/14/17
5. 115.282 - TTC-Adams submitted updated version of the resident PREA brochure, which states “Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.” Compliant as of 9/13/17

Number of standards exceeded: 2 = 115.211, 115.241

Number of standards met: 34 = 115.213, 115.215, 115.216, 115.217, 115.218, 115.221, 115.222, 115.231, 115.232, 115.233, 115.234, 115.242, 115.251, 115.252, 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

Number of standards not met: [Click here to enter text.](#)

Number of standards not applicable: 3 = 115.212, 115.235, 115.266

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 Policy Statement
3. Policy 321 – Section C. Prevention
4. Policy 321 – Procedure B. Definitions related to Sexual Abuse
5. Policy 321 – Section J. Discipline
6. Policy 321 – Section C. Prevention
7. PREA Coordinator Job Description
8. Policy 321 – Statement about the roles and responsibilities of the PREA Coordinator
9. Agency Organizational Chart

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager
3. Random Staff Interviews

115.211 (a) Time to Change agency policy explicitly states there is zero tolerance for sexual abuse and/or sexual harassment. The policy covers all areas to address the agencies responsibility to prevent, detect and respond to sexual abuse and sexual harassment allegations. The policy also includes sanctions for those found to have participated in prohibited behaviors.

115.211 (b) The agency is in the process of reorganizing and reassigning positions. At the time of the on-site audit Mike Garder was the agency acting PREA Coordinator and Mike Asher was the facility PREA Compliance Manager. Since that time the agency PREA Coordinator has changed to Victoria Longstrom, who will also function as the facility Program Director and .PREA Compliance Manager. Since community confinement facilities do not have to have a designated PREA Compliance Manager, the agency exceeds the standard by assigning a PREA Compliance Manager within each of their facilities.

Standard 115.212 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Not applicable. TTC contracts with the 17th Judicial District (Adams County) for the confinement of community corrections clients in their PREA Audit Report

facilities. Time to Change does not contract for the confinement of their clients except in emergency situations. The facility did need to place clients in another facility in an emergency situation in the past 12 months.

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. 2017 Staffing Plan Template
3. 2017 Staffing Plan
4. Daily Schedule

Interviews:

1. PREA Coordinator
2. PREA Compliance Manager
3. Agency Director/Program Coordinator

115.213 (a) Time to Change has developed two (2) staffing plans; they were completed in 2016 and 2017. The agency complies with the Colorado Community Confinement staffing requirements for all shifts. The 2017 staffing plan was predicated on the average daily population of 102 clients.

115.213 (b) The facility PAQ indicates the staffing plan has been followed with zero (0) deviations for an extended period of time. The last time the facility experienced a deviation it was due to a staff medical emergency, which was covered within 30 minutes by on-call staff.

115.213 (c)-The facility demonstrated compliance with this standard with a facility staffing plan dated June 7, 2017.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 486- Section A.1. Contraband and Control (bullet 1 and 2)
3. Policy 486 – Section A.1. Contraband and Control
4. Policy 485- Section B.6. Population Counts
5. Policy 486 – Section A.1. Contraband and Control (Pat Searches)

Interviews:

1. Random Residents
2. Random Staff

115.215 (a) Time to Change strictly prohibits strip searches. In those instances that a strip search (physical search) is necessary the search will be conducted by a staff member of the same gender.

115.215 (b) During random staff interviews, which consisted of both male and female staff it was clear female staff do not conduct pat searches and only conduct a pocket search and property searches of clients belongings. Female staff can also conduct a search using the wand. The facility is always staffed with a male staff member with female staff. A pocket search does not require the female staff to physically touch the client. The client is required to empty their own pockets and bags.

115.215 (c) Time to Change – Adams is an all-male facility; female staff are prohibited from conducting a strip or physical search

115.215 (d) When female staff are conducting a count prior to entering a client room or the client bathrooms the female staff member must knock on the doors and announce, “female staff” before entering these areas. The female staff member must allow time for the client(s) to cover up prior to entering. During the on-site tour the auditor witnessed female staff member knock and announce herself when checking the client bathroom. During the client interviews all indicated they witness and have heard the female staff announce themselves.

115.215 (e) The Time to Change policy states, “staff will not conduct physical searches of a client in order to determine the gender of a client, and strip searches are strictly prohibited.”

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 – Section C.d. I. & II PREA
3. MOU Spring Intercultural Learning
4. Policy 321 – Section C.d. II. & III
5. Email correspondence between Time to Change and Springs Intercultural Learning

Interviews:

1. Random staff
2. PREA Coordinator
3. PREA Compliance Manager

115.216 (a) Time to Change policy states the following, “Staff shall take appropriate steps to ensure that clients with disabilities (including, for example, clients who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities), have an equal opportunity to participate in or benefit from all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps shall include, when necessary to ensure effective communication with clients who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, staff shall ensure that written materials are provided in formats or through methods that ensure effective communication with clients with disabilities, including clients who have intellectual disabilities, limited reading skills, or who are blind or have low vision. A facility is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.” This language is taken directly from the PREA standards and complies.

115.216 (b) The established MOU directs staff to take reasonable steps to ensure meaningful access to all aspects of the facility’s efforts to prevent, detect, and respond to sexual abuse and sexual harassment to clients who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially within one (1) business day of the clients’ arrival to the program.

115.216 (c)-The agency/facility policy explicitly states, “Staff shall not rely on client interpreters, client readers, or other types of client assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the client’s safety, the performance of first-response duties, or the investigation of the client’s allegations.” The client identified by the facility as limited English speaking was off-site on an approved pass allowing him to work during the auditor on-site visit. Client interviews confirmed there was one client in the facility they acknowledge spoke Spanish.

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 210 (Hiring Procedures)– Procedure B
3. Policy 211 (Background Investigation Process on Employees) – Procedures A, B & C
4. Community Corrections Employee Record Check for contract employee
5. Community Corrections Employee Record Check for volunteer
6. Community Corrections Employee Record Check for all 11 employees interviewed
7. Five Year Employee Record Check for 5 employees

Interviews:

1. Administrative (Human Resources) Staff

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 the 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 off of employment or volunteer work.”

115.217 (c) Of the 14 employees hired in the last 12 months all completed the DCJ background check and are eligible to work with the clients.

115.217 (d) Contractors go through the same background check process as the employees of the facility. Zero contractors were hired in the past 12 months.

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

115.217 (g) The facility policy does not address material omissions regarding sexual abuse or sexual harassment or providing false information as grounds for termination. (CORRECTIVE ACTION-the facility will need to include the language to the policy and inform all current staff verbally or in writing. The auditor will accept signed acknowledgment by staff indicating their understanding).

Corrective action taken - TTC -Adams added the following language to Policy 210 – Hiring and Promotion Decisions, “Time to Change will be consistent with Federal, State, and local law, make our best effort to contact all prior institutional employers for information on substantiated allegations of sexual abuse or harassment; or any resignation during a pending investigation of an allegation of sexual abuse or harassment.” Also, “Any material omissions regarding sexual abuse or sexual harassment or providing materially false information, shall be ground for disciplinary action up to and including termination.” The change in policy was shared with staff through an agency memo for “All TTC-Adams Staff”, which was dated September 5, 2017. The facility also provided the auditor with 11 signed memo acknowledgments indicating staff received and understand the policy change information.

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. All areas of the facility during the tour
3. Facility photographs taken by the auditor
4. Facility layout with camera locations

Interviews:

1. Agency Vice President/Program Director
2. Facility Coordinator/PREA Compliance Manager

115.218 (a) The facility has not made any substantial expansions or modifications of the existing facility since August 20, 2012 or since the last PREA Audit.

115.218 (b) The facility has sixteen (16) cameras installed internally and external to the facility. The cameras are monitored periodically to ensure the facility’s safety needs are being met. The facility installed mirrors as a result of the last PREA audit to mitigate blind spots.

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Agency attempts to establish a MOU with the Adams County Sheriff’s Office
3. Policy 321 (PREA) – Section F. Criminal and Administrative Facility Investigations
4. MOU with Denver Health Medical Center
5. Policy 321 (PREA) – c. II. Evidence Protocol and Forensic Medical Examinations
6. MOU with The Blue Bench
7. Policy 321 (PREA) – A. Intervention
8. Policy 321 (PREA) – A. Intervention I.

Interviews:

1. SANE/SAFE Staff
2. Random Staff
3. Clients

115.221 (a) The facility is responsible for conducting administrative investigations only; criminal investigations are required per Colorado state statute to be conducted by the local law enforcement agency, which happens to be the Adams County Sheriff’s Department. Sex abuse allegations are referred to the sex crimes unit which follows uniform evidence protocol.

115.221 (c)-The facility offers all victims of sexual abuse access to forensic medical examinations at an outside facility, without financial cost, where evidentiary or medically appropriate. Victims can access services at three (3) locations, which are centrally located to the facility. The facility has a MOU with the Denver Health Medical Center. Given that this is a community confinement facility, the client could transport themselves to the medical clinic or be transported via ambulance. The facility had zero (0) incidents of sexual abuse requiring a forensic medical exam.

115.221 (d) The facility has a MOU with The Blue Bench for victim confidential counseling. The facility policy currently list Pueblo Rape Crisis Center as the victim services provider; this appears to be misinformation as the auditor did not find a MOU with the Pueblo Rape Crisis Services. (CORRECTIVE ACTION- the facility will need to update the policy with the accurate information. The auditor will accept an updated version of the policy.)

115.221 (e) The facility policy allows a client to request a victim advocate, qualified agency staff member, or qualified community-based organization, a staff member shall accompany and support the victim through the forensic medical examination process. The policy goes on to say, “For the purposes of this policy, a qualified facility staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to served in this role and has received education concerning sexual assault and forensic examination issues in general.”

115.221 (f) The agency provided email correspondence demonstrating their attempts to establish a MOU with the Adams County Sheriff’s Department. Given that the facility is located in an urban area; the clients served are from within the Adams County Judicial District, and state statute/law requires law enforcement to investigate all crimes committed at the facility, the lack of a MOU does not challenge the Adams County Sheriff’s Department from investigating and the facility from fully cooperating in the investigation.

Recommendation: During staff interviews most staff did not seem sure about who was responsible for conducting a sexual abuse investigation. Suggest during the next training or team meeting staff are informed of the different investigative processes and responsible parties.

Corrective action taken - 115.221 – TTC-Adams updated section H Intervention of policy 321 with information for The Blue Bench, advising the staff that clients may contact Blue Bench at 1-888-394-8044 for victim confidential counseling. This information should be communicated to each client during their intake process in writing, which is included in the PREA client brochure. Compliant as of 9/14/17

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – F. Criminal and Administrative Facility Investigations
3. PREA Process for Community Confinement Programs
4. MOU with the Adams County Sheriff’s Office

Interviews:

1. Agency Vice President/Program Director
2. Investigative Staff

115.222 (a) Where sexual abuse is alleged, the facility is required to contact the Adams County Sheriff’s Office to conduct the investigation. The facility was made aware of one (1) allegation of possible staff sexual misconduct; the allegation was referred to the Adams County Sheriff’s Office for investigation but was not accepted because there did not appear to be a criminal violation. The facility conducted an administrative investigation and provided the auditor with the report, which detailed the outcome of the investigation.

Recommendation: Remove sections iv., vii, and viii from the policy. These portions of the standard are only necessary if the agency/facility conducts criminal investigations.

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These

recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – C. Prevention, b. v.
3. PREA Refresher training powerpoint
4. Staff Training Log

Interviews:

1. Random Staff
2. Training Coordinator/Facility Program Director

115.231 (a) The facility policy and training logs indicate staff receive training which covers all 10 modules. A review of the refresher training indicates all mandatory areas are covered.

115.231 (b) The training is tailored to assist the staff to work with male clients and address the needs of the males. Twenty (20) staff received the training, during the random staff interviews all indicated PREA training is an ongoing topic covered in meetings and seemed to be covered more frequently as the on-site visit was approaching.

115.231 (c)-The facility PAQ indicates trainings are conducted quarterly; staff interviews indicate PREA training topics are covered more frequently.

Recommendation: have staff sign a training log every time a PREA topic is covered, and include a statement on the training log that indicates the employees signature indicates they received the training and understand their responsibility and duties.

Standard 115.232 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – C. Prevention b. vi.

Interviews:

1. Aramark Contractor

115.232 (a) Volunteers, contractors and interns receive the same training as employees.

The facility contracts with Aramark to cover food services. Currently the facility does not have a permanent contract employee; therefore, they have different Aramark employees to cover until a permanent person is hired. The current training is conducted by Aramark; this auditor recommends the agency develop an Acknowledgment Form, which will provide the temporary contract workers with basic PREA information and is specific to the facility.

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – C. Prevention b. vii.
3. Agency PREA Brochure
4. PREA Client Advisement Form
5. PREA Client Advisement in Spanish
6. Springs Intercultural Learning MOU
7. 9 Signed Advisement Forms
8. Client PREA Video

Interviews:

1. Random Clients

115.233 (a) During the intake process, all clients receive orientation that includes Community Corrections policy and procedures relating to sexual assault, sexual abuse, sexual harassment and sexual misconduct. The information is communicated verbally, in writing and video. The facility PAQ reports 218 clients were admitted to the facility; the auditor reviewed randomly selected clients to interview and those same clients PREA advisement forms were reviewed. All had a signed acknowledgment that corresponded with their admit dates. Random client interviews indicated the facility consistently provides PREA information upon intake. (CORRECTIVE ACTION: The PREA Brochure provides clients with the confidential counseling services through the Pueblo Rape Crisis Services instead of The Blue Bench, which is the agency the facility has a MOU with. The auditor will accept an updated version of the client brochure. The auditor suggests the facility post the new and accurate information in client areas to make the information visible and clients' aware.
)

115.233 (b) In the event a client is transferred from another facility; staff will give the client a refresher on all PREA related information and assessments. Most of the clients interviewed were transfers from the Department of Corrections and reported receiving the information upon intake.

Corrective action taken - TTC-Adams submitted updated version of the resident PREA brochure to reflect The Blue Bench is a confidential reporting option and the agency that will provide advocacy support. The brochure includes The Blue Bench hotline number. Compliant as of 9/13/17

Standard 115.234 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Reviewed:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – C. Prevention b. Training viii. Program Coordinators
3. 1 NIC Investigator Training Certificate

Interviews:

1. Investigative Staff

The facility has one (1) investigator who is responsible for conducting administrative investigations, who completed and passed the National Institute of Corrections PREA Investigations training.

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Not applicable. The facility does not have medical or mental health care staff in the facility.

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 31 (PREA) – C. Prevention b. Training and Education vii. Clients
3. Policy 321 (PREA) – C. Prevention 5. PREA Assessments will be conducted as follows: i.
4. Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment tool
5. Policy 321 (PREA) – C. Prevention 5. PREA Assessments will be conducted as follows: ii.
6. Screening for Risk of Sexual Victim Vulnerability/Abusiveness assessment tool for 9 random clients

Interviews:

1. 9 Random Clients
2. 3 Case Managers

115.241 (a) During the intake process, all clients will have an initial assessment interview within 72 hours (DOC/DIV), of intake to the program, to review if a client is at risk or there is a history of sexual victimization or sexually aggressive behavior to assist in housing, work and program assignments. During the client and staff interviews, all consistently stated the risk assessment was completed upon intake, prior to 72 hours established within the standards.

115.241 (c)-The risk assessment tool covers 13 areas to assist the facility in identifying potential vulnerabilities to victimization, and 5 areas that might indicate possible aggressor. The risk assessment tool also identifies known, possible, and non-abusers. Once the assessment is completed the information is forwarded to staff responsible for room, work, education and programming assignments, with the goal of keeping clients that are at a higher risk of being victimized separated from clients that are at a higher risk of being sexually abusive.

115.241 (f) The client will be re-assessed within 30 days of intake. A review of 9 random clients indicates the reassessments were completed.

115.241 (g) Clients are reassessed if there is an alleged incident and when they are being terminated from the program.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – C. Prevention
3. Client roster with risk assessment findings

Interviews:

1. Case managers
2. Random staff/Correctional Technicians

115.242 (a) The policy explicitly states, “Once the assessment is completed the information is forwarded to staff responsible for room, work, education and programming assignments, with the goal of keeping clients that are at a higher risk of being victimized separated from clients

that are at a higher risk of being sexually abusive.”

115.242 (c) Policy 321, which speaks to transgender clients does not address housing or room assignment decision for transgender clients, or making decision on a case-by-case decision. As of the release of the final Community Confinement standards the agency/facility has not admitted a client who identifies as transgender; therefore, the full implementation of the standard has not been required. During interviews, it was clear that all transgender clients admitted to the facility would be placed and housed according to their biological sex, which is a violation of the law. The agency/facility should consider housing transgender clients who request special consideration in their facility which houses both male and female clients, and consider how they might mitigate the risk to all LGBTI clients’. (CORRECTIVE ACTION - the agency will need to update their policy to include housing and program assignments for transgender or intersex clients in the facility will be assessed on a case-by-case basis. The auditor will accept an updated version of the policy.)

Recommendation: the agency have a serious discussion to address accepting and housing a transgender client who identifies as a female in an all-male client. Consider the serious security risk associated with housing a client who identifies as a female in an all-male facility.

Corrective action taken - TTC-Adams policy has been updated to state explicitly, “In the event that Time to Change houses a transgender or intersex client, Time to Change will assess each client on a case by case basis to determine appropriate housing and make appropriate arrangements to comply with Federal and State standards and to ensure the safety of the clients.” Compliant as of 9/14/17

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – A. Documentation/Communication
3. Client Handbook
4. Facility First Responder Guide

Interviews:

1. PREA Coordinator

115.251 (a) The facility has the following ways for clients to report:

- a. DOC Hotline
- b. Send a letter to the DOC PREA Manager or DCJ Director
- c. Report to staff
- d. Report to PREA Coordinator/Compliance Manager
- e. Volunteers
- f. Client grievances
- g. Outside reporting (victim’s services/community rape crisis)
- h. Family members

All reports can be made anonymously. During the tour, the auditor observed the DOC tip line posters posted throughout the facility and client interviews demonstrated the clients were very aware of the tip line.

115.251 (c) 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. The supervisor will then notify the designated investigator and facility director. The reporting staff will be asked to complete a detailed incident report.

- 115.251 (d) Staff have the following reporting options:
- Call the Time to Change Program Director
 - Call the DOC tips line @ 1-877-DOC-TIPS (1-877-362-8477)
 - Call the PREA Staff Line @ 719-226-4621
 - Send a letter to the DOC PREA Manager or DCJ Director

Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

- Time to Change – Adams Pre-Audit Questionnaire
- Policy 325 (Grievances/Incident Appeal/Explanation or Complaints) – G. PREA Grievances
- Policy 321 (PREA) – G. Documentation/Communication b. Reporting to Clients
- Third Party PREA Alleged Incident Reporting
- Policy 325 (Grievances/Incident Appeal/Explanation or Complaints) – F. Criminal and Administrative Facility Investigations
- Emergency Grievance
- Policy 321 (PREA) – A. Prevention a. Deliberate indifference
- Policy 321 (PREA) – A. Investigation a. Staff Responder Duties
- Policy 321 (PREA) – b. Agency Protection Duties

Interviews:

- Random Staff
- Random client
- PREA Coordinator
- PREA Compliance Manager

115.252 (a) Grievances directly related to a PREA violation may be turned in directly to a correctional technician, case manager or to an administrator. The staff member who receives the grievance is required to initial and date the receipt of the grievance and immediately forward to an administrator for review. If it is determined the grievance alleges sexual misconduct or abuse the grievance is immediately forwarded to the PREA Coordinator who will then notify local law enforcement if deemed appropriate.

115.252 (c) The agency policy does not address the following areas:

- a client can submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.
- A client grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.

The auditor will not find the facility out of compliance in this area as a result of the missing information; however, the auditor is making a strong recommendation that the facility either add the information to the policy or the client handbook.

115.252 (d) The facility received zero (0) grievances alleging sexual abuse in the past 12 months.

115.252 (e) Where sexual abuse or sexual harassment is alleged, the facility is required to investigate promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports. The facility received zero (0) grievances alleging sexual abuse in which the client declined third-party assistance.

115.252 (f) The facility received zero (0) grievances alleging substantial risk of imminent sexual abuse filed in the past 12 months. If such an allegation be submitted and received by the facility, the facility would take immediate action to protect the client.

115.252 (g) The agency policy explicitly states, “False allegations shall result in disciplinary action and/or may result in criminal charges being filed.” Demonstrating there are consequences for both staff and clients who make bad faith allegations.

Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Community Confinement PREA Orientation Brochure
3. Client Handbook
4. Policy 321 (PREA) – H. Intervention a. Victim Counseling
5. Release of Information Authorization Form
6. The Blue Bench MOU

Interviews:

1. Random clients
2. PREA Coordinator
3. PREA Compliance Manager

115.253 (a) The facility policy states, “clients may contact Pueblo Rape Crisis Services at 1-800-809-2344”; however, the client brochure does not mention the Pueblo Rape Crisis Services but rather provides clients with The Blue Bench. During the client interviews, it was clear the clients did not know they could contact The Blue Bench for support services.

RECOMMENDATION: The facility should update the policy with the correct information and verbally inform clients during client intake.

115.253 (b) The facility release of information form informs the client that they are waiving any privileges of confidentiality with regards to medical records and communication by any medical facility, victim advocate and law enforcement which has such information, but the waiver is solely for the purpose of authorizing the agency/facility to obtain information.

115.253 (c) The facility has a signed MOU with the Blue Bench and the agreement states The Blue Bench will provide advocacy support service at the clients’ request.

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the

relevant review period)

- Does Not Meet Standard (requires corrective action)

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

A review of the agency/facility website has a PREA link where website visitors are provided with 3 options for making a third-party report.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – G. Documentation/Communication a. Staff and Facility Reporting Duties
3. Policy 321 (PREA) – A. Intervention a. Facility Protection Against Retaliation
4. Policy 321 (PREA) – A. Prevention a. Deliberate Indifference

Interviews:

1. Medical and Mental Health (Case Managers)
2. Random Staff

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. During the interviews, the case managers inform clients during their first visit the limits to confidentiality. 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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – A. Prevention a. Deliberate indifference

Interviews:

1. Director-Vice President/Program Director
2. Random Staff
3. PREA Coordinator

115.262 (a) When staff learns 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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – G. Documentation/Communication c. Reporting to Other Confinement Facilities

Interviews:

1. Vice President - Program Director
2. Program Coordinator – PREA Compliance Manager

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 they 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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – E. Investigation a. Staff First Responder Duties

Interviews:

1. Random Staff

115.264 (a) In reviewing the policy and considering staff interviews it was clear staff are well versed in their responsibilities as a first responder. 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 both 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, since it was unsure if the individuals involved engaged in sexual contact or intercourse in the facility and all parties denied the behaviors they were accused of.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Prison Rape Elimination Act (PREA) Process for Time to Change

Interviews:

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

The facility coordinated response plan is very comprehensive and details the steps for non-criminal and criminal allegations, the plan also 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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Not applicable.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – H. Intervention b. Facility Protection against Retaliation

Interviews:

1. Program Coordinator/PREA Compliance Manager

2. PREA Coordinator

115.367 (a) Interviews indicate the facility staff have the option of moving a 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 Compliance Manager, 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.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – F. Criminal and Administrative Facility Investigations
3. Training Log dated July 26, 2017

Interviews:

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

115.271 (a) Time to Change provided email correspondence demonstrating attempts to establish a MOU with the Adams County Sheriff's Department. The MOU was never signed because the Adams County Sheriff's Department is the law enforcement agency required by law to respond to Time to Change – Adams for all criminal activity to investigate. The policy required the facility to contact the local law enforcement agency or the Colorado Department of Corrections Inspector General Investigator if the incident involves a "return to custody" client to conduct the investigation. During staff interviews the staff were unable to communicate who is responsible for investigating a sexual abuse allegation. As a result, the facility conducted a training while waiting for the report to educate staff about the investigative process.

115.271 (h) The facility reported zero incidents substantiated allegations of conduct that appear to be criminal that were referred for prosecution since the last PREA audit.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Review:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – F. Criminal and administrative facility Investigations
3. Termination letter

Interviews:

1. PREA Coordinator

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 it is apparent the facility takes such allegations serious and will respond appropriately.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Staff Sexual Misconduct Report
3. Policy 321 (PREA) – G. Documentation/Communication b. Reporting to Clients

Interviews:

1. PREA Coordinator

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. The facility PAQ indicates the facility had 1 sexual abuse allegation, all parties (alleged victim and perpetrator) denied there was any sexual acts; therefore, the facility did not notify the alleged victim since the individual denied anything inappropriate.

115.273 (c) The facility policy covers all areas of notification required per the standards. Of the one incident involving possible sexual abuse the individual denied being an alleged victim.

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

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – J. Discipline
3. Staff Sexual Misconduct Termination Letter

Interviews:

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

115.276 (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.” The facility also has what is referred to “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. Zero staff have been disciplined short of termination for violation of agency sexual abuse or sexual harassment policies.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – J. Discipline

Interviews:

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

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 reported to law enforcement for engaging in sexual abuse of residents.

Standard 115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – J. Discipline

Interviews:

1. Program Coordinator/PREA Compliance Manager
2. Random staff
3. Random residents

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, sanctions will be imposed by the DOC hearing officer. The loss of privileges issued by DOC is enforced by Time to Change. The facility had zero criminal or administrative findings of resident-on-resident sexual abuse that occurred in the facility.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – I. Medical and Mental Care a. Access to Emergency Medical and Mental Health Services
3. Client Brochure

Interviews:

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

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, the 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 in 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 does not advise 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 of the incident. (CORRECTIVE ACTION: Update the client PREA brochure with no financial cost information.)

Corrective action taken - TTC-Adams submitted updated version of the resident PREA brochure, which states “Treatment services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation.” Compliant as of 9/13/17

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – I. Medical and Mental Care b. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

Interviews:

1. Program Coordinator/PREA Compliance Manager

115.283 (a) The facility 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 in confinement.” During the interviews, it was stated the facility would refer the client to a community provider for services.

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

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – K. Data Collection and Review a. Sexual Abuse Incident Reviews
3. Staff Sexual Misconduct Incident Report
4. Sexual Abuse Incident Report Form

Interviews:

1. PREA Coordinator
2. Program Coordinator/PREA Compliance Manager
3. Case Manager Supervisor

115.286 (a) The facility policy requires TTC 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 sexual misconduct which resulted in staff member termination. As a result, the facility per their policy and the PREA standards should have completed the incident review at the conclusion of the investigation. During the pre-audit documentation review and during the on-site audit the facility had not completed the incident review. The auditor allowed the facility to conduct the incident review while waiting for their interim/final report. The auditor received supporting documentation of the incident review, which was completed July 31, 2017 and involved the facility Program Coordinator/PREA Compliance Manager, Program Director, and three additional Program Coordinator. This incident review indicates the facility involves upper-level management officials and line supervisors.

Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – A. Definitions Related to Sexual
3. Policy 321 (PREA) – K. Data Collection and Review b. Data Collection
4. Survey of Sexual Victimization

Interviews:

1. Vice President/Program Coordinator
2. PREA Coordinator

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

115.287 (b) TTC 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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – K. Data Collection and Review c. Data Review for Corrective Action
3. 2015 Final PREA Audit Report

Interviews:

1. Vice President/Program Coordinator
2. PREA Coordinator
3. Program Coordinator/PREA Compliance Manager

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 as a whole.

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

The agency website has a data report for 2016, which is the first year the agency collected data for their 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

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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

Reviews:

1. Time to Change – Adams Pre-Audit Questionnaire
2. Policy 321 (PREA) – K. Data Collection and Review d. Data Storage, Publication, and Destruction

Interviews:

1. PREA Coordinator

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 role and responsibility 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 ll 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.

AUDITOR CERTIFICATION

I certify that:

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

Natasha Shafer

9/20/17

Auditor Signature

Date