

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

Interim Final

Date of Interim Audit Report: January 5, 2022 N/A

Date of Final Audit Report: March 11, 2022

Auditor Information

Name: K. E. Arnold	Email: kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: November 16-17, 2021

Agency Information

Name of Agency: Community Counseling and Correctional Services Inc.			
Governing Authority or Parent Agency (If Applicable): SAA			
Physical Address: 471 East Mercury ST		City, State, Zip: Butte, MT 59701	
Mailing Address: SAA		City, State, Zip: SAA	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: www.cccscorp.com			

Agency Chief Executive Officer

Name: Mike Thatcher	
Email: mthatcher@cccscorp.com	Telephone: 406-782-0417

Agency-Wide PREA Coordinator

Name: Marwan Saba	
Email: msaba@cccscorp.com	Telephone: 406-491-0245

PREA Coordinator Reports to: Mike Thatcher	Number of Compliance Managers who report to the PREA Coordinator: Nine (9)
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Facility Information

Name of Facility: Butte Pre-Release Center/ Women's Transitional Center

Physical Address: 62 W. Broadway **City, State, Zip:** Butte, MT 59701

Mailing Address (if different from above):
SAA **City, State, Zip:** SAA

The Facility Is:

<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
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<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
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Facility Website with PREA Information: www.cccscorp.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

ACA
 NCCHC
 CALEA
 Other (please name or describe: N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Montana Department of Corrections Contract Review Audit

Facility Director

Name: Travis Hettick

Email: thettick@cccscorp.com **Telephone:** 406-496-5072

Facility PREA Compliance Manager

Name: Becky Burns

Email: bburns@cccscorp.com **Telephone:** 406-496-5081

Facility Health Service Administrator N/A

Name:

Email: **Telephone:**

Facility Characteristics	
Designated Facility Capacity:	BPRC-143 WTC-58
Current Population of Facility:	BPRC-131 WTC-35
Average daily population for the past 12 months:	BPRC-111.73 WTC-37.3
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	27 (18-72)
Average length of stay or time under supervision	BPRC - 185.2 WTC- 203.3
Facility security levels/resident custody levels	Community Based/Open/Minimum
Number of residents admitted to facility during the past 12 months	BPRC-371 WTC - 117
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	BPRC371 WTC -117
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	BPRC-371 WTC-117
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	65
Number of staff hired by the facility during the past 12 months who may have contact with residents:	28
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	0
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	1

Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	3
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
Number of single resident cells, rooms, or other enclosures:	1
Number of multiple occupancy cells, rooms, or other enclosures:	7
Number of open bay/dorm housing units:	2
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>Where are sexual assault forensic medical exams provided? Select all that apply.</p>	<p> <input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: </p>
<p>Investigations</p>	
<p>Criminal Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</p>	<p>0</p>
<p>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</p>	<p> <input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity </p>
<p>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</p>	<p> <input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A </p>
<p>Administrative Investigations</p>	
<p>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</p>	<p>2</p>
<p>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</p>	<p> <input checked="" type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity </p>
<p>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</p>	<p> <input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A </p>

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

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

Standards Exceeded

Number of Standards Exceeded: 2
List of Standards Exceeded: 115.231, 115.286

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0
List of Standards Not Met: 0

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	November 16, 2021
2. End date of the onsite portion of the audit:	November 17, 2021
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Safe Space of MT
Audited Facility Information	
4. Designated Facility Capacity:	BPRC-143 WTC-58
5. Average daily population for the past 12 months:	BPRC-111.73 WTC-37.3
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4

7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
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Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	BPRC-138 WTC-30
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	1
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	1
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	3
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0

19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	NA
<p><i>Staff, Volunteers, and Contractors</i></p> <p><u>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</u></p>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	65
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	NA

Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/ RESIDENTS/DETAINEES who were interviewed:	16
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Selected interviewees from each floor and wing of the facility.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	
32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA
<i>Targeted Inmate/Resident/Detainee Interviews</i>	

<p>33. Enter the total number of TARGETED INMATES/ RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>5</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Observation during facility tour and questioning during random staff interviews.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Observation during facility tour and subsequent interactions with residents. Additionally, I specifically asked the PREA Compliance Manager (PCM). Randomly inquired with staff.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM.</p>

<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>3</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>NA</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Examined documentation and discussed the prevalence or staff suspicions of transgender/intersex residents at BPRC/WTC.</p>

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed all 2019, 2020, and 2021 sexual abuse investigations and compared the names of victims against rosters provided near the dates of the on-site audit.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed all 2019, 2020, and 2021 sexual harassment investigations and compared the names of victims against rosters provided near the dates of the on-site audit.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There is no segregated housing/isolation unit at BPRC/WTC.</p>

<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>
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Staff, Volunteer, and Contractor Interviews
<i>Random Staff Interviews</i>

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe)</p> <p><input type="checkbox"/> None (explain)</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe)</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>In view of off days, annual leave, sick leave, COVID, eleven random staff were interviewed. A 12th staff member was interviewed however, necessity required that he/she also be interviewed pursuant to a specialty interview.</p> <p>Accordingly, this 12th staff member was interviewed pursuant to both the random staff questionnaire, as well as, a specialty questionnaire.</p>

<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>
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Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that interview would satisfy multiple specialized staff interview requirements.

<p>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>14</p>
<p>51. Were you able to interview the Agency Head?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Agency Head:</p>	<p>The auditor has interviewed the CCCS Chief Executive Officer (CEO) and discusses interview results with him from time to time. All information is current.</p>
<p>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</p>	
<p>53. Were you able to interview the PREA Coordinator?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, explain why it was not possible to interview the PREA Coordinator:</p>	<p>The auditor has interviewed the CCCS PC and continually discusses interview results with the PC during each audit. All information is current.</p>
<p>54. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</p>	

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/ residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe)
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>0</p>

<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>0</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>59. Did you have access to all areas of the facility?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	<p>In view of COVID-19 constraints, I did not tour the quarantine area.</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	<p>See above.</p>

61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.	
62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
63. Informal conversations with staff during the site review (encouraged, not required)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA

Documentation Sampling

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

65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Reviewed 11 random staff HR, 10 random staff training, 12 random resident, and five investigative files.
66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual abuse allegations that had both criminal and administrative investigations	# of criminal investigations	# of administrative investigations	# of allegations
<u>Inmate-on-inmate</u> sexual abuse	1	0	1	0
<u>Staff-on-inmate</u> sexual abuse	1	0	1	0
Total	2	0	2	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

NA

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	# of sexual harassment allegations that had both criminal and administrative investigations	# of criminal investigations	# of administrative investigations	# of allegations
<u>Inmate-on-inmate</u> sexual harassment	1	0	1	0
<u>Staff-on-inmate</u> sexual harassment	0	0	0	0
Total	1	0	1	0

a. If you were unable to provide any of the information above, explain why this information could not be provided.

NA

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Referred for Prosecution	Indicted/Court Case Filed	Convicted/Adjudicated	Acquitted
<u>Inmate-on-inmate</u> sexual abuse	0	0	0	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	0	0
Total	0	0	0	0	0

a. If you were unable to provide any of the information above, explain why this information could not be provided. NA

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<u>Inmate-on-inmate</u> sexual abuse	0	1	0	0
<u>Staff-on-inmate</u> sexual abuse	0	0	0	1
Total	0	1	0	1

a. If you were unable to provide any of the information above, explain why this information could not be provided. NA

Sexual Harassment Investigation Outcomes

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

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided. NA

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided. NA

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	3
a. If 0, explain why you were unable to review any sexual abuse investigation files:	NA
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	X <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes X <input type="checkbox"/> No No criminal investigations during the audit period. <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	X <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	1
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes X <input type="checkbox"/> No No criminal investigations during the audit period. <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
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Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	2
a. If 0, explain why you were unable to review any sexual harassment investigation files:	NA
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)

Inmate-on-inmate sexual harassment investigation files

83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No No criminal investigations during the audit period. <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA

Support Staff Information

DOJ-certified PREA Auditors Support Staff

<p>90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:</p>	<p>NA</p>

Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>NA</p>

Auditing Arrangements and Compensation

<p>92. Who paid you to conduct this audit?</p>	<p><input checked="" type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>
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PREVENTION PLANNING

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. Additionally, the facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.

The policy does include sanctions for those found to have participated in prohibited behaviors. Additionally, the policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

BPRC/WTC Policy 15.1 entitled PREA General Requirements, pages 1-11 addresses 115.211(a).

Pursuant to the PAQ, the PA self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (CCCS PC) who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PA reports the CCCS PC is in the agency's organizational structure, reporting to the Director of Development, Administration, and Contract Management. The Director of Development, Administration, and Contract

Management reports to the CCCS CEO. The auditor verified the same pursuant to review of the CCCS Organizational Chart. The PA also self reports a PREA Compliance Manager (PCM) is assigned at BPRC/WTC. The auditor's review of the BPRC/WTC Organizational Chart reveals the BPRC/WTC PCM is in the facility's organizational structure, reporting to the PA. Additionally, the PA self reports the PCM has sufficient time and authority to develop, implement, and oversee facility efforts to comply with PREA standards at BPRC/WTC.

The auditor finds the aforementioned staffing structure conducive with PREA expectations.

According to the CCCS PC, he has sufficient time to manage all of his PREA-related duties. He oversees eleven facilities with collateral Compliance Manager duties. Nine PREA Compliance Managers and one Compliance/PREA Specialist report to him and facilitate PREA-related duties at the respective facilities. As PC, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of the Staffing Plans is a critical step when confronted with any PREA issue, as well as, review of camera needs and placements.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.211.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract for confinement of residents since the last PREA audit. Pursuant to memorandums dated July 16, 2019, June 15, 2020, and July 27, 2021, the PA self reports BPRC/WTC does not contract with other agencies for the confinement of residents designated to BPRC/WTC custody. Accordingly, it has been determined 115.212(a), (b), and (c) are not applicable to BPRC/WTC.

Since there is no evidence of deviation from standard, the auditor finds BPRC/WTC substantially compliant with 115.212.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?
- Yes No In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?
 Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? Yes No

115.213 (b)

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

115.213 (c)

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

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing and where applicable, video monitoring, to protect residents against sexual abuse. The PA self reports the average daily number of residents since the last PREA audit is 148 and the average daily number of residents on which the staffing plan is predicated is 148.

BPRC/WTC Policy 15.1 entitled PREA General Requirements, pages 8, section IV(A)(5) addresses 115.213(a).

The auditor's review of the 2019, 2020, and 2021 BPRC/WTC Staffing Plans reveals substantial compliance with 115.213(a). All four of the requisite community confinement center issues are considered during development and documentation of the initial staffing plan. All staffing plans are extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services as an absolute last resort.

The PA asserts there is a staffing plan at BPRC/WTC. He further asserts there are adequate staffing levels to protect residents against sexual abuse. The facility is heavily staffed during non-regular business hours in addition to camera augmentation. Staffing covers the entire facility and includes a minimum of three staff per shift.

As alluded to in the preceding paragraph, video monitoring is considered in the plan. Video monitoring is utilized to augment physical staffing throughout the facility.

The staffing plan is documented and electronically maintained by the CCCS Chief Executive Officer (CEO), CCCS PC, BPRC/WTC chief of security (cos), BPRC/WTC PCM, clinical director (cd), the security supervisors, and MDOC. The staffing plan is also maintained in paper format.

When assessing adequate staffing levels and the need for video monitoring, the facility considers the following in terms of staffing plan construction:

The staffing plan is based off direct supervision pursuant to any nuances in the MDOC contract. Additional staffing may be warranted and requested based on mission changes (e.g. COVID). Blind spots are primary considerations. Laundry areas, closets, and staff offices are especially considered. When reviewing the staffing plan, consideration as to where the likely location for sexual abuse lies. This is essential to vulnerability assessments. Resident housing, in consideration of resident vulnerability through routine/ Sexual Abuse Review Team (SART) and camera reviews, assist in monitoring;

In regard to the composition of the resident population, assessment of the nature and numbers of resident(s) with mental health needs/vulnerable residents, gang affiliations and membership, unique issues in consideration of co-ed housing/programming/operations (males and females in same program), and the severity/nature of resident criminality, are considerations. Sex offenders and well documented histories of violent offenses are not housed at BPRC/WTC;

In regard to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, an increase in incidents in a particular facility area may require increased staffing or re-alignment of resources. It may warrant the addition of cameras or repositioning of existing cameras for more effective monitoring and supervision; and

There are no other relevant factors at this time.

In regard to monitoring for compliance with the plan, the PA asserts the staffing plan is reviewed within six months of implementation. The PA and cos check staffing on a daily basis. Security supervisors are the primary stakeholders in such oversight, however.

The BPRC/WTC PCM asserts the following issues and considerations are critical to staffing plan development and implementation:

Physical plant- Ensure minimal staffing is considered in the staffing plan. The PA monitors the plan to ensure minimal staffing is met at least five days per week. The PCM always assesses blind spots during walk throughs. If additional cameras or staffing are required, the PA requests the same through Corporate. MDOC auditors assess staffing and video surveillance on an annual basis.

The PCM's statement with respect to the remaining criteria parallels that of the PA.

Pursuant to the PAQ, the PA self reports in circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan. The PA further self reports the six most common reasons for deviating from the staffing plan during the last 12 months are as follows: 1. Sick leave; 2. Annual leave; 3. Transports; 4. Lack of opposite gender staff; 5. Court and medical/dental appointment out of town coverage; and 6. Training. Of note, BPRC/WTC staff address each vacancy as a deviation and document accordingly. All vacancies are covered to ensure no deviations.

BPRC/WTC Policy 15.1, page 9 section IV(A)(6) addresses 115.213(b).

The auditor's review of four 2020, and five 2021 BPRC/WTC Deviation Forms reveals substantial compliance with 115.213(b). Within the meaning of 115.213, there is zero evidence of 115.213 staffing plan deviations.

The PA asserts all instances of non-compliance with the staffing plan are documented. However, zero instances of non-compliance have been realized during the last 12 months.

A Deviation Report is used to document any deviations from the staffing plan. Explanations regarding non-compliance are included in the Deviation Reports. The PA essentially asserts that BPRC/WTC never experiences deviations as all staffing plan identified posts are always filled.

Pursuant to the PAQ, the PA self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;
Prevailing staffing patterns;
The deployment of video monitoring systems and other monitoring technologies; or
The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

BPRC/WTC PREA Policy 15.1, page 9, section IV(A)(7) addresses 115.13(c).

The PCM asserts the facility staffing plan is reviewed at least once per year and she does have the opportunity to provide input into the same.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female residents.)
X Yes No NA
- Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female residents.) X Yes No NA

115.215 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes No
- Does the facility document all cross-gender pat-down searches of female residents? (N/A if the facility does not have female residents). X Yes No NA

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at BPRC/WTC. The PA further self reports zero strip or cross-gender visual body cavity searches of residents were conducted at BPRC/WTC during the last 12 months.

BPRC/WTC Policy 15.1 entitled PREA General Requirements, page 9, section IV(A)(8) and Policy 15.2 entitled LGBTI, Gender Identity and Gender Expression, Housing, Programs, and Searches, page 6, section IV(C)(2) address 115.215(a). Additionally, BPRC/WTC Policy 15.1 entitled PREA General Requirements, pages 9 and 10, section IV(A)(11)(a)(ii) addresses 115.215(a). This policy stipulates no strip searches or body cavity searches will be conducted unless prior authorization of the CEO and in his/her absence, their respective designee, is obtained. If a strip search should be deemed a necessity by the CEO or designee, typically, it will be performed only by a staff member of the same sex as the resident; however, the CEO or designee may authorize an opposite gender staff member in the case of a transgender or intersex resident request.

The non-medical staff who may be involved in cross-gender strip or visual searches interviewee asserts no opposite gender strip searches are conducted at BPRC/WTC. However, an exigent circumstance would be a weapon secreted in the rectum or clothing.

The auditor's review of Exigent Circumstances Logs reveals such searches were not facilitated during the audit period.

Pursuant to the PAQ, the PA self reports the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The PA further self reports the facility does not restrict female resident's access to regularly available programming or other outside opportunities in order to

comply with this provision. In the last 12 months, no female resident pat-down searches were conducted by male staff.

BPRC/WTC Policy 15.1 entitled PREA General Requirements, page 9, section IV(A)(9 and 10) addresses 115.215(b).

All 11 random staff interviewees assert if female staff are not available to conduct pat-down searches of female residents, the facility does not restrict those residents' access to programs or outside opportunities. Several interviewees assert female staff are always on shift or available pursuant to being called in/ deployment from other job titles for searches.

Five of the 16 random resident interviewees are female. All five interviewees assert they have never (during this audit period) been unable to participate in outside activities or programs because female staff were unavailable to conduct pat-down searches. All five interviewees state female staff are always on shift.

Pursuant to the PAQ, the PA self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The PA further self reports facility policy requires that all cross-gender pat-down searches of female residents are documented.

BPRC/WTC PREA Policy 15.1 entitled PREA General Requirements, page 9, section IV(A)(11) addresses 115.215(c).

Pursuant to the PAQ, the PA self reports the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The PA further self reports policies and procedures require staff of the opposite gender to announce their presence when entering a resident housing area.

BPRC/WTC PREA Policy 15.1 entitled PREA General Requirements, page 10, section IV(A)(12 and 13) addresses 115.215(d).

All 16 random resident interviewees assert both male and female staff announce their presence when entering housing areas wherein opposite gender residents are housed. All 16 interviewees assert they are never naked in full view of male/female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothes.

All 11 random staff interviewees assert they announce their presence when entering a housing area that houses residents of the opposite gender. Additionally, opposite gender residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

The auditor notes that during the facility tour, he observed no deviations in terms of staff failing to announce their presence when entering housing areas wherein opposite gender residents are housed. Additionally, during the facility tour, the auditor found no evidence of privacy concerns.

Pursuant to the PAQ, the PA self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status. According to the PA, no such searches were facilitated during the last 12 months.

BPRC/WTC PREA Policy 15.1 entitled PREA General Requirements, page 10, section IV(A)(11)(a)(iii) addresses 115.215(e).

All 11 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The PA and PCM advise that zero transgender/intersex resident interviewees were housed at BPRC/WTC during the on-site audit.

Pursuant to the PAQ, the PA self reports 100% of all security staff have received training on conducting cross-gender pat-down searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.

BPRC/WTC PREA Policy 15.1 entitled PREA General Requirements, page 10, section IV(A)(14) addresses 115.215(f).

The auditor's review of five 2019 and five 2020 Orientation Staff Development and Training Record Forms reveals ten staff completed the Pre-Service Cross-Gender Pat Search and Searches of transgender/intersex residents training. The auditor's review of five 2021 forms also reveals such In-Service training was completed. This training addressed the conduct of cross-gender pat searches of female residents, as well as, the conduct of professional and respectful searches of transgender/intersex residents.

In addition to the above, the auditor's on-site random review of eight of ten staff training files reveals 2021 training regarding the above subject-matter was completed during PREA Annual Refresher Training (ART). Two additional staff (of the 10 staff referenced) were hired during 2021 and accordingly they are not yet due for the same. The training is conducted at both Pre-Service and annual In-Service training.

The auditor's review of the training program related to this issue, inclusive of the video and Power Point presentation, reveals the same is quite detailed and meets provision expectations.

All 11 random staff interviewees assert they received training regarding cross-gender pat down searches and searches of transgender/intersex residents in a professional and respectful manner. Reported receipt of the training varied from a couple weeks ago to calendar year 2020.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.215.

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 2, section II(A)(1)(b) addresses 115.216(a). Additionally, BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 2, section II(A)(1)(e through g) stipulates residents will be offered a copy of the PREA handbook and note the resident's acceptance/denial of the handbook in the resident's progress notes. Residents shall sign the Resident PREA Handbook/PREA Acknowledgment form, verifying they have been given this information. Page 3, section II(A)(2)(a-c) also addresses 115.216(a).

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2017 between CCCS and a Special Education Teacher within the Butte Public School System reveals substantial compliance with 115.216(a). This MOU addresses those offenders who may be low functioning or somewhat cognitively impaired.

The auditor notes blind and deaf residents are not generally accepted at BPRC/WTC pursuant to policy. Pursuant to BPRC/WTC Policy 13.1 entitled Admission Screening, page 3, section II(B)(1)(e), persons who have disabilities beyond the scope of resources available to the Corporation are generally not eligible for placement at BPRC/WTC. Page 3, section II(B)(2)(a) and (3)(a) of the same policy stipulates offenders will be physically and mentally capable of work, education, or vocational training.

Of note, this policy is adapted from MDOC policy.

The Agency Head asserts the agency has established procedures to provide residents with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with LanguageLink, compliance regarding LEP residents is accomplished. In terms of MOUs for cognitively impaired, low functioning residents, there is a Corporate agreement with a Special Education Teacher to provide services to this population, when necessary.

The one disabled interviewee (low functioning) and one Limited English Proficient (LEP) interviewee state sexual abuse and harassment information was provided in a manner they could understand.

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide residents with LEP equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 3, section II(A)(3)addresses 115.216(b).

The auditor reviewed the contract between CCCS and LanguageLink Interpreter Services for provision of services to non-English speaking residents. Services for 250-plus languages are provided pursuant to this service.

The auditor's review of the LanguageLink poster reveals significant guidance is provided to staff, enabling them to access the system.

Pursuant to the PAQ, the PA self reports agency policy prohibits use of resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties, or the investigation of the resident's allegations. The PA further self reports the facility documents the limited circumstances in individual cases where resident interpreters, readers, or other types of resident assistants are used. Finally, in the last 12 months, the PA self reports there were no instances where resident interpreters, readers, or other types of resident assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the resident's safety, the performance of first response duties, or the investigation of the resident's allegations.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 3, section II(A)(4)addresses 115.216(c).

Ten of the 11 random staff interviewees assert the agency allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with Limited English proficiency when making an allegation of sexual abuse/harassment. All 11 interviewees were able to cite at least one example of when the same is permissible pursuant to the standard. Impeding the investigation of the resident's allegation and further physical injury to the victim were the two issues cited. One interviewee asserts such practice is not allowable.

All 12 interviewees assert the same has not occurred during the audit period, to the best of their knowledge.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.216.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes No

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA asserts agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
 Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

CCCS Policy 1.3.1.12 entitled Employee, Contractor and Volunteers Clearance Check, pages 1 and 2, section IV(B) addresses 115.217(a).

The three questions noted in 115.217(a) and the sexual harassment question noted in 115.217(b) are asked pursuant to the application, during interviews, and annually in conjunction with the performance review process. Minimally, the aforementioned questions are asked on the CCCS Disclosure of PREA Employment Standards Violation form. The employee checks the appropriate boxes and signs and dates the document. The same is counter-signed by a staff witness.

Six of the ten random staff Human Resources (HR) files reviewed by the auditor reveal the above questions plus the 115.217(b) sexual harassment question were asked during the application and/or interview phase. The three questions plus the 115.217(b) sexual harassment question were also asked in conjunction with one of two promotion cases. Additionally, the auditor's review of the respective criminal background record checks (either initial or 5-year re-investigation) associated with these staff reveals non-existence of positive findings regarding the subject-matter of the three questions plus the 115.217(b) sexual harassment question. As reflected in the narrative for 115.232, there are no contractors or volunteers at BPRC/WTC. Four of the employees whose files were randomly reviewed were hired prior to 2012 and accordingly, there is no documentation, other than criminal background record checks or five-year re-investigations from which to assess compliance. Based on these objective findings, the auditor finds CCCS and BPRC/WTC to be substantially compliant with 115.217(a) and (b).

Pursuant to the PAQ, the PA self reports agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph b addresses 115.217(b).

The auditor's random review of employee HR files as referenced in the narrative for 115.217(a) reveals there was a previous institutional employer in one case and there is documentary evidence that requisite 115.217(a) and (b) questions were asked of the prior institutional employer by HR staff.

The sexual harassment question was asked in six of six new hire cases.

The HR interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote staff, or to enlist the services of any contractor who may have contact with residents.

Pursuant to the PAQ, the PA self reports agency policy requires that before it hires any new employees who may have contact with residents, it:

Conducts criminal background record checks; and
Consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PA further self reports in the last 12 months, 28 staff who may have contact with residents have had criminal background record checks. The PA reports this equates to 100% of staff hired who may have contact with residents who have had criminal background record checks.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, section IV(A)(1 and 2) addresses 115.217(c).

The HR interviewee asserts the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees who may have contact with residents, who are considered for promotions. The same procedure applies to contractors who may have contact with residents.

Five of the seven applicable staff hires during the audit period were subjected to a criminal background records check prior to their entry on duty date.

There are no contractors on board at BPRC/WTC.

The prior institutional employer inquiry is addressed in the narrative for 115.217(b).

Pursuant to the PAQ, the PA self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The PA further self reports, in the last 12 months, there were zero contracts for services where criminal background record checks were conducted.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A) addresses 115.217(d).

Pursuant to the PAQ, the PA self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 2, section IV(C) addresses 115.217(e).

The HR interviewee asserts the Montana Department of Justice (DOJ) conducts criminal background record checks for current employees and contractors who may have contact with residents. Additionally, the National Lookup for Sexual Abuse Registry is accessed.

HR staff utilize a spreadsheet to track due dates for employee 5-year re-investigations. Additionally, initial requests for criminal background record checks are facilitated by CCCS HR Department staff.

It is noted that the Montana Public Criminal History Record encompasses only those arrests/convictions occurring within the State of Montana. Given the transient society in which we work, this process leaves the possibility of hiring employees who have been involved in the offenses articulated in provision 115.217(a) in a State other than Montana.

Accordingly, in an effort to facilitate the best hiring/promotion decision-making, the auditor recommends that a different background check procedure be implemented. As an example, utilization of NCIC would provide a better snapshot from a national perspective. This is recommended as a PREA "Best Practice" in an attempt to facilitate sexual safety at BPRC/WTC.

This may require coordination with MDOC as access to NCIC may be limited to MDOC. It appears to this auditor that direct MDOC intervention and assistance is essential to sexual safety at BPRC/WTC, given the ramifications of 115.217(d) and (e).

The auditor's random review of the four staff hired prior to 2012 and one file related to an employee hired in 2017 reveals substantial compliance with 115.217(e). Five-year re-investigations were completed in 2015 and 2021 with respect to those employees hired prior to 2012 and a five-year re-investigation was completed in 2021 with respect to the 2017 hire.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph f addresses 115.217(f).

As previously mentioned throughout this narrative, the three questions noted in 115.217(a) are asked pursuant to the application, during interviews, and annually in conjunction with the performance review process.

The HR interviewee asserts the facility asks all applicants and employees who may have contact with residents about previous misconduct as described in the narrative for 115.217(a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. Additionally, the facility imposes upon employees a continuing affirmative duty to disclose any such previous misconduct.

Pursuant to the PAQ, the PA asserts agency policy states material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph g addresses 115.217(g).

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses both 115.217(f) and (g). The auditor's review of randomly selected HR files referenced throughout the narrative for 115.217 validates these forms were completed in conjunction with both of the afore-mentioned standard provisions. The auditor finds that the same were completed in 2020 and/or 2021 with respect to all 10 files reviewed.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph h addresses 115.217(h).

The HR interviewee asserts when a former employee applies for work at another institution, the facility provides information on substantiated allegations of sexual abuse/harassment involving the former employee, unless prohibited by law.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.217.

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.

BPRC/WTC PREA Policy 15.8 entitled Video Monitoring, page 2, section II(12)(a) addresses 115.218(a).

The Agency Head asserts that when designing, acquiring, or planning substantial modifications to facilities, the agency considers line of sight, blind spots, and potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision. Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.

During his interview, the Director reaffirmed there has been no substantial expansions or modifications to the facility since the last PREA audit.

Pursuant to the PAQ, the PA self reports the facility has installed or updated monitoring technology since the last PREA audit.

BPRC/WTC PREA Policy 15.8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).

The Agency Head asserts the agency uses monitoring technology (either newly installed or updated) to enhance the protection of residents from incidents of sexual abuse. The agency considers line of sight, blind spots, and potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision. Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.

The PA asserts when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, the facility does consider using such technology to enhance residents' protection from sexual abuse. One camera, strategically added (in the booter area) to offset a blind spot, enhances resident sexual safety at BPRC. Line of sight, blind spots, and obstructions are considerations in the strategic use of camera systems.

The auditor's review of a memorandum dated May 19, 2019 details the strategic placement of two cameras within the institution and the impact of those cameras addressing hallway blind spots.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.218.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? X Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X Yes No

- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? X Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) X Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? X Yes No

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The PA further self reports the Butte Silver Bow Law Enforcement Agency (BSB LEA) facilitates criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 9, section II(e)(a and b) addresses 115.221(a).

All 12 of the random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. It is noted that 10 of 12 interviewees correctly recited all four first responder steps as defined at 115.264(a). In regard to who is responsible for conducting administrative sexual abuse investigations, all interviewees accurately state that the CCCS PC and cos facilitate the same. All 12 interviewees accurately assert BSB LEA facilitates criminal investigations.

Further guidance regarding the evidence protocol as applied to first responders is addressed in the narrative for 115.264.

Pursuant to the PAQ, the PA self reports no youth are housed at BPRC/WTC and accordingly, 115.221(b) is not applicable. The PA further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents", or similarly comprehensive and authoritative protocols developed after 2011.

The auditor's review of an MOU between CCCS and BSB LEA specifically addresses tenets of 115.221(b). The auditor finds BPRC/WTC to be substantially compliant with 115.221(b).

Pursuant to the PAQ, the PA self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners.

When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. All of the above is clearly articulated in an MOU with St. James Healthcare. According to the PA, no forensic medical examinations were conducted during the last 12 months.

The auditor's review of a letter dated August 11, 2021 from the Director of Emergency/Trauma Services at St. James Healthcare specifically addresses the subject-matter of 115.221(c) and provision of SAFE/SANE services. The letter, in question, is detailed in regard to all services provided.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 10, section II(e)(c) addresses 115.221(c).

According to the SAFE/SANE interviewee, she and her team of five SANE trained nurses are responsible for conducting all forensic medical examinations for BPRC/WTC. The SANE nurses are provided SANE Orientation training.

Trained SANE nurses are available on a 24 hour, seven days per week basis. Therefore, coverage is continuous. However, in the unlikely event a SANE cannot report, an Emergency Room (ER) physician could supervise an ER nurse who completed the evidence collection course to facilitate the forensic examination.

According to the interviewee, STD evaluation and preventative care, HIV testing, pregnancy risk and prevention, as well as, options for counseling are included in the SANE forensic examination.

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The PA further self reports the facility provides victim advocate services pursuant to an MOU between CCCS and Safe Space.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 10, section II(e)(d) addresses 115.221(d).

The BPRC/WTC PCM asserts pursuant to an MOU with Safe Space, the facility attempts to make available a victim advocate from a rape crisis center. The CCCS PC has investigated credentials and training requirements relative to Safe Space Victim Advocates (VAs). The auditor notes the CCCS PC confirmed the same with the auditor.

The PA and PCM state that zero residents who reported a sexual abuse incident at BPRC/WTC were housed at the facility during the on-site audit.

Pursuant to the PAQ, the PA self reports if requested by the victim, a victim advocate accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 10, section II(e)(e) addresses 115.221(e).

The auditor's review of a 2021 Staff Development and Training Record Form relative to one staff member reveals she completed specialty PREA Resource Center (PRC) VA training in 2021. The course is entitled PREA and Victim Services: A Trauma-Informed Approach.

The BPRC/WTC PCM asserts the facility attempts to ensure a qualified VA, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals, if requested by the victim, during the forensic medical examination process and investigatory interviews.

As reflected throughout this narrative, the cos (PREA Investigator) facilitates administrative investigations. BSB LEA investigators facilitate criminal investigations pursuant to a carefully scripted MOU.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 10, section II(e)(f) addresses 115.221(f).

The verbiage reflected in 115.221(f) is clearly articulated in the MOU between CCCS and BSB LEA. The auditor's review of the MOU confirms compliance with 115.221(f) in terms of the conduct of criminal investigations.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct). In the last 12 months, three allegations of sexual abuse and sexual harassment were received and the same were administratively investigated.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 3, section II(a)(xiv) addresses 115.222(a).

The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse.

An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s). The same involves a review of video footage, review of staff memorandums, and any staff or resident interviews are conducted. Criminal investigations are facilitated by BSB LEA investigators, taking into account a higher standard of evidence and possible referral for prosecution.

Pursuant to the PAQ, the PA self reports the agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The PA further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 3, section II(a)(xv) addresses 115.222(b).

The investigative staff interviewee states agency policy requires that allegations of sexual abuse/harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. This requirement is articulated in both the PREA policy and Investigations policy.

The auditor's review of the CCCS website reveals the aforementioned policies and the aforementioned MOU with BSB LEA are available on the same.

The auditor's review of the aforementioned policy describes the responsibilities of both BPRC/WTC investigative staff and the investigative agency.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

- Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? X Yes No
- Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? X Yes No
- Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment X Yes No
- Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? X Yes No
- Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? X Yes No
- Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? X Yes No
- Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? X Yes No
- Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? X Yes No
- Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? X Yes No
- Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? X Yes No

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with residents on:

Its zero-tolerance policy for sexual abuse and sexual harassment;
 How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 Resident's rights to be free from sexual abuse and sexual harassment;
 The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 The dynamics of sexual abuse and sexual harassment in confinement;
 The common reactions of sexual abuse and sexual harassment victims;
 How to detect and respond to signs of threatened and actual sexual abuse;
 How to avoid inappropriate relationships with residents;
 How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming residents; and
 How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

BPRC/WTC PREA Policy 15.6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).

Pursuant to the auditor's review of Power Point Training Slides, all ten provisions, as identified in 115.231(a), are addressed. Furthermore, both the PREA Training Outline and video entitled, "What You Need to Know" address this subject-matter.

All 11 random staff interviewees assert they received either Pre-Service or In-Service PREA training regarding the above topics. Of note, nearly all interviewees assert In-Service PREA training is provided throughout the year.

The auditor's review of numerous Staff Development and Training Forms associated with staff across all facility disciplines reveals staff complete a PREA policy review and an in-depth PREA refresher class on an annual basis. The auditor's review of five forms reveals all participants sign the "I understand" caveat and

date a training form each time they complete a course. A plethora of different classes are provided to staff on an annual basis as evidenced by PAQ materials. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS facilities is enhanced.

The auditor's review of a 2021 PREA Training Roster reveals the plethora of training topics provided to all staff.

The auditor's review of ten random staff training files reveals the requisite topics were addressed, minimally, during Pre-Service training (in appropriate cases) and 2020 and 2021 PREA ART.

The auditor notes that throughout the pandemic, new staff have not always completed pre-service PREA training prior to working on the floor. However, the auditor has learned these staff do not work alone with clients during this on-the-job-training period as they shadow senior staff in the performance of duties. As the result of staff interviews and document reviews, the auditor is convinced that staff receive requisite training prior to working alone with clients.

Pursuant to the PAQ, the PA self reports training is tailored to the male and female gender of the residents at the facility. All employees who are reassigned from other facilities receive PREA training unique to the two-gender resident population at BPRC/WTC.

BPRC/WTC PREA Policy 15.6 entitled Training, page 2, section II(C) addresses 115.231(b).

Pursuant to review of the Power Point training slides, the auditor has determined that the training is tailored to both male and female resident populations.

All employees receive PREA training prior to assumption of full duties with residents.

Pursuant to the PAQ, the PA self reports 65 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of staff. Between trainings, staff are expected to review policies periodically. Employees who may have contact with residents receive PREA training on an annual basis.

BPRC/WTC PREA Policy 15.6 entitled Training, page 2, section II(D) addresses 115.231(c).

As reflected in the narrative for 115.231(b), staff clearly receive PREA training, minimally, on an annual basis. Training is substantive and plentiful. Given the fact 115.231(c) requires PREA refresher training every two years, BPRC/WTC clearly exceeds standard expectations as the same is provided on an annual basis. Additionally, staff training clearly exceeds the topics identified in 115.231(a). Accordingly, the auditor finds BPRC/WTC to exceed expectations related to 115.231.

Pursuant to the PAQ, the PA self reports the agency documents that employees, who may have contact with residents, understand the training they received through employee signature or electronic verification.

BPRC/WTC PREA Policy 15.6 entitled Training, page 2, section II(E) addresses 115.231(d).

In view of the above, the auditor finds BPRC/WTC exceeds standard expectations with respect to 115.231.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports one contractor or volunteer who has contact with residents has been trained on his/her responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention, detection, and response.

BPRC/WTC PREA Policy 15.6 entitled Training, page 2, section II(F)(1) addresses 115.232(a).

The auditor's review of the CCCS Volunteer and Contractor training program reveals a comprehensive program similar to that provided to staff. The same is a Power Point presentation with significant discussion topics.

The PA asserts zero contractors or volunteers provided services during 2020 and 2021 in view of COVID-19 constraints.

According to the PCM, no contractors or volunteers currently provide services at BPRC/WTC. The auditor found no evidence to the contrary. Accordingly, the volunteer contractor interview could not be conducted.

The auditor's review of eight 2019 Compliance Acknowledgments, Volunteer Acknowledgment Forms regarding receipt/review/and understanding of PREA policies, and staff Development and Training Record Forms regarding the "What you need to know" video reveals substantial compliance with 115.232(a) and (d). All receipts and Acknowledgments pertained to the same volunteers. Of note, an "I understand" caveat is affixed to these documents which are signed and dated by the volunteer and PCM.

Pursuant to the PAQ, the PA self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The PA further self reports volunteers and contractors, who have contact with residents, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

BPRC/WTC PREA Policy 15.6 entitled Training, page 3, section II(G) addresses 115.232(b).

The auditor's review of the 2019 training documents referenced in the narrative for 115.232(a) reveals training is substantive and appropriate to duties and responsibilities performed.

Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

BPRC/WTC PREA Policy 15.6 entitled Training, page 3, section II(H) addresses 115.232(c).

Relevant documentation is discussed in the narrative for 115.232(a).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.232.

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 371 BPRC and 117 WTC residents were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the residents admitted to BPRC and WTC during the last 12 months.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(a)(i-iv) addresses 115.233(a).

The staff member who facilitates intake interviewee asserts he does provide residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/sexual harassment. Specifically, he provides a PREA pamphlet and the amended BPRC/WTC PREA Handbook (included in the PREA packet) to residents. In addition to provision of the PREA packet to residents upon arrival, he escorts residents through the facility, addressing PREA posters and providing information. Additionally, a formal orientation class is conducted within one week of arrival by the PCM. The orientation PREA education addresses the resident's rights to be free from sexual abuse/harassment and to be free from retaliation for reporting incidents, and regarding agency policies and procedures for responding to such incidents.

All 16 random resident interviewees state when they first arrived at BPRC/WTC, they received information about the facility's rules against sexual abuse/harassment. All 16 interviewees state they received a PREA packet (comprised of the amended BPRC/WTC PREA Handbook and pamphlet).

All 16 interviewees further state when they arrived at BPRC/WTC, they were told about:

Their right to not be sexually abused or sexually harassed;
How to report sexual abuse/harassment; and
Their right not to be punished for reporting sexual abuse/harassment.

All 16 interviewees assert this information was provided during orientation. Some interviewees assert orientation was conducted at intake while others stated intake occurred within one to seven days of intake.

In addition to the above, interviewees state that the PREA video and PREA test are provided during orientation.

The auditor's on-site review of 11 of 12 random resident files reveals dissemination of the PREA packet at intake in all cases. Provision of PREA Orientation was conducted within one week of arrival at BPRC/WTC in each case.

The auditor's review of four 2019, four 2020, and four 2021 Resident Receipts for the BPRC/WTC PREA Handbook, reveals substantial compliance with provision of the requisite information at intake. The documents applied to both residents confined in the BPRC and WTC.

The auditor's review of the BPRC/WTC PREA Handbook reveals the same provides substantial information to each resident regarding all of the key components identified in 115.233(a). The auditor notes the BPRC/WTC PREA Handbook, as well as, posters have been amended to address information regarding reporting to authorities not affiliated with the facility. This information is discussed in the narrative for 115.251(b).

The intake staff interviewee asserts the resident expanded PREA education training is conducted within one week of intake.

Fourteen of 16 random resident interviewees assert they were transferred to BPRC/WTC from other facilities, many of which are operated by CCCS. As reflected in the narrative for 115.233(a), all random resident interviewees were provided complete PREA education upon intake and orientation at BPRC/WTC.

Pursuant to the PAQ, the PA self reports resident PREA education is available in accessible formats for all residents including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to residents who have limited reading skills.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 2, section II(A)(1)(b) addresses 115.233(c).

Resident educational materials and MOUs are addressed in greater depth in the narrative for 115.216(a) and (b).

Pursuant to the PAQ, the PA self reports the agency maintains documentation of resident participation in PREA education sessions. PREA Orientation is generally conducted within seven days of intake.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 2, section II(A)(1)(f and g) addresses 115.233(d).

The auditor's review of four 2019, four 2020, and four 2021 Receipts of BPRC/WTC Sexual Abuse/ Assault Prevention and Intervention Overview for Offenders (pertinent to residents from both BPRC and WTC) reveals substantial compliance with 115.233(d). Both the resident and staff witness sign and date the form, signifying receipt of requisite information. Receipt of PREA Handbook documentation is addressed in the narrative for 115.233(a) above.

PREA Orientation is generally conducted within seven days of intake.

Pursuant to the PAQ, the PA self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, resident handbooks, or other written formats.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 2, section II(A)(1)(c) addresses 115.233(e).

A discussion regarding the PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report. Examples of three resident and one staff posters were included in the PAQ information and all provide relevant information. An amended poster bearing the telephone numbers and addresses for reporting sexual abuse/sexual harassment, as well as, support services in the event of sexual abuse, is also included.

The auditor notes the agency's zero-tolerance policy towards sexual abuse/harassment and reporting procedures/applicable address(es) and telephone numbers are clearly visible throughout the facility. This condition was observed during the facility tour.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.233.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

X Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

BPRC/WTC Policy 15.6 entitled Training, page 3, section II(J)(1) addresses 115.234(a). This policy stipulates in addition to the general training provided to all employees pursuant to §115.231, BPRC/WTC shall ensure that, to the extent BPRC/WTC itself conducts the initial sexual abuse investigations, its investigators, PREA Manager, and Program Administrator have received training in conducting such investigations in confinement settings through the NIC learning website, particularly PREA and any Department of Corrections or Federal Bureau of Prisons (FBOP) trainings for investigators they may provide. Even though the PREA Manager, and Program Administrator may not participate in an initial sexual abuse or sexual harassment investigation, completion of the specialized investigator training is key in understanding and supporting the SART process.

The administrative investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in confinement settings. He completed the on-line National Institute of Corrections (NIC) training which is specifically tailored to conducting sexual abuse investigations in confinement settings. This course was three hours in duration. The interviewee reports he also completed the next level course.

The course addressed legalities and trauma which accompany sexual abuse investigations. Medical considerations, interviewing nuances associated with victims in a confinement setting, report writing, and evidence collection allowable for administrative investigators were also addressed.

The criminal investigative interviewees assert they received sexual abuse training during the 12-week Montana Law Enforcement Academy. Additionally, they attend routine workshops at the Montana Children's Alliance, as well as, 40 hour conferences at various locations.

The auditor's review of the National Institute of Corrections (NIC) Certificate for the cos (PREA investigator), the CCCS PC, BPRC/WTC PCM, and BPRC/WTC PA reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting. Staff Development and Training Record forms for completion of the 2021 PREA Resource Center courses, as reflected above for the CCCS PC and BPRC/WTC cos/PREA investigator also certify completion of those courses. Of note, the CCCS PC and the BPRC/WTC cos are the two designated PREA investigators at BPRC/WTC.

BPRC/WTC Policy 15.6 entitled Training, page 3, section II(J)(1) addresses 115.234(b).

The investigative staff interviewee asserts training topics included:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

The auditor's review of the syllabus for this training reveals the requisite topics identified in 115.234(b) are addressed.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that investigators have completed requisite training. The PA self reports the agency maintains documentation showing the aforementioned two investigators have completed requisite training.

BPRC/WTC Policy 15.6 entitled Training, page 4, section II(J)(2) addresses 115.234(c).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.234.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
X Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X Yes No NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
X Yes No NA

115.235 (b)

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

115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.) Yes No NA
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PA further self reports that three Medical/ Mental Health practitioners (100%) who work regularly at the facility received the training.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 4, section III(A)(1-4) addresses 115.235(a).

Both the medical and mental health staff interviewees state they have completed specialty training regarding medical and mental health care standards for sexual abuse victims in a confinement setting, both completing the PREA Medical and Mental Health Care Standards course. The mental health interviewee, as well as, the other medical practitioner likewise completed the same course. This course is a three hour on-line specialty course covering the following topics:

How to detect and assess signs of sexual abuse/harassment;
 How to preserve physical evidence of sexual abuse;
 How to respond effectively and professionally to victims of sexual abuse/harassment; and
 How and to whom to report allegations or suspicions of sexual abuse/harassment.

The auditor's review of Staff Development and Training Record forms (re: the aforementioned staff) for the PREA Resource Center (PRC) course entitled PREA Medical and Mental Health Care Standards reveals substantial compliance with 115.235(a).

Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations. The auditor confirmed the same pursuant to on-site interviews and the narrative as reflected in this report.

Accordingly, the auditor finds 115.235(b) not-applicable to BPRC/WTC.

The PA self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 4, section III(B) addresses 115.235(c).

The auditor's random review of one of the medical practitioners and the mental health practitioner's training files reveals both have received requisite training as required pursuant to 115.235(d) (either Pre-Service or In-Service). This training has been provided throughout calendar years 2020 and 2021.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 4, section III(B) addresses 115.235(c).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.235.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? X Yes No

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 4, section II(B) addresses 115.241(a).

The staff member who performs screening for risk of sexual victimization and abusiveness interviewee asserts she does screen residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents. Specifically, she facilitates all reassessments and reviews all initial assessments. Initial assessments are completed by intake staff.

All 16 random resident interviewees state that upon arrival at BPRC/WTC, they were asked whether they had ever been in jail or prison before, whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual (LGB), and whether they think they may be in danger of physical abuse at the facility. Fourteen of the 16 interviewees state these questions were asked at intake. The two remaining interviewees state the questions were asked within 1-3 days of arrival at BPRC/WTC.

The auditor's review of four 2019, four 2020, and four 2021 initial assessments reveals all initial victimization/abusiveness screenings were conducted on the date of arrival at BPRC/WTC.

The auditor's on-site review of 12 random resident files reveals all initial victimization/abusiveness screenings were conducted on the date of arrival at BPRC/WTC.

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA self reports that during the last 12 months, 371 BPRC and 117 WTC residents entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of residents admitted to the facility during the last 12 months, for 72 hours or more.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(b).

The auditor's on-site random review of 12 Initial PREA Assessments (forms entitled BPRC/WTC Initial PREA Assessment/Reassessment) for BPRC/WTC residents reveals all Initial Assessments were conducted in a timely manner (on the day of arrival at BPRC/WTC).

The staff member who performs screening for risk of victimization and abusiveness interviewee asserts initial screening of residents for risk of victimization or risk of sexually abusing other residents occurs within 72 hours of intake. As a matter of fact, she asserts the requisite screening is completed at intake.

Pursuant to the PAQ, the PA self reports risk assessment is conducted using an objective screening instrument.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 4, section II(B)(1) addresses 115.241(c).

The auditor finds the screening instrument is objective. The same is based on minimally, all 115.241(d) criteria and a point system is assigned for the two sections represented on the tool.

The auditor's review of the afore-mentioned Sexual Abuse Screening Tool reflects substantial compliance with 115.241(d). Specifically, the document reflects the following issues:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;
- Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- Whether the resident has previously experienced sexual victimization; and
- The resident's own perception of vulnerability.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 4, section II(B)(1)(a-j) addresses 115.241(d). This policy stipulates the objective PREA screening instrument shall assess the residents risk of sexual victimization through information pertaining to:

- Whether the resident has a mental, physical, or developmental disability;
- The age of the resident;
- The physical build of the resident;
- Whether the resident has previously been incarcerated;
- Whether the resident's criminal history is exclusively nonviolent;
- Whether the resident has prior convictions for sex offenses against an adult or child;

If the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. The transgender or intersex resident's gender identity; whether the resident self-identifies as male or female;
Whether the resident has previously experienced sexual victimization; and
The residents' own perception of vulnerability.

Of note, the auditor's cursory and random review of the aforementioned Initial Assessments/Reassessments substantiates qualitative assessment of information and review.

The staff member who performs screening for risk of victimization and abusiveness interviewee, asserts the initial screening considers:

LGBTI identification;
History of violence;
History of sexual abuse;
Age;
Physical stature;
Physical/emotional/learning disability;
Violence in a correctional facility;
Registered as a violent offender in other states; and
Sexual activity with staff or inmates in a correctional facility.

In regard to the conduct of the initial screening, the screener reviews the Pre-Sentence Investigation (PSI) and any validating information following the conduct of the initial screening. The screening is conducted in a one-on-one setting behind closed doors (offices are equipped with a window) on both the men's and women's floors. Questions are read to the resident and recorded by the screening staff member. Staff ask probing questions as part of the screening.

The auditor's review of the aforementioned Sexual Abuse Screening Tool reveals substantial compliance with 115.241(e). Specifically, the same addresses prior acts of sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 5, section II(B)(2) addresses 115.241(e).

Pursuant to the PAQ, the PA self reports the policy requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA self reports that during the last 12 months, 371 BPRC and 117 WTC residents entering the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual victimization or risk of sexually abusing other residents, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of residents who meet the above 30-day criteria and who arrived within the last 12 months.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 5, section II(B)(3) addresses 115.241(f).

The PCM conducts all risk level reassessments. During her interview, she asserts reassessments are conducted within 30 days of the initial assessment, the target date being within 25 days of arrival at BPRC/WTC. She uses a spread sheet to identify due dates and she tracks the spread sheet each work day.

Twelve of the 16 random resident interviewees assert a reassessment was conducted following the initial assessment. Ten interviewees assert the same was conducted within 30 days of the initial assessment.

The auditor's review of four 2019, four 2020, and four 2021 30-day reassessments associated with the initial assessments addressed in the narrative for 115.241(a) reveals all victimization/abusiveness reassessments were conducted in a timely manner consistent with both policy and 115.241(f).

The auditor's on-site review of 11 of 12 random resident files reveals timely and comprehensive reassessments were completed. The one remaining reassessment was not yet due at the time of the on-site audit. Reassessments are detailed in terms of new information and analysis.

Pursuant to the PAQ, the PA self reports the policy requires that a resident's risk level be reassessed when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 5, section II(B)(4) addresses 115.241(g).

According to the PCM, resident risk levels are reassessed, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The auditor's review of two 2021 sexual abuse/harassment investigations reveals both victims were reassessed in a timely manner following completion of the investigation.

Pursuant to the PAQ, the PA self reports the policy prohibits disciplining residents for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; and
The resident's own perception of vulnerability.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 5, section II(B)(6) addresses 115.241(h).

The staff responsible for risk screening interviewee states residents are not disciplined in any way for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the resident has a mental, physical, or developmental disability;
Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the resident has previously experienced sexual victimization; and
The resident's own perception of vulnerability.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 5, section II(B)(7) addresses 115.241(i).

According to the PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The PCM maintains all assessments in a locked file cabinet in a locked office. The CCCS PC, the PA, and compliance specialist can request access to the same.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.241.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) X Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) X Yes No NA

- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.) X Yes No NA

Auditor Overall Compliance Determination

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

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

- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 6 section II(B)(9)(b) addresses 115.242(a).

The PCM and staff member responsible for risk screening interviewees assert the score, as determined by the screening tool, dictates classification. Screening staff have access to pre-arrival information for validation purposes. The PCM reviews the same packet and accompanying information prior to arrival. If she notes anything of significance, she passes the information to the screener.

Subsequent to completion of the initial 115.241 assessment, Potential Victims (PVs) and Potential Aggressors (PAs), as well as, Known Victim (KVs) and Known Aggressors (KAs) are not housed in the same room together. Either classification can be housed with Unrestricted. The PCM reviews housing assignments the next day to ensure proper housing.

The auditor's random review of six each 2019, 2020, and 2021 BPRC and WTC housing assignment documents reveals zero discrepancies regarding housing assignments as defined by the BPRC/WTC PCM and staff member responsible for risk screening interviewees. The auditor finds the afore-described process to be viable and capable of providing a significant degree of checks and balances, ensuring sexually safe housing.

Pursuant to the PAQ, the PA self reports the facility makes individualized determinations about how to ensure the safety of each resident.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 6, section II(B)(9)(c) addresses 115.242(b).

The auditor finds BPRC/WTC substantially compliant with 115.242(b) based on the evidence cited above in the narrative for 115.242(a).

Pursuant to the PAQ, the PA self reports the facility makes housing and program assignments for transgender or intersex residents in the facility on a case-by-case basis.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 6, sections II(B)(9)(d) and (e) addresses 115.242(c).

The PCM asserts the screening tool is used with transgender/intersex residents in the same manner as any other resident. Transgender/intersex residents would never be housed with a PA or KA. Transgender/intersex residents are not housed in designated rooms/areas within the facility.

The agency does consider whether the placement will ensure the resident's health and safety. Additionally, the agency considers whether the placement presents management or security problems.

The PA and PCM advised the auditor that zero transgender/intersex residents were housed at the facility at the time of the on-site audit.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 6, section II(B)(9)(f) addresses 115.242(d).

The PCM asserts a transgender/intersex residents' own views with respect to his/her own safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening likewise asserts a transgender/intersex residents' own views with respect to his/her own safety are given serious consideration in terms of housing and programming considerations.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 7, section II(B)(9)(i) addresses 115.242(e).

The PCM asserts transgender/intersex residents are given the opportunity to shower separately from other residents. They can shower in the booter area. Female transgender/intersex residents can shower in the single shower located in the WTC. A staff member would be posted outside the shower area to ensure no other residents shower, etc. at the same time.

The staff member responsible for risk screening interviewee asserts transgender/intersex residents are given the opportunity to shower separately from other residents. Each request is addressed by the PCM.

The auditor and PA discussed transgender/intersex resident showers during the course of the facility tour. The auditor is satisfied with the plan to accommodate such showers.

BPRC/WTC PREA Policy 3.3 entitled Intake/Screening, page 7, section II(B)(9)(j) addresses 115.242(f).

The PCM asserts the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents. She reviews the PREA Room Assign Roster daily to ensure compliance with 115.242(f).

The three LGB resident interviewees assert they have not been placed in a housing area only for LGBTI residents.

The auditor's cursory review of housing assignments validates the statements of interviewees.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.242.

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 2, section II(a)(v) addresses 115.251(a). Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and
Staff neglect or violation of responsibilities that may have contributed to such incidents.

The auditor's review of the amended BPRC/WTC Handbook reveals significant information regarding reporting options. Page 4 of this resource clearly provides necessary information for residents to be educated regarding reporting options as required pursuant to the totality of 115.251.

The auditor's review of the amended BPRC/WTC PREA Handbook and PREA posters reveals substantial compliance with 115.233 and 115.251(b). The auditor has determined that the previous BPRC/WTC PREA Handbook included Safe Space as a 115.251(b) reporting source and the same was contradictory to 115.251(b) requirements, as articulated in a corresponding United States Department of Justice Frequently Asked Question (USDOJ FAQ). Pursuant to a recently signed MOU between CCCS and Boyd Andrews Community Services, new 115.251(b) reporting requirements have been established and accordingly, posters and the BPRC/WTC PREA Handbook have been modified to address the same. Additionally, the telephone number, minimally, to BSB LEA has been added.

The auditor notes that Boyd Andrews Community Services is a non-profit re-entry corporation located in Helena, MT. By virtue of reciprocal agreement, designated officials from each facility agree to report incoming sexual abuse/harassment allegations received from facilities managed by the parties to the agreement in accordance with 115.251(b). The auditor's review of this agreement appears to meet all tenets of 115.251(b).

Since BPRC/WTC effected appropriate steps to address this matter prior to the on-site audit, the auditor finds no basis for a non-compliance finding. However, the auditor requires the PCM to submit to him a roster of clients admitted to the facility between the date of issuance of this interim report and June 27, 2022. The auditor will randomly select a sampling of names and the PCM will forward to the auditor corresponding Resident Receipts for the BPRC/WTC PREA Handbook and BPRC/WTC Client Orientation PREA Acknowledgment forms. Additionally, the PCM will either facilitate a town hall meeting for existing clients or post an informational memorandum, advising them of the new 115.251(b) reporting procedures. A copy of the town hall meeting minutes or, in the alternative, the memorandum will be forwarded to the auditor for inclusion in the audit file.

All 1 random staff interviewees cited at least one reporting option for residents.

Options cited were:

Verbal report to staff;
Contact CCCS representative(s);
Written report;
Contact staff with their cell phone;
Anonymous report;
Third-party report;
Contact the Boyd Andrews Community Services Hotline; and

Submit Emergency Grievance.

All 16 random resident interviewees cited at least two reporting options regarding sexual abuse/harassment incidents. Options cited were:

Verbal report to staff;
Submit a kite (written report) to staff;
Third-party report;
Submit an Emergency Grievance;
Contact Boyd Andrews Community Services Hotline;
Contact BSB LEA; and
Report to family.

When questioned whether there is someone who does not work at the facility to whom they could report sexual abuse/harassment incidents, interviewees cited contact with the Boyd Andrews Community Services Hotline; contact BSB LEA; and contact family.

Throughout the facility tour, the auditor observed numerous examples of posters and documents bearing reporting contact information.

Pursuant to the PAQ, the PA self reports the agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 2, section II(a)(v) addresses 115.251(b). The amended PREA Handbook, page 4 addresses 115.251(b).

The PCM asserts the PREA Hotline (MOU with Boyd Andrews Community Services) and an MOU with BSB LEA provide at least one way for residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. These procedures enable receipt and immediate transmission of resident reports of sexual abuse/harassment to agency officials (except in the case of the BSB LEA procedure where the Hotline may not be manned around the clock) that allow the resident to remain anonymous upon request. Pursuant to the MOU, the PA at the Helena Pre-Release Center contacts the CCCS PC immediately upon receipt of the report.

Fifteen of 16 random resident interviewees assert they are allowed to make a report without having to give their name.

Posters are visible adjacent to the free resident telephones located in both BPRC and WTC. The aforementioned telephone numbers are noted on the posters. Reportedly, these telephones are not linked to individual residents in any manner.

Pursuant to the PAQ, the PA self reports the agency has a policy mandating staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PA further self reports staff are required to document verbal reports. The time frame in which staff are required to document such verbal reports is "immediately" or within 24 hours of receiving the report.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 3, section II(a)(xi) addresses 115.251(c).

It is noted that the requirement for staff to accept reports verbally and, in writing, anonymously, and from third parties and shall promptly document any verbal reports, is addressed in the Staff Training Power Point training slides 29 and 30.

All 11 random staff interviewees assert a resident who alleges sexual abuse can do so verbally, in writing, anonymously, and from third parties. Eleven of 12 interviewees state they document verbal reports immediately.

All 16 random resident interviewees state they can make reports of sexual abuse/harassment either in person, or in writing. Additionally, they state someone else can make a report for them so the victim does not need to be named.

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. As previously referenced in this report, telephone numbers and addresses for reporting sexual abuse and/or sexual harassment are noted on posters that are available throughout the facility. Staff are informed of reporting procedures pursuant to Pre-Service and In-Service training and policy reviews.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 2, section II(a)(iii-v) addresses 115.251(d).

All 11 random staff interviewees were able to cite at least one method wherein they can privately report sexual abuse/harassment of residents. Reporting methods cited include:

- Telephonic report to supervisor;
- Forward e-mail to supervisor/PC/cos/PCM;
- Forward memorandum to the afore-mentioned staff;
- In-person report to any of the afore-mentioned management staff;
- Anonymous written report to any of the afore-mentioned management staff; and
- Contact Hotline(s).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.251.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X Yes No NA

115.252 (d)

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

115.252 (e)

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

115.252 (f)

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

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 3-5, addresses 115.252(a).

Pursuant to the PAQ, the PA self reports agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PA further asserts agency policy does not require a resident to use an informal grievance process or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 3 and 4, section II(a)(xvi)(1-4), addresses 115.252(b). The BPRC/WTC PREA Handbook, pages 5-7, section entitled Grievance Procedure and Emergency Grievance also addresses 115.252.

Pursuant to the PAQ, the PA self reports agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA further self reports agency policy and procedure requires that a resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 5, section II(a)(xvi)(5)(e), addresses 115.252(c).

The PREA Handbook, page 6, section entitled Grievance Procedure, section b(2) addresses 115.252(c).

Pursuant to the PAQ, the PA self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PA further self reports one grievance was filed within the last 12 months wherein sexual abuse was alleged. Upon further review of the evidence provided in the PAQ, the auditor determined that zero grievances, within the meaning of 115.252(d), have been filed at BPRC/WTC during the last 12 months.

As reported by the PA in the PAQ, the response to this single grievance allegedly reached final decision within 90 days after being filed. The auditor notes this incident was reported as a sexual abuse incident, as opposed to an incident wherein imminent danger of sexual abuse was existent, and accordingly, a timely investigation was conducted. According to the PA, the agency always notifies the offender, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 5, section II(a)(xvi)(6)(a-d), addresses 115.252(d).

The PA and PCM assert zero residents who reported a sexual abuse incident at BPRC/WTC were housed at the facility at the time of the on-site audit.

Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of residents. The PA further self reports agency policy and procedure requires if the offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline. Zero grievances alleging sexual abuse were filed by residents in the last 12 months in which the resident declined third-party assistance, requiring documentation of the resident's decision to decline.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 9, section II(d) addresses 115.252(e).

Pursuant to the PAQ, the PA self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The PA further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours.

As previously mentioned, one emergency grievance alleging substantial risk of imminent sexual abuse was reportedly filed within the last 12 months and the initial response was allegedly not completed within 48 hours. Upon further review, the auditor finds the incident, in question, does not constitute an emergency grievance within the meaning of 115.252(f).

The PA asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days. The aforementioned final grievance response was completed within five days of filing. Again, the incident, in question, was not reported as an emergency grievance rather, the same was reported as a sexual abuse allegation pursuant to 115.251.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 4, section II(a)(xvi)(5)(a and b) addresses 115.252(f).

Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the resident filed the grievance in bad faith. The PA further self reports that during the last 12 months, there were zero instances of offender discipline for incidents of this nature.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 4, section II(a)(xvi)(5)(c) addresses 115.252(g).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.252.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? X Yes No

- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? X Yes No

115.253 (b)

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

115.253 (c)

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

- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? X Yes No

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations; and
Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

BPRC/WTC PREA Policy 15.5 entitled Medical and Mental Health, page 2, section II(B)(1-3) addresses 115.253(a).

Page 8 of the PREA Handbook addresses 115.253(a) in terms of mandatory reporting. Pages 4 and 5 also address 115.253(a).

As previously mentioned in this report, telephone numbers and addresses to such entities are posted throughout the facility.

All 16 random resident interviewees assert there are services available outside the facility for dealing with sexual abuse, if needed. Eleven interviewees cited at least one service ranging from counseling to victim advocates (VAs) at Safe Space, and MH assistance. Of note, BPRC/WTC maintains an MOU with Safe Space as noted in the PREA Handbook. Nine interviewees noted they can find the information regarding services from their case manager, PREA Handbook, and information posted in hallways.

Fifteen interviewees assert mailing addresses and telephone numbers for these outside services are readily available to them. All sixteen interviewees assert telephone calls are free to the service(s).

All sixteen interviewees assert they can talk with people from these services at any time.

Pursuant to the PAQ, the PA self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The PA further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rule governing privacy, confidentiality, and/or privilege that applies to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

BPRC/WTC PREA Policy 15.5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b).

All sixteen random resident interviewees assert what they say to people from the services cited in 115.253(a) remains private. Eleven interviewees assert such conversations could be told to or listened to by someone else. Of the eleven interviewees who assert such conversations could be listened to or shared with someone else, all report that such information could be shared with or listened to by someone else based on criminal activity and/or self-injurious behavior.

Pursuant to the PAQ, the PA self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide residents with emotional support services related to sexual abuse. The PA further self reports the facility maintains copies of the agreement.

The MOU between CCCS and Safe Space clearly captures the requirements of 115.253. The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.253.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CCCS website provides information regarding third-person reporting options. A third party reporting form is located on all pods and on the www.cccscorp.com website.

All reports are directed to the CCCS PC who, in turn, disseminates the same to each facility. All telephone calls are taken by the PA or BPRC/WTC PCM at the facility. If the CCCS PC is contacted, he will immediately contact the BPRC/WTC PA. Emails are another source of receiving third party reports and they are delivered to the PA immediately.

According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. The PA further self reports the facility distributes third-party reporting information to residents so they can provide the same to third-party reporters.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 9, section II(xvi)(d)(i) addresses 115.254(a).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;
Any retaliation against residents or staff who reported such an incident; or
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 7, section II(c)(i and ii) addresses 115.261(a).

All 11 random staff interviewees assert the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of

responsibilities that may have contributed to an incident or retaliation. All interviewees assert agency policy/procedure requires immediate reporting to their supervisor. Included in the supervisory line are the shift supervisor, PA, cos, their immediate supervisor, and/or PCM.

Pursuant to the PAQ, the PA self reports apart from reporting to designated supervisors or officials and designated state or local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 7, section II(c)(iii) addresses 115.261(b).

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 7, section II(c)(v) addresses 115.261(c).

Both medical and mental health staff interviewees assert that at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. This requirement is policy, licensure, code of ethics, and education driven. Within the mental health context, residents sign and date the Disclosure and Consent form and the same is witnessed by the interviewee. The medical staff interviewee asserts that residents sign the Informed Consent and Medical Policies document at intake.

Both interviewees similarly self report they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. With respect to the MH interviewee, such report(s) are directed to the Clinical Treatment Supervisor (cts), PCM, or CCCS PC. The medical staff interviewee reports such incidents to the PA, CCCS PC, PCM, cos, and/or security supervisor.

The mental health interviewee states she has become personally aware of an incident and she reported the same.

Pursuant to the auditor's review of a July, 2021 investigation, mental health staff reported alleged sexual harassment to the PCM subsequent to receipt of the information from the victim. In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.261(c).

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 7, section II(c)(iv) addresses 115.261(d).

The PA asserts no residents under the age of 18 are housed at BPRC/WTC. If a vulnerable adult is the subject victim of an allegation of sexual abuse, contact is made with Adult Protective Services. The PA asserts that generally, vulnerable adults are not housed at BPRC/WTC.

The PCM's response to the question of notifications regarding alleged juvenile and vulnerable adult victims of sexual abuse is similar to that of the PA, with the exception that sexual abuse of a vulnerable adult would generally be reported to the CCCS PC.

The auditor's review of sexual abuse and sexual harassment investigations spanning 2019 through 2021 reveals none of the allegations fit the parameters of 115.261(d).

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 8, section II(c)(vi) addresses 115.261(e).

The PA asserts that all allegations of sexual abuse/harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators. Specifically, whenever the PA receives a report, he passes the information to the CCCS PC and cos (facility sexual abuse/harassment investigators).

The auditor's review of sexual abuse and sexual harassment investigations spanning 2019 through 2021 reveals compliance with all provisions of 115.261(e).

Of note, the auditor's review of both 2021 sexual abuse/harassment investigations reveals the CCCS PC facilitated both investigations with some findings from one additional facility administrative investigator.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.261.

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the last 12 months, there was one incident wherein the facility determined that a resident was subject to substantial risk of imminent sexual abuse. The auditor's review of the respective investigation reveals that appropriate actions were taken to ensure the resident's safety. The aggressor was not working at the time and he was quickly removed from employment.

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 2 and 3, section II(a)(x) addresses 115.262(a).

This provision is also addressed in slides 40 and 41 of the BPRC/WTC PREA Power Point Training Presentation, which is provided to staff.

The Agency Head asserts when staff learn that a resident is subject to a substantial risk of imminent sexual abuse, they separate the potential perpetrator and potential victim within the facility. Contact MDOC to move respective parties, if the threat is credible and movement is prudent. Another option may be movement of one or both potential participants, dependent upon the circumstances, to other Pre-Release Centers.

The PA asserts the potential victim is removed from the danger zone to a safe space within the facility. If necessary and appropriate, the potential victim, potential perpetrator, or both may be moved to another Pre-Release Center or in the case of the perpetrator, a secure facility.

All 11 random staff interviewees assert that when they learn a resident is at risk of imminent sexual abuse, they immediately remove the potential victim from the danger zone, placing him/her in a safe area under supervision.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.262.

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Director further self reports in the last 12 months, the facility received one allegation that a resident was sexually abused while confined at another facility.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 8, section II(c)(x) addresses 115.263(a).

The auditor's review of a report of sexual abuse at another facility dated August 27, 2020 reveals evidence that a 115.263(a-c) notification was forwarded to the PA at the respective facility. With respect to the August 27, 2020 documentation, the alleged incident occurred at another CCCS facility located across the street from BPRC/WTC. An email was forwarded from the CCCS PC to the PA at the other facility on the day following the report. The CCCS PC expediently provided information to the auditor validating that the incident was investigated in a timely manner. The auditor finds the same to be adequate for 115.263(a-c) notification.

Pursuant to the PAQ, the PA self reports agency policy requires the facility head to provide such notification as soon as possible, but no later than 72 hours after receiving the allegation.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 8, section II(c)(x) addresses 115.263(b).

Pursuant to the PAQ, the PA self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 8, section II(c)(x) addresses 115.263(c).

Pursuant to the PAQ, the PA self reports facility policy requires allegations received from other facilities/agencies regarding an incident that allegedly occurred at a CCCS facility, are investigated in accordance with PREA standards. The PA further self reports in the last 12 months, there was one allegation of sexual abuse received by the facility from another facility. Based on the auditor's review of the PAQ and requested follow-up documentation, he finds no evidence of receipt of 115.263(d) notifications at another Butte facility during the last 12 months.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 8, section II(c)(x) addresses 115.263(d).

The Agency Head asserts that in regard to referrals of sexual abuse/harassment allegations (allegedly occurring at a CCCS facility), there is an administrator who is generally the point of contact for receipt of the same.

The PA opens an investigation regarding the same. To the best of my knowledge, no such allegations have been received at BPRC/WTC during the last 12 months.

The PA asserts when the facility receives an allegation from another facility or agency regarding an incident of sexual abuse/harassment that allegedly occurred at BPRC/WTC, a full PREA investigation is initiated. There are no examples of such reports being received at BPRC/WTC during the last 12 months.

In view of the above, the auditor finds BPRC/WTC compliant with 115.263.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a first responder policy for allegations of sexual abuse. The PA further self reports agency policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and
If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in bullet 3 above.

The PA self reports one alleged incident of sexual abuse occurred at BPRC/WTC during the last 12 months. In view of the fact pattern associated with the sexual abuse incident, in question (staff-on-resident), the victim and the perpetrator were separated by virtue of the fact the employee was not allowed to return to work following the incident. The incident actually occurred at the resident's worksite and the same did not involve criminal activity. Accordingly, preservation of the worksite was not applicable. Similarly, collection of physical evidence was not applicable in this matter.

BPRC/WTC PREA Policy 15.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(a).

All 12 of the random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. It is noted ten of the 12 interviewees correctly recited all four first responder steps as defined at 115.264(a). The security and non-security staff first responders also correctly recited all four first responder steps as defined at 115.264(a).

The auditor's review of the BPRC/WTC Coordinated Response to PREA Incidents and MDOC Sexual Assault Response and Containment Checklist reveals the same contains the appropriate provision requirements.

Pursuant to the PAQ, the PA self reports agency policy requires that if the first responder is not a security staff member, that responder shall be required to:

Request that the alleged victim not take any actions that could destroy physical evidence; and
Notify security staff.

The PA further self reports that of the allegations of sexual abuse within the last 12 months, there was one time that a first responder was a non-security staff member. Upon the auditor's further review of the incident, in question, he finds that a security supervisor was the first staff member to respond.

BPRC/WTC PREA Policy 15.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(a)(1-10) addresses 115.264(b).

According to the CCCS PC, all staff (security and non-security) receive the same PREA training. Accordingly, all staff receive the same First Responder training.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.264.

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

BPRC/WTC PREA Policy 15.11 entitled Coordinated Response/First Response Duties, pages 1-9 addresses 115.265(a).

The auditor's review of the above policy reveals a detailed and understandable document available to all staff. Staff responsibilities are well scripted, by position, and easily implemented.

The Sexual Assault Initial Response and Containment List is an excellent tool to memorialize dates and times at which certain milestones were completed with respect to response to the sexual abuse allegation. Additionally, the Coordinated Response to PREA Incidents document serves as an excellent guideline for staff as they perform sexual abuse related duties.

According to the PA, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Specifically, individualized responsibilities are clearly scripted within the plan (policy).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.265.

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit.

While 115.266 is technically not applicable to BPRC/WTC, the facility is substantially compliant as there are no deviations from standard.

The Agency Head asserts CCCS has not entered into or renewed any collective bargaining agreements on behalf of the facility since the last PREA audit. Specifically, there is no union at BPRC/WTC.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.266.

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the PA, he is the designated retaliation monitor for staff victims at BPRC/WTC. Case managers and, in their absence, the BPRC/WTC PCM facilitate retaliation monitoring for potential or resident victims.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3 section II(J)(1) addresses 115.267(a).

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(2) addresses 115.267(b).

According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of residents and staff from retaliation for sexual abuse/harassment allegations, we allow staff and residents to move to another facility, change shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility. There are many facilities within the CCCS structure.

The PA was interviewed as the retaliation monitoring interviewee. In regard to the role the retaliation monitor interviewee plays in preventing retaliation against residents and staff who report sexual abuse/harassment or who cooperate with sexual abuse/harassment investigations, he asserts he directs commencement of retaliation monitoring, inclusive of implementation of the strategies as follows;

The PA directs initial contact with residents who report sexual abuse; He asserts that for allegations of sexual abuse/harassment of residents, the case manager meets bi-weekly with victims of sexual abuse or retaliation for 60 days and subsequently monthly or until the resident departs the facility.

With respect to residents, protective measures may include housing changes, placement of the resident near control centers for additional supervision and monitoring, employment of different programming schedules, control of transportation schedules to ensure separation of victim and retaliation perpetrator (if appropriate and the perpetrator has not yet been moved), recommend programs and services for the victim, remove perpetrator(s) from the facility, and facilitate transfers of perpetrators (first and foremost) or removal of the victim from the facility if circumstances dictate.

In regard to staff victims, reassignment to a different CCCS facility or change of shifts would be common protection strategies. The retaliation monitor may recommend the affected victim employee contacts the Employee Assistance Program (EAP). Finally, the retaliation monitor would facilitate check-ins with the staff member on a regular basis.

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PA self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation.

The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PA self reports retaliation has not occurred within the last 12 months.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J) (3)(a-c) addresses 115.267(c).

As mentioned in the narrative for 115.267(b), the PA was also interviewed as designated staff member charged with monitoring retaliation. He asserts retaliation monitors look for the following with respect to possible retaliation against residents:

- Resident isolation;
- Association with individuals with whom they normally do not associate;
- Change in their normal daily routine;
- Decrease in hygiene standards; and
- Missing work/groups/appointments.

In regard to staff, he looks for:

- Increase in call-offs;
- Change in routine;
- Increase in staff requests for shift change;
- Decompensation in hygiene standards;
- Decreased performance; and
- Missing work.

Retaliation monitoring continues for 90 days or until termination by him. The PA directs extension of retaliation beyond 90 days, if appropriate.

The auditor's review of a 2020 sexual abuse investigation reveals requisite retaliation monitoring was completed. Although a finding with respect to another 2020 sexual abuse investigation is not documented, the auditor finds the same to be unfounded. Specifically, the two primary witnesses recanted their allegations and in consideration of the totality of available evidence, there is no evidence substantiating an incident of sexual abuse. With respect to one 2021 sexual abuse investigation, one retaliation monitoring meeting was facilitated as the victim was scheduled for release in the near future. Pursuant to review of the PREA Incident Follow-up Form dated September 22, 2021, the victim was

being released from the facility on September 28, 2021. The same has been validated by the CCCS PC and accordingly, additional retaliation meetings were not required.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 5, section II(B) (3)(a) addresses 115.267(d).

As reflected in the narrative for 115.267(b), contact is made with resident victims on a bi-weekly basis by case managers.

The relevant policy citation is reflected in the narrative for 115.267(a).

The auditor finds if any other individual who cooperates with an investigation expresses fear of retaliation, he/she is monitored in the same manner as reflected throughout 115.267.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.267.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

- When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if

an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.221(a.) Yes No NA

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 1, section I addresses 115.271(a).

The investigative staff interviewee asserts investigations are generally initiated immediately upon notification. He generally reports to the facility during non-regular business hours for both sexual harassment and sexual abuse allegations.

Anonymous and third-party reports of sexual abuse/harassment are handled the same as any other reported allegation of the same.

Pursuant to review of three investigations conducted during the last 12 months, the auditor finds the same to have been initiated in a timely, thorough, and objective manner.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 1, section II(A) addresses 115.271(b).

The auditor's review of the National Institute of Corrections (NIC) Certificate for the cos the CCCS PC (PREA investigators, BPRC/WTC PCM, and BPRC/WTC PA reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting. Staff Development and Training Record forms are addressed in the narrative for 115.234. Of note, the CCCS PC and the BPRC/WTC cos are the two PREA investigators at BPRC/WTC.

As reflected in the narrative for 115.234, the administrative and criminal investigative interviewees assert they did receive training specific to conducting sexual abuse investigations in confinement settings. The administrative investigative interviewee completed the on-line National Institute of Corrections (NIC) training which is specifically tailored to conducting sexual abuse investigations in confinement settings. This course was four hours in duration. The interviewee also reports he also completed the next level course.

The criminal investigative interviewees assert they completed Academy training, workshops, and conferences, respectively.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 3, section II(G)(3) addresses 115.271(c).

The investigative staff interviewee asserts an investigative outline of tasks is as follows:

Review first responder duties (15 minutes);
Check victim/perpetrator separation status (five minutes);
Interview staff witnesses based on reports (15 minutes per witness);

Establish timeline (30 minutes);
Threshold interview of victim (15 minutes);
If resident witnesses are identified by either staff or the victim, interview them (15 minutes per witness);
Review cameras (15 minutes to two hours);
Review victim and perpetrator files (one hour);
Review logs and documentation to assess staff actions (30 minutes to one hour);
Re-interviews, if necessary (victim definitely-0 to 30 minutes per interviewee); and
Write report (one to two hours).

The criminal investigative interviewees assert their investigations would look the same as above with the exception of time frames as follows:

Threshold questioning of the victim (one hour);
Witness interviews (15-30 minutes);
Review victim and perpetrator files (five to six hours); and
Write report (two hours plus).

In addition to the above, the investigative process includes assessment of victim/witness/perpetrator credibility, the integrity of the evidence, and writing the administrative report. In regard to direct and circumstantial evidence, the administrative investigative staff interviewee would be responsible for collecting video footage, crime scene photographs, written reports, interview notes, and file materials. He does not collect direct evidence. The criminal investigative interviewees assert they are responsible for collection of clothing, sheets, DNA, forensic interview coordination in terms of evidence collection and processing, any relevant papers, etc. or evidence that may be used to substantiate a finding.

In regard to direct and circumstantial evidence the investigative staff interviewee would be responsible for collecting, he asserts he would ensure the crime scene is secured and supervised pending the arrival of investigators, if criminal. He would personally secure checklists, logs, video footage, written reports, interview notes, and file material.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 2, section II(C) addresses 115.271(d).

The administrative investigative interviewee asserts when it is determined a prosecutable crime may have taken place, he does not consult with prosecutors before conducting compelled interviews. Specifically, the matter falls under the purview of BSB LEA. The aforementioned policy clearly reflects BPRC/WTC staff do not conduct compelled interviews.

The criminal investigative interviewees assert they do not need county attorney approval to facilitate compelled interviews.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 3, section II(G)(4) addresses 115.271(e).

The administrative and criminal investigative interviewees assert all evidence is credible until proven otherwise. The administrative investigative interviewee does thoroughly research resident and investigative files in an attempt to establish or discredit history of credibility. Inconsistencies in multiple statements and in comparison to developed evidence/facts are a substantial consideration when assessing credibility. Both the administrative and criminal investigative interviewees further assert that under no circumstances would a resident who alleges sexual abuse, be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 1, section II(A)(1)(i) and page 2, section II(A)(1)(ii) address 115.271(f).

The administrative investigative interviewee asserts he makes efforts to determine whether staff actions or failures to act contributed to the sexual abuse incident. Specifically, he analyzes staff statements against

known evidence at the time. Then, he assesses their actions against the Code of Conduct and policy to determine if they acted within the scope of their employment.

The interviewee asserts he documents administrative investigations in written reports pursuant to the following format:

Executive Digest, inclusive of timeline;
Interview Results;
Circumstantial evidence;
Evidence credibility results;
Conclusion(s); and
Recommendation(s).

The administrative and criminal investigative interviewees assert criminal investigations are documented. The administrative investigative interviewee imagines the report essentially mirrors the administrative investigation report. Additionally, a physical evidence assessment is included. The criminal investigative interviewees assert recommendations are not included in the criminal report.

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During this audit period, zero investigations were referred for prosecution. Referral of case(s) for prosecution falls under the parameters of BSB LEA.

According to the administrative investigative interviewee, he assesses known facts and if they point to a criminal act, he reports the same to BSB LEA for potential referral for criminal prosecution. The criminal investigative interviewee asserts that all PREA-related cases are referred to the county attorney for prosecution consideration.

Pursuant to the PAQ, the PA self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse/harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 4, section II(H) addresses 115.271(i).

The auditor has discovered no violations of either standard or policy with respect to 115.271(i).

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 1, section I addresses 115.271(j).

The administrative and criminal investigative staff interviewees assert they continue with the investigation when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. Similarly, they continue the investigation when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

According to the PA, the CCCS PC maintains contact with BSB LEA investigators either pursuant to personal or email contact. The PCM asserts the CCCS PC or BPRC/WTC PA maintain contact and follow-up with BSB LEA investigators either telephonically or via email. The administrative investigative staff interviewee asserts he serves as a facilitator or liaison with outside agencies conducting sexual abuse investigations at BPRC/WTC. He provides support to criminal investigators, following up on informational needs and coordinating meetings, assisting with further evidence collection as dictated by the BSB LEA investigator.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.271.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Director self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 4, section II(I) addresses 115.272(a).

According to the administrative investigative interviewee, "preponderance of evidence" is the standard required for substantiation of an allegation in an administrative investigation. Preponderance is best described as 51%. In other words, it is more likely, than not, that the incident occurred.

The criminal investigative interviewee states the criminal standard is "beyond a reasonable doubt." The same may best be described as the totality of evidence exceeds 75%.

The auditor's review of 2020 and 2021 investigations reveals compliance with both policy and standard in regard to the standard of evidence.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.272(a).

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency

in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) Yes No NA

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PA self reports one criminal and/or administrative investigation of sexual abuse was conducted at BPRC/WTC during the last 12 months. Of note, the employee, who was the subject of that investigation, was terminated from employment based on sexual harassment. The auditor finds that technically, the fact pattern of the incident is descriptive of sexual abuse.

However, the auditor's review of investigations reveals three sexual abuse allegations, inclusive of the matter addressed in the preceding paragraph, were administratively investigated during the last 12 months and requisite 115.273 notifications were issued to the victims.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 4, section II(J)(1) addresses 115.273(a).

The PA asserts the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The CCCS PC or cos generally makes the notification.

The investigative staff interviewee asserts he or the CCCS PC generally makes requisite notifications to the victim of an alleged sexual abuse investigative outcome.

The auditor's review of three 2020 and 2021 sexual abuse investigations reveals three of the three applicable victim residents were notified of the outcome of the investigation as prescribed in 115.273(a).

Pursuant to the PAQ, the PA self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PA further self reports zero criminal investigations have been completed by BSB LEA during the last 24 months.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 4, section II(J)(2) addresses 115.273(b).

Pursuant to the PAQ, the PA self reports that following a resident's allegation a staff member has committed sexual abuse against the resident, the facility subsequently informs the resident (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the resident's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

As previously addressed in the narrative for 115.273(a), one substantiated sexual abuse investigation of an incident involving a staff member within the last 24 months, has been concluded. However, there is no evidence validating provision of a 115.273(c) notification to the same resident. Accordingly, the auditor finds BPRC/WTC non-compliant with 115.273(c).

In view of the above, the auditor imposes a 180-day corrective action period wherein BPRC/WTC staff will demonstrate institutionalization of and compliance with 115.273(c) requirements at BPRC/WTC. The corrective action completion date is June 27, 2022.

To demonstrate institutionalization and compliance, the PCM will provide training to all stakeholders (e.g. PA and cos) regarding the nuances of 115.273(c) requirements. A copy of the training plan will be provided to the auditor, as well as, documentation substantiating respective attendee's completion of the training.

Additionally, the auditor recommends that the CCCS PC amend the current 115.273(a) form to include 115.273(c) and (d) notifications. The amended form should capture verbiage reflected in both 115.273(c) and (d) with space to check the relevant components provided to the victim. If this option is selected, the auditor recommends that the CCCS PC provide to the auditor a copy of the amended document for inclusion in the audit file.

Between the date of issuance of this interim report and the corrective action completion date, the PCM will provide to the auditor copies of all substantiated and unsubstantiated staff-on-resident sexual abuse investigation(s) and accompanying 115.273(a) and (c) resident notifications. The auditor will subsequently make a determination as to standard provision compliance.

March 6, 2022 Update:

Given the fact that zero staff-on-resident sexual abuse allegedly occurred since the interim report was issued, the auditor and the CCCS PC agreed to facilitation of a mock exercise. A mock investigation was developed and a revised 115.273(c) notification was included in the mock scenario packet.

The CCCS PC used this mock scenario to train the BPRC/WTC PA, PCM, and cos regarding the nuances of 115.273(c). The auditor's review of the entire packet, inclusive of the revised notification reveals compliance with 115.273(c) and accordingly, the auditor finds BPRC/WTC compliant with the standard.

Of note, the CCCS PC asserts zero sexual abuse/harassment allegations have been received since the last day of the on-site audit.

BPRC/WTC PREA Policy 15.10 entitled Investigations, pages 4 and 5, sections II(K)(1-4) addresses 115.273(c).

Pursuant to the PAQ, the PA self reports following a resident's allegation he or she has been sexually abused by another resident at BPRC/WTC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 5, section II(L)(1 and 2) addresses 115.273(d).

The auditor notes there were no such substantiated incidents wherein either indictments or convictions for resident sexual abuse occurred at BPRC/WTC during the audit period.

Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented. Notifications in accordance with 115.273(e) are discussed above in the narratives for 115.273(a and c).

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 5, section II(M) addresses 115.273(e).
In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.273.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H) addresses 115.276(a).

Pursuant to the PAQ, the PA self reports in the last 12 months, one facility staff member is alleged to have violated agency sexual abuse or sexual harassment policies. The PA further self reports this individual's employment was terminated.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(1) addresses 115.276(b).

The auditor's review of PAQ information confirms one termination from employment during the last 12 months, for staff engaging in sexual abuse/harassment. The termination actually addresses, as one charge, termination as the result of staff sexual harassment. By PREA definition, the auditor finds the behavior more indicative of sexual abuse.

Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(2) addresses 115.276(c).

Pursuant to the PAQ, the PA self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports during the last 12 months, one facility staff has been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies. The auditor's review of an email to BSB LEA dated September 22, 2021 reveals substantial compliance with 115.276(d).

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(3) addresses 115.276(d).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.276.

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. According to the PA, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(1) addresses 115.277(a).

Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(2) addresses 115.277(b).

In response to any violation of agency sexual abuse/harassment policies by a contractor or volunteer, the PA asserts that contact between the contractor/volunteer is disallowed. The contractor/volunteer is removed from the facility, minimally, pending the findings of an investigation.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The PA also self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the last 12 months, there were zero administrative and/or criminal findings of resident-on-resident sexual abuse that occurred at the facility.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) addresses 115.278(a).

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) (1-3) addresses 115.278(b).

According to the PA, the sanction for residents following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse is termination from the BPRC/WTC program and movement to a higher security level facility pursuant to agreement with MDOC or local law enforcement. Of note, MDOC staff conduct all such hearings and as such, they assess mental disability or mental illness when determining sanctions. The action(s) taken by MDOC staff constitute revocation or sanction.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, pages 2 and 3, section II(D)(1) addresses 115.278(c).

Pursuant to the PAQ, the PA self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. In view of the above, facility staff consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(D) (2 and 3) addresses 115.278(d).

According to the mental health interviewee, BPRC/WTC does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse. The facility does consider whether to offer these services to offending residents in the event of a sexual abuse scenario. Should these services be offered pursuant to such circumstances, a resident's participation is not required as a condition of access to programming or other benefits.

Pursuant to the PAQ, the PA self reports the agency disciplines residents for sexual conduct with staff only upon a finding that the staff member did not consent to such contact.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(G) addresses 115.278(e).

Of note, the PA self reports zero residents were disciplined for sexual contact with staff who did not consent to such contact, during the audit period.

Pursuant to the PAQ, the PA self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(E) addresses 115.278(f).

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between residents. The PA further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(F) addresses 115.278(g).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

BPRC/WTC PREA Policy 15.5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(a).

The medical and mental health staff interviewees assert resident victims of sexual abuse receive immediate, timely, and unimpeded access to medical treatment and crisis intervention services. Additionally, the nature and scope of services are determined according to the practitioner's professional judgment.

The auditor's review of the Sexual Assault Initial Response and Containment Checklist captures various threshold events and questions related to a sexual abuse incident and Start/Completion Times, as well as, space for staff initials.

The auditor's review of one applicable sexual abuse investigation conducted during the last 12 months, reveals mental health treatment was offered to the resident and she refused the same.

An analysis of security staff and non-security staff first responders statements regarding first responder duties is captured in the narratives for 115.221(a) and 115.264(a).

Documentation reflective of notification to medical and mental health practitioners is addressed in the narrative for 115.264.

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

The auditor's review of completed documents as described in the narratives for 115.282(a) and 115.264/115.265 above, reveals substantial compliance with 115.282(c).

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(4) addresses 115.282(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. SAFE/SANes provide information at the designated hospital and medical staff at BPRC/WTC provide some information in follow-up to the SANes.

The auditor notes the previously mentioned MOU with St. James Hospital addresses the requirements of 115.282(c). These issues are addressed as part of the SAFE/SANE examination.

Of note, none of the sexual abuse allegations received during the last 12 months presented a fact pattern warranting a forensic examination.

Pursuant to the PAQ, the PA self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(c)(3) addresses 115.282(d).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.282.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X Yes No NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X Yes No NA

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(1) addresses 115.283(a).

A detailed discussion regarding incidents occurring at BPRC/WTC is captured in the narrative for 115.282(a).

In addition to the above, pursuant to the auditor's review of evidence associated with an alleged sexual abuse incident that occurred at another CCCS facility but was reported by the victim to BPRC/WTC staff during his 115.241 victimization/abusiveness assessment, it has been determined that 115.283(a) ramifications are present. The MH staff member met with the alleged victim subsequent to referral by the BPRC/WTC PCM. Based on evidence review, the meeting occurred within 14 days of the conduct of the 115.241 assessment.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(a).

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(1) addresses 115.283(b).

The medical staff interviewee asserts she offers emotional support and a clothed inspection for bleeding and bruising. Vitals could be taken, dependent upon the outcome of the clothed inspection. Medical documentation is completed with times and dates. Treatment is documented in the notes.

The mental health staff interviewee asserts her initial steps include a suicide assessment. She also calms the victim pursuant to implementation of verbal deescalation.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(2) addresses 115.283(c).

The medical and mental health interviewees assert medical and mental health services are offered consistent with the community standard of care.

Pursuant to the PAQ, the PA self reports female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.283(d).

The auditor notes the previously mentioned MOU with St. James Hospital addresses the requirements of 115.283(d). These issues are addressed as part of the SAFE/SANE examination. The SAFE/SANE interview is captured in the narrative for 115.221(c).

A detailed discussion regarding incidents occurring at BPRC/WTC is captured in the narrative for 115.282(a). None of the 2020 and 2021 alleged incidents involved vaginal penetration.

Pursuant to the PAQ, the PA self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.283(e).

The medical staff interviewee asserts if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. The same are provided in accordance with the forensic examination. Follow-up is subsequently provided at the facility. A discussion regarding the same is captured in the narrative for 115.221(c).

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(4) addresses 115.283(f).

Pursuant to the PAQ, the PA self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(1-4) addresses 115.283(g).

Pursuant to the auditor's review of investigations facilitated throughout the audit period, he finds no evidence validating that any victim was removed from the facility to a local hospital for a forensic examination, etc.

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(5) addresses 115.283(h).

The mental health staff interviewee asserts she conducts a mental health evaluation of all known resident-on-resident abusers and offers treatment, if appropriate. She further asserts that each resident is administered a mental health evaluation within seven days of arrival at the facility.

According to the BPRC/WTC PCM, no resident-on-resident sexual abusers have been confined at BPRC/WTC during the last 36 months.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, one criminal or administrative sexual abuse investigation was facilitated at BPRC/WTC.

The auditor's review of PAQ information reveals three sexual abuse/harassment investigations were conducted during the last 12 months.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(a) addresses 115.286(a). The auditor notes this policy includes the conduct of Sexual Abuse Response Team (SART) reviews for both sexual abuse and sexual harassment allegations. This exceeds standard requirements as SART reviews apply only to sexual abuse incidents pursuant to 115.286. Accordingly, the auditor finds BPRC/WTC exceeds standard expectations.

The auditor's review of two SART reports reveals both reviews were conducted in a timely and substantive manner while one case was determined to be unfounded. Accordingly, two cases are applicable to 115.286. All SART teams were comprised of the requisite members as identified in policy. The reviews were comprehensive in terms of the requisite considerations.

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the last 12 months, three criminal or administrative sexual abuse or sexual harassment investigations were facilitated at BPRC/WTC. A discussion regarding SART reviews is articulated in the narrative for 115.286(a).

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.286(b).

Pursuant to the PAQ, the PA self reports the SART includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(c) addresses 115.286(c).

The PA asserts the facility has a sexual abuse incident review team (SART). He further asserts the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical/mental health practitioners. Specifically, the PA, cos, nurses, mh, CCCS PC, PCM, and Treatment Supervisor may comprise the team at any given time.

Pursuant to the PAQ, the PA self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PC.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(d) addresses 115.286(d).

The PA asserts the SART team uses the review to assess the staffing plan, what may need to be fixed, training needs, staffing needs, communication needs, and camera needs. The review is used to enhance anything PREA.

The review team considers the following:

Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification/ status/or perceived status, gang affiliation, or motivated/caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess physical barriers in the area that may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts; and

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts the facility conducts SART reviews and a report of findings from the reviews, including any determinations regarding the issues noted in the PA's statement/any recommendations for improvement, are noted in the same. She writes the reports and no trends have been noted. When recommendations are noted in the report, she follows through on the same with implementation and if the same cannot be accommodated, rationale is documented.

The PA's response above addresses the questions required in the Incident Review Team Questionnaire.

Pursuant to the PAQ, the PA self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(e) addresses 115.286(e).

The auditor's review of corrective action implemented as the result of previously mentioned SARTs reveals substantial compliance with 115.286.

In view of the above, the auditor finds BPRC/WTC exceeds expectations with respect to 115.286.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PA further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-k) addresses 115.287(a)/(c).

The auditor's review of PREA Data 2019, 2020, and 2021 spread sheets reveals substantial compliance with 115.87(a)/(c).

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)addresses 115.287(b).

Pursuant to the PAQ, the PA self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(3) addresses 115.287(d).

The auditor has learned neither CCCS nor BPRC/WTC contracts with any other private facilities for the confinement of any offenders designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) not applicable to BPRC/WTC.

Pursuant to the PAQ, the PA self reports upon request, the agency provided the Department of Justice with data from the previous calendar year.

The auditor's review of the 2020 SSV appears to correlate with the sexual abuse investigations conducted during 2020.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.287.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

The auditor's review of the 2018, 2019, and 2020 BPRC/WTC Annual Reports and CCCS Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the reports are approved by the Agency Head, and the same are posted on the CCCS website. The reports reveal no redactions pursuant to 115.288(d).

The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.

The PCM asserts the agency compiles an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. Compilation of the annual report now lies with the PA.

Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Pursuant to the PAQ, the PA self reports the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor notes the aforementioned annual reports are published on the BPRC/WTC website.

The Agency Head asserts he approves annual reports written pursuant to 115.288.

Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further asserts the agency indicates the nature of material redacted.

The PCM asserts personal identifiers are typically redacted from the annual report. Information that constitutes a threat to the security and good order of the facility may also be redacted. The CCCS PC handles any annual report redactions.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.288.

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregate data are securely retained.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(1) addresses 115.289(a). This policy stipulates data is maintained either with the PA or BPRC/WTC PCM.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Facility staff electronically send reports, inclusive of SART reviews and other related documentation, to the CCCS PC. He stores information electronically on a password protected computer system. Hard copies of documentation are locked in the PCM's locked office.

Pursuant to the PAQ, the PA self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, be made readily available to the public, at least annually, through its website.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(2) addresses 115.289(b).

Pursuant to the auditor's review of the BPRC/WTC website, all relevant statistics captured on the SSVs are posted on the same.

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(3) addresses 115.289(c).

The auditor did not observe any personal identifiers in the statistics reflected on the website.

Pursuant to the PAQ, the PA self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(4) addresses 115.289(d).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) X Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No X NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No X NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? X Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Facility staff were very attentive to the auditor's needs with respect to the totality of the audit process. Information was provided in a timely manner, etc. Staff and resident interviews were coordinated to ensure the auditor was able to facilitate all interviews in an efficient manner, aside from any exceptions noted.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

None

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

K. E. Arnold

March 11, 2022

Auditor Signature

Date

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

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report, V7
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