

PREA Facility Audit Report: Final

Name of Facility: Butte Pre-Release Center

Facility Type: Community Confinement

Date Interim Report Submitted: 02/09/2025

Date Final Report Submitted: 04/25/2025

Auditor Certification

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.



I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.



Auditor Full Name as Signed: Kenneth E. Arnold

Date of Signature: 04/25/2025

AUDITOR INFORMATION

Auditor name: Arnold, Kenneth

Email: kenarnold220@gmail.com

Start Date of On-Site Audit: 11/15/2024

End Date of On-Site Audit: 11/16/2024

FACILITY INFORMATION

Facility name: Butte Pre-Release Center

Facility physical address: 62 West Broadway Street, Butte, Montana - 59701

Facility mailing address: 471 East Mercury , Butte, Montana - 59701

Primary Contact

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

| Facility Director | |
|--------------------------|-----------------------|
| Name: | Travis Hettick |
| Email Address: | thettick@cccscorp.com |
| Telephone Number: | 406-496-5072 |

| Facility PREA Compliance Manager | |
|----------------------------------|--|
| Name: | |
| Email Address: | |
| Telephone Number: | |

| Facility Characteristics | |
|--|---------------------------------|
| Designed facility capacity: | 220 |
| Current population of facility: | 201 |
| Average daily population for the past 12 months: | 191 |
| Has the facility been over capacity at any point in the past 12 months? | No |
| What is the facility's population designation? | Both womens/girls and mens/boys |
| In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For | |

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| definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5 | |
| Age range of population: | 27 (18-72) |
| Facility security levels/resident custody levels: | Community Based/Open/Minimum |
| Number of staff currently employed at the facility who may have contact with residents: | 69 |
| 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: | 0 |

| AGENCY INFORMATION | |
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| Name of agency: | Community, Counseling, and Correctional Services, Inc. |
| Governing authority or parent agency (if applicable): | |
| Physical Address: | 471 East Mercury Street, Butte, Montana - 59701 |
| Mailing Address: | 471 E Mercury Street, Butte, Montana - 59701 |
| Telephone number: | 4067820417 |

| Agency Chief Executive Officer Information: | |
|--|------------------------|
| Name: | Mike Thatcher |
| Email Address: | mthatcher@cccscorp.com |
| Telephone Number: | 406-782-0417 |

| Agency-Wide PREA Coordinator Information |
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|--------------|-------------|-----------------------|--------------------|
| Name: | Marwan Saba | Email Address: | msaba@cccscorp.com |
|--------------|-------------|-----------------------|--------------------|

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of Standards met, and the number and list of Standards not met.

Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:

4

- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.273 - Reporting to residents
- 115.286 - Sexual abuse incident reviews

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

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|---|------------|
| 1. Start date of the onsite portion of the audit: | 2024-11-15 |
| 2. End date of the onsite portion of the audit: | 2024-11-16 |

Outreach

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| 10. 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? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| a. Identify the community-based organization(s) or victim advocates with whom you communicated: | Director at Safe Space. Safe Space is engaged in an MOU with BPRC/ WTC to provide post incident victim advocacy (VA) services. The Director related that she has been at Safe Space for approximately three years and contact has been made cumulatively on two occasions within that period of time between BPRC/WTC, CCP-E, and START. Specifically, contact is minimal. |

AUDITED FACILITY INFORMATION

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| 14. Designated facility capacity: | 220 |
| 15. Average daily population for the past 12 months: | 191 |
| 16. Number of inmate/resident/detainee housing units: | 4 |

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| 17. Does the facility ever hold youthful inmates or youthful/juvenile detainees? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility) |
| Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit | |
| Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit | |
| 18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit: | 199 |
| 19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit: | 0 |
| 20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit: | 4 |
| 21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit: | 0 |

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| 23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit: | 0 |
| 24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit: | 10 |
| 25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit: | 0 |
| 26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit: | 0 |
| 27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit: | 3 |
| 28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit: | 0 |
| 29. 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): | None. |

Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

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| 30. 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: | 69 |
| 31. 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 |
| 32. 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: | 1 |
| 33. 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: | None. |

INTERVIEWS**Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

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| 34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed: | 9 |
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| <p>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p> | <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p> |
| <p>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p> | <p>Residents interviewed represented each of the housing units.</p> |
| <p>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p> | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| <p>38. 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):</p> | <p>None.</p> |
| <p>Targeted Inmate/Resident/Detainee Interviews</p> | |
| <p>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p> | <p>12</p> |

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. 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. If a particular targeted population is not applicable in the audited facility, enter "0".

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| 40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| 40. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div data-bbox="815 936 1469 1099"> <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. </div> <div data-bbox="815 1144 1469 1227"> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 40. 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). | Throughout the facility tour and random staff and resident interviews, the auditor was unable to identify any physically disabled residents. Furthermore, the auditor did not identify this category of residents on any rosters reviewed. |
| 41. 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: | 4 |

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| 42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol: | 0 |
| 42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 42. 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). | Throughout the facility tour and random staff and resident interviews, the auditor was unable to identify any blind or low vision residents. Furthermore, the auditor did not identify this category of residents on any rosters reviewed. |
| 43. 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: | 0 |
| 43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 43. 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). | Throughout the facility tour and random staff and resident interviews, the auditor was unable to identify any deaf or hard-of-hearing residents. Furthermore, the auditor did not identify this category of residents on any rosters reviewed. |

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| 44. 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: | 0 |
| 44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 44. 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>Throughout the facility tour and random staff and resident interviews, the auditor was unable to identify any LEP residents. Furthermore, the auditor did not identify this category of residents on any rosters reviewed.</p> |
| 45. 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: | 4 |
| 46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol: | 0 |
| 46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |

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| 46. 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>Pursuant to random interviews with staff, the auditor was unable to identify any transgender residents housed at BPRC/WTC.</p> |
| 47. 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>0</p> |
| 47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <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> |
| 47. 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>The auditor notes that zero sexual abuse investigations were completed during the last 12 months. Furthermore, the auditor did not learn of any such allegations pursuant to staff and resident interviews.</p> |
| 48. 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>4</p> |

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| 49. 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 Allege to have Suffered Sexual Abuse)" protocol: | 0 |
| 49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category: | <div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div> |
| 49. 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). | There is no segregation unit at BPRC/WTC. Additionally, the auditor did not learn of confinement of residents in segregated housing pursuant to staff and resident interviews. |
| 50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews): | None. |
| Staff, Volunteer, and Contractor Interviews | |
| Random Staff Interviews | |
| 51. Enter the total number of RANDOM STAFF who were interviewed: | 12 |

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| 52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply) | <input type="checkbox"/> Length of tenure in the facility <input type="checkbox"/> Shift assignment <input type="checkbox"/> Work assignment <input type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None |
| If "Other," describe: | Gender and ethnicity. Both male and female residents are housed at BPRC/WTC and accordingly, female gender presence is essential. |
| 53. Were you able to conduct the minimum number of RANDOM STAFF interviews? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation): | None. |
| 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 information would satisfy multiple specialized staff interview requirements. | |
| 55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors): | 13 |
| 56. Were you able to interview the Agency Head? | <input type="radio"/> Yes <input checked="" type="radio"/> No |

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| 56. Explain why it was not possible to interview the Agency Head: | <p>The auditor has facilitated PREA audits for CCCS throughout the last nine years. He has interviewed the Agency Head on prior occasion(s) and the CCCS PC asserts that the Agency Head responses are still accurate.</p> |
| 57. Were you able to interview the Warden/Facility Director/Superintendent or their designee? | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> |
| 58. Were you able to interview the PREA Coordinator? | <p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> |
| 58. Explain why it was not possible to interview the PREA Coordinator: | <p>The auditor has facilitated PREA audits for CCCS throughout the last nine years. He has interviewed the CCCS PC on prior occasion(s) and the he asserts that his responses are still accurate.</p> |
| 59. Were you able to interview the PREA Compliance Manager? | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p> |

60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)

- ☐ Agency contract administrator
- ☐ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment
- ☐ Line staff who supervise youthful inmates (if applicable)
- ☐ Education and program staff who work with youthful inmates (if applicable)
- ☒ Medical staff
- ☒ Mental health staff
- ☒ Non-medical staff involved in cross-gender strip or visual searches
- ☒ Administrative (human resources) staff
- ☐ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff
- ☒ Investigative staff responsible for conducting administrative investigations
- ☐ Investigative staff responsible for conducting criminal investigations
- ☒ Staff who perform screening for risk of victimization and abusiveness
- ☐ Staff who supervise inmates in segregated housing/residents in isolation
- ☒ Staff on the sexual abuse incident review team
- ☒ Designated staff member charged with monitoring retaliation
- ☒ First responders, both security and non-security staff
- ☒ Intake staff

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| | <input type="checkbox"/> Other |
| 61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility? | <input type="radio"/> Yes <input checked="" type="radio"/> No |
| 62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility? | <input checked="" type="radio"/> Yes <input type="radio"/> No |
| 62. Enter the total number of CONTRACTORS who were interviewed: | 1 |
| 62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply) | <input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other |
| 63. Provide any additional comments regarding selecting or interviewing specialized staff. | Neither the criminal investigative interviewee nor the SANE interviewee responded to the auditor's telephone calls and voice mail. Accordingly, those interviews could not be conducted. |

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: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

64. Did you have access to all areas of the facility?

☒ Yes

☐ No

Was the site review an active, inquiring process that included the following:

65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?

☒ Yes

☐ No

66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?

☒ Yes

☐ No

67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?

☒ Yes

☐ No

68. Informal conversations with staff during the site review (encouraged, not required)?

☒ Yes

☐ No

| | |
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| 69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations). | None. |
| 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. | |
| 70. 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="radio"/> Yes <input type="radio"/> No |
| 71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.). | Staff Human Resources (HR) Files- 12 Staff Training Files- 15 Resident Files- 12 Investigative- 0 |
| 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. | |

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

| | # of sexual abuse allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|--------------------------------------|-------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

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

| | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|---|------------------------------------|------------------------------|------------------------------------|---|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

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.

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual abuse | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 0 |

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.

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

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

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

| | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|---|---------|-----------|-----------------|---------------|
| Inmate-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Staff-on-inmate sexual harassment | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 0 | 00 |

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

78. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:

0

78. Explain why you were unable to review any sexual abuse investigation files:

Zero Sexual abuse allegations brought forward during the last 12 months.

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| 79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files) |
| Inmate-on-inmate sexual abuse investigation files | |
| 80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| 82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| Staff-on-inmate sexual abuse investigation files | |
| 83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled: | 0 |
| 84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |

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|---|---|
| 85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files) |
| Sexual Harassment Investigation Files Selected for Review | |
| 86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 86. Explain why you were unable to review any sexual harassment investigation files: | Zero Sexual harassment allegations brought forward during the last 12 months. |
| 87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files) |
| Inmate-on-inmate sexual harassment investigation files | |
| 88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

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| 90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| Staff-on-inmate sexual harassment investigation files | |
| 91. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled: | 0 |
| 92. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 93. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations? | <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files) |
| 94. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. | None. |

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

95. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? 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.

☐ Yes

☒ No

Non-certified Support Staff

96. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? 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.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

97. Who paid you to conduct this audit?

☒ The audited facility or its parent agency

☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

☐ A third-party auditing entity (e.g., accreditation body, consulting firm)

☐ Other

| Standards | |
|--|--|
| Auditor Overall Determination Definitions | |
| <ul style="list-style-type: none"> Exceeds Standard (Substantially exceeds requirement of standard) Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period) Does Not Meet Standard (requires corrective actions) | |
| Auditor Discussion Instructions | |
| <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p> | |

| 115.211 | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator |
|---------|--|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.211(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/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/harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse/harassment and sanctions for those found to have participated in such prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of residents.</p> <p>Butte Pre-Release Center (BPRC) PREA General Requirements Policy 15-1, pages 1-9 addresses 115.211(a).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.211(a).</p> |

115.211(b)

Pursuant to the PAQ, the PA self reports the agency employs or designates an upper level, agency-wide PREA Coordinator, Community Counseling and Correctional Services 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 and the auditor verified the same pursuant to review of the CCCS, Inc. Organizational Chart.

Pursuant to the CCCS Organizational Chart, the CCCS PC reports to the Director of Development, Administration, and Contract Management who reports directly to the Chief Executive Officer (CEO). As the Director of Development, Administration, and Contract Management position is vacant at this time, the CCCS PC reports directly to the CCCS Chief Executive Officer (CEO). Clearly, the CCCS PC has sufficient access to upper corporate management to address "all things PREA".

The PA also self reports that the PREA Manager (PM) is assigned to address PREA matters at BPRC/Women's Transitional Center (WTC). The auditor's review of the BPRC/WTC Organizational Chart reveals the BPRC/WTC PM is in the facility's organizational structure, reporting directly to the PA.

Butte Pre-Release Center (BPRC) PREA General Requirements Policy 15-1, page 6, section IV(A)(1) addresses 115.211(b).

According to the CCCS PC, he has sufficient time to manage all of his PREA-related duties. He oversees seven facilities with collateral compliance manager duties. Seven PMs and one compliance/PREA specialist report to him and facilitate PREA related duties at the respective facilities.

As the CCCS PC, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of the Staffing Plan is a critical step when confronted with any PREA issue, as well as, review of camera needs and placements.

The BPRC/WTC PM asserts that as PM, PREA is her primary obligation and she employs management by wandering around (MBWA) on a daily basis (routine and unannounced rounds). She makes unannounced sexual safety rounds during non-regular business hours at unscheduled times. During all such random rounds, she assesses camera and signage placements, staff supervision practices, client locations, etc. The PM asserts she is involved in "all things PREA". She provides PREA training to both staff and residents and she facilitates all victimization/aggressor reassessments as well as quality control regarding all initial assessments.

The PM asserts that she works with the PA regarding any proposed changes to policy and/or the BPRC/WTC PREA Handbook. If training enhancements are required, she ensures the PA and CCCS PC are in the loop. If staffing increases are

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| | <p>necessary for consideration based on Sexual Abuse Response Team (SART) reviews, recommendations are submitted through the PA to the CCCS Director of Treatment Services to the CCCS PC to the CCCS CEO. Minor monetary expenditures are approved through the PA. On a daily basis, she ensures the PA is briefed regarding any PREA matters. Similarly, she briefs Corporate PREA staff to ensure "all stakeholders are in the loop." Pursuant to MBWA, she ensures she maintains a pulse regarding PREA issues and/or potential PREA issues.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.211(b).</p> <p>Based on the lack of findings, the auditor finds that BPRC/WTC substantially compliant with 115.211.</p> |
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| 115.212 | Contracting with other entities for the confinement of residents |
|----------------|---|
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.212(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract with another agency for confinement of BPRC/WTC residents since the last PREA audit. Accordingly, it has been determined 115.212(a) and (b) are not applicable to BPRC/WTC.</p> <p>In view of the above, the auditor finds 115.212(a) not applicable to BPRC/WTC.</p> <p>115.212(b)</p> <p>Pursuant to the PAQ, the PA self reports since August 20, 2012, the agency has not entered into any contracts with a private agency or other entity that failed to comply with PREA standards.</p> <p>In view of the above, the auditor finds that 115.212(b) is not applicable to BPRC/WTC.</p> <p>Absent any evidence of failure with respect to the requirements of this standard, the auditor finds BPRC/WTC substantially compliant with 115.212.</p> |

| 115.213 | Supervision and monitoring |
|---------|--|
| | <p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 342 437 376">115.213(a)</p> <p data-bbox="280 409 1465 611">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 191 and the average daily number of residents on which the staffing plan is predicated is 191.</p> <p data-bbox="280 656 1394 723">BPRC Policy 15-1 entitled PREA General Requirements, page 7, section IV(B)(5) addresses 115.213(a).</p> <p data-bbox="280 768 1481 1048">The auditor's review of the 2022, 2023, and 2024 BPRC/WTC Staffing Plans reveals the facility meets standard expectations. Additionally, review of the aforementioned Annual Staffing Plans reveals all four of the requisite community confinement facility issues are considered during development and documentation of the staffing plan. The staffing plan is extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services as an absolute last resort.</p> <p data-bbox="280 1093 1469 1249">The PA asserts the facility does have a staffing plan and the plan is adequate to protect residents against sexual abuse. Effective and strategic assignment of staff minimizes the impact of blind spots, etc. Video monitoring is considered in the plan and the same may be addressed pursuant to SART reviews.</p> <p data-bbox="280 1294 1469 1485">Thirty-seven cameras are strategically placed throughout the facility and exterior of the building. Since the last PREA audit, two cameras have been added in the Food Service basement and the auditor observed the same during the facility tour. The cameras were reportedly added as the result of a sexual abuse incident during 2023. Bulk dry storage is maintained in the Food Service basement.</p> <p data-bbox="280 1529 1469 1686">Fifty total behavioral technicians (BTs), case managers (CMs- six on the Men's Floor and four on the Women's Floor) manage the facility form a line staff perspective. Eight facility checks and additional random walk throughs are conducted on a daily basis. Of note, rooms are comprised of multiple bunks in each room.</p> <p data-bbox="280 1731 1461 1843">The staffing plan is documented and maintained by the PA, CCCS PC, PM, and chief of security (COS). These staff have individual access to the staffing plan through individual privileges on a server.</p> <p data-bbox="280 1888 1473 2000">Both the PA and the PM assert the following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:</p> <ol data-bbox="280 2045 1433 2078" style="list-style-type: none"> 1. The physical layout of the facility: Blind spots and areas of low visibility are the |

primary considerations in regard to staffing plan development. Locations of client and staff congregation, inclusive of rooms, areas, and offices, are additional considerations in the client sexual safety equation. Portal to portal (movement throughout the facility from entry to exit) camera coverage is ideal for both staff and residents. Two entrances, front and rear, are under camera surveillance. NOTE: The auditor's observations during the facility tour validated the PA's/PCM's assertions above. The facility is well monitored in terms of video surveillance.

2. The composition of the client population; Primarily Caucasian and Native American, a couple Hispanics and African Americans. Minimal, if any, gang affiliates. LGBTI population is low and a small elderly population is present. There are no issues.

3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; There has been one sexual abuse incident within the last 24 months.

4. Any other relevant factors; Staff are well trained regarding PREA issues.

The PA asserts the COS alerts him in terms of staffing vacancies on a daily basis. Supervisors alert the COS of such vacancies and the PA assesses on shift strength during MBWA rounds. In the event of a vacancy, a strategy is subsequently developed to cover the vacancy. At times, treatment staff, etc. are used to offset post vacancies during regular business hours and overtime may also be employed, dependent upon the circumstances. During non-regular business hours, administrative duty officers(ADOs) may provide supplementation coverage, as needed.

A Deviation Form is completed whenever a vacancy occurs, complete with rationale and strategy used to fill the same. NOTE: The auditor notes that there is no evidence of staffing plan deviation or noncompliance during the last 12 months.

During the facility tour and subsequent shifts, the auditor noted that a minimum of three to four staff (one of whom was female) were present at the facility. The same is consistent with the staffing plan and the contract with MDOC. Generally, a security lead or security supervisor is also on shift.

During the facility tour, the auditor learned that 37 cameras are monitored at BPRC/WTC. He reviewed camera angles and monitors at the monitoring location and found no conflicts with privacy or PREA concerns. Camera placements clearly capture sufficient live monitoring to ascertain facility activities. Additionally, the central location of the officer's desk allows for viewing the respective housing unit hallways. Accordingly, the auditor found no concerns with line of sight.

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

115.213(b)

Pursuant to the PAQ, the PA self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PA further self reports the six most common reasons for deviating from the staffing plan in the last 12 months are as follows: Staff sick call; staff vacations; transportation; lack of same sex staff; court; and Training.

BPRC Policy 15-1, page 7 section IV(A)(6) addresses 115.213(b).

The auditor's review of two random 2022, two random 2023, and three random 2024 CCCS BRPC/WTC Deviation Forms reveals substantial compliance with 115.213(b). Of note, the auditor finds there are no deviations from the staffing plan as essential positions are covered as articulated in the Annual Staffing Plan Reviews.

The PA asserts a Deviation Form is completed, signed, and dated by both the employee and chief of security (COS) whenever coverage must be established for an unfilled post. While there has been no vacated posts or deviations as noted above, the form tracks overtime, fill-ins, etc.

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

115.213(c)

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 PREA Policy 3-1, page 8, section IV(A)(7) addresses 115.213(c).

The 2024 staffing plan review reveals no disparity in terms of the four assessment areas addressed in the narrative for 115.213(a). The staffing plan review was facilitated on July 10, 2024 and minutes of the same are uploaded into OAS.

The PM asserts the staffing plan is reviewed at least once every year and she is part of the writing and review process. As mentioned in the preceding paragraph, the auditor's review of the 2024 staffing plan review reveals substantial compliance with 115.213(c). Specifically, all four considerations are clearly given weight on an annual basis.

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

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| | Given the lack of findings as articulated in the above narrative, the auditor finds BPRC/WTC substantially compliant with 115.213. |
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| 115.215 | Limits to cross-gender viewing and searches |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.215(a)</p> <p>Pursuant to the PAQ, the PA self reports facility staff do not conduct cross-gender strip or cross-gender visual body cavity searches of residents at BPRC/WTC. In the last 12 months, the PA self reports zero cross-gender strip or cross-gender visual body cavity searches of residents were facilitated by BPRC/WTC staff.</p> <p>BPRC PREA Policy 15-1, page 8, section IV(A)(8) addresses 115.215(a). This policy allows for cross-gender strip or cross-gender visual body cavity searches of residents pursuant to exigent circumstances. The auditor notes that exigent circumstances are defined within this policy.</p> <p>The non-medical staff involved in cross-gender strip or visual searches interviewee asserts that strip searches are conducted only if approved by the CCCS CEO. If staff reasonably suspect a client is trafficking a weapon in his/her rectum, then a cross-gender strip or visual search can be requested if no same sex staff are available.</p> <p>The auditor's review of the Exigent Circumstances Logs validated the PA's statement above regarding the frequency of such searches. The auditor's on-site review of the same log during the facility tour validated the findings articulated in the preceding sentence(s). The auditor's examination of the urinalysis room substantiates the fact that cross-gender strip or visual searches can be conducted in private. While camera coverage covers entrance and egress to and from the room, there is no camera located inside the same.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.215(a).</p> <p>115.215(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility does house female residents. He further asserts cross-gender pat-down searches of female residents are not facilitated at BPRC/WTC 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.</p> |

In the last 12 months, zero cross-gender female pat-down searches were conducted by male staff.

BPRC PREA Policy 15-1, page 8, section IV(A)(9 and 10) addresses 115.215(b).

All 12 random staff interviewees state 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. All interviewees state female staff are always on shift or available pursuant to being called in/deployment of female staff from other job titles for searches. Additionally, alternative search procedures may be employed.

Two of the nine random resident interviewees are female. Both 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. Both interviewees state that female staff are always on shift.

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

115.215(c)

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 PREA Policy 15-1, page 8, section IV(A)(11) addresses 115.215(c).

As referenced in the narrative for 115.215(a), zero cross-gender visual or body cavity searches of residents were conducted during the last 12 months.

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

115.215(d)

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 unit.

BPRC PREA Policy 15-1, page 9, section IV(A)(12 and 13) addresses 115.215(d).

All nine random resident interviewees state that opposite gender staff announce their presence when entering housing areas. Additionally, residents are not naked, or in full view, of opposite gender staff (not including medical staff such as doctors or nurses) when showering, toileting, or changing clothes.

All 12 random staff interviewees state that staff announce their presence when entering a housing unit wherein residents of the opposite gender are housed. Additionally, residents are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour and throughout the onsite visit, the auditor observed both male and female staff clearly and audibly announce their presence when entering wings wherein opposite gender residents are housed, stating, "Male or Female on the floor" or some equivalent. Additionally, the auditor observed camera monitors, noting client privacy is maintained in accordance with 115.215(d).

The auditor also noted that based on the physical plant layout and barriers, compliance with 115.215(d) is maintained in bathroom/shower areas. The auditor found zero evidence of non-compliance based on mirror angles and proximity to bathroom doors when residents are changing clothes. Toilets are shielded by metal stalls while showers are shielded by shower curtains in both the Men's and Women's Units.

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

115.215(e)

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 PREA Policy 15-1, page 8 and 9, section IV(A)(11)(a)(iii) addresses 115.215(e).

All 12 random staff interviewees state they are aware that staff are prohibited from searching or physically examining transgender/intersex residents for the sole purpose of determining the resident's genitalia.

The PM asserts that zero transgender/intersex residents were housed at BPRC/WTC during the onsite visit. Accordingly, such interview was not conducted.

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

115.215(f)

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| | <p>Pursuant to the PAQ, the PA self reports 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex residents in a professional and respectful manner, consistent with security needs.</p> <p>BPRC PREA Policy 15-1, page 9, section IV(A)(14)(a) addresses 115.215(f).</p> <p>The auditor's onsite random review of 13 of 15 2024 Staff Development & Training Record Forms [covering 2024 PREA Annual Refresher Training (ART)] reveals staff completed and understand Gender Responsive Strategies/LGBTI training. This training was provided to staff representing several different institutional disciplines, inclusive of security.</p> <p>The auditor's review of the aforementioned files reveals all affected staff completed and understand Cross Gender and Transgender/Intersex resident pat search techniques, pursuant to annual in-service (PREA ART) training. The auditor is satisfied this practice is institutionalized at BPRC/WTC.</p> <p>The auditor's review of the National PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches and accompanying CCCS Power Point reveals substantial compliance with 115.215(f).</p> <p>All 12 random staff interviewees state they received training on how to conduct cross-gender pat down and searches of transgender/intersex residents in a professional and respectful manner. Generally, training was presented in a combination of video, Power Point, discussion, and/or demonstration formats. They received this training during either Pre-Service, PREA ART, or separate training.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.215(f).</p> <p>Given the lack of findings regarding the above 115.215 narratives, the auditor finds BPRC/WTC substantially compliant with 115.215.</p> |
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| 115.216 | Residents with disabilities and residents who are limited English proficient |
|----------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.216(a)</p> <p>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</p> |

harassment.

BPRC PREA Policy 15-3 entitled Intake Screening, page 2, section II(A)(2) addresses 115.216(a).

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2022 between CCCS and a special education teacher with the Butte Public School System reveals substantial compliance with 115.216(a). This MOU addresses those residents who may be low functioning or somewhat cognitively impaired.

The auditor's review of the large print CCCS PREA Handbook provides assistance to those residents with low vision.

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 four residents with disabilities (cognitively impaired and mental health disabilities) interviewee state the facility provides information about sexual abuse/harassment they are able to understand. Posters are adequately posted, enabling them to easily read the same. Additionally, written materials are adequate for their reference. This is commensurate with the auditor's observations.

According to two random resident interviewees selected by the auditor during the facility tour, PREA information is readily available and presented in understandable formats.

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

115.216(b)

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide residents with limited English proficiency 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 PREA Policy 15-3 entitled Intake Screening, page 3, section II(A)(3) addresses 115.216(b).

The auditor's review of the contract between CCCS and LanguageLink Interpreter Services for provision of services to non-English speaking residents reveals substantial compliance with 115.216(b). Services for 240-plus languages are

provided pursuant to this service.

The PM asserts zero LEP residents were housed at BPRC/WTC during the onsite visit. Accordingly, such interview could not be conducted.

The auditor's review of five completed 2024 Staff Training Record Forms reveals that staff from different disciplines completed LanguageLink training regarding the mechanics of the system.

At approximately 1:50 PM on February 9, 2025, the auditor facilitated a test of the LanguageLink Interpreter Services Line from his office telephone. He entered the 1-800 access number and the account number for CCCS. The contact call was then routed to a language menu and the auditor terminated the call. The auditor determined that the test was successful at that time.

As reflected throughout this report, the auditor did test both the Boyd Andrews Community Services and Safe Space Hotlines, using a facility telephone, during the onsite visit. Facility telephone(s) were functional during those tests.

The auditor's review of the CCCS and LanguageLink contract reveals that CCCS is assessed a \$50.00 monthly charge for provision of the translation/interpretation services articulated above. This fee is assessed in view of the minimal usage of the service. In addition to the aforementioned charge, translation/interpretation service calls are assessed at the rate of \$1.45 per minute (domestic) and \$3.25 per minute (international).

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

115.216(c)

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 wherein 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 PREA Policy 15-3 entitled Intake Screening, page 3, section II(A)(4) addresses 115.216(c).

All 12 random staff interviewees state the agency does allow the use of resident

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| | <p>interpreters, readers, and assistants to assist disabled residents or LEP residents when making an allegation of sexual abuse/harassment. The 12 interviewees cited a delay in obtaining an effective interpreter could either compromise the resident's safety leading to a possible life or death situation, impeding the investigation of the resident's allegations, or cause loss of evidence. All 12 interviewees assert, to the best of their knowledge, that during the last 12 months, resident interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/harassment.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.216(c).</p> <p>Given the lack of findings as articulated in the above narratives, the auditor finds BPRC/WTC substantially compliant with 115.216.</p> |
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| 115.217 | Hiring and promotion decisions |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.217(a)</p> <p>Pursuant to the PAQ, the PA self reports 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:</p> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;</p> <p>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</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.</p> <p>CCCS Policy 1.3.1.12, pages 1 and 2, section IV(B)(1-3) addresses 115.217(a).</p> <p>The auditor's on-site review of six of seven random staff files reveals substantial compliance with 115.217(a). In the remaining five cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle. The questions articulated in 115.217(a) were not asked with responses documented by the three promoted staff. One of the applicants failed to complete, in entirety, to address the three questions. While a Duty to Disclose form was completed ten months following the promotion date, the same cannot compensate as evidence in view of the</p> |

incomplete application.

Given the issues with the aforementioned promotion files, the auditor finds BPRC/WTC non-compliant with 115.217(a). Accordingly, the auditor imposes a 180-day corrective action period wherein the PC will provide training to affected HR staff, the Director of BPRC/WTC, and the PCM regarding the nuances of 115.217(a), especially pertinent to promotions. The corrective action due date is June 30, 2025.

To demonstrate compliance with and institutionalization of 115.217(a), especially pertinent to promotions, the PC will provide training to affected HR staff, the Director of BPRC/WTC, and the PCM regarding the nuances of 115.217(a). Specifically, as a promotion application is not required for promotions, it is the auditor's understanding that a new Duty to Disclose form is executed. If such is the case, the PC will ensure that the training syllabus contains direction to that effect.

The PC will upload a copy of the training plan or syllabus into OAS, as well as, evidence that the above stakeholders completed the training. Additionally, the PC will provide the auditor a list or roster of staff hired and promoted between the date of this interim report and June 30, 2025 and the auditor will randomly select files for review to determine compliance or non-compliance with 115.217(a).

The CCCS PC asserts that the contract nurse practitioner's contract is open so an annual criminal background record check is not requested. He is required to be licensed through the Department of Labor and they complete his background check prior to renewal of his license. However, the auditor's review of a 10/20/2022 criminal background record check relative to the contract physician reveals no evidence of 115.217(a) or (b) violations.

The auditor's on-site review of four of four random staff files (hired during 2024) reveals substantial compliance with 115.217(a). In five additional cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle. The questions articulated at 115.217(a) were also asked with responses documented by the three promoted staff either prior to or during the year of promotion pursuant to Disclosure of PREA Employment Standards Violation forms.

The auditor's review of a Disclosure of PREA Employment Standards Violation form, signed and dated by the contract nurse practitioner on January 28, 2025, reveals substantial compliance with 115.217(a) and (b). Of note, the contractor commenced provision of services during 2006. The auditor's review of either criminal background record checks or five-year reinvestigations reveals non-existence of affirmative responses to the three questions articulated in 115.217(a) and/or the sexual harassment question articulated in 115.217(b).

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.217(a).

April 25, 2025 Update:

During the post audit follow-up, the auditor requested that CCCS staff provide the

2022 Disclosure of PREA Employment Standards Violation Forms for two of the three staff who were promoted during the audit period. These staff were both promoted on November 5, 2022 and they executed the PREA Employment Standards Violation Forms on November 18, 2022 and November 24, 2022. The third promotion became effective on January 16, 2024 and the employee signed and dated the PREA Employment Standards Violation Form on November 20, 2024 as part of the annual completion.

As mentioned throughout this 115.217 narrative, staff execute the Disclosure of PREA Employment Standards Violation Forms on an annual basis to address performance evaluation, as well as, promotions effected during the calendar year.

The auditor notes that since promotion applicants are generally in the continuous employ of BPRC/WTC prior to promotion dates, knowledge of 115.217(a) violations incurred prior to or after the promotion consideration would be widely known and accordingly, the auditor finds that this process satisfies the intent of 115.217(a).

In view of the above, the auditor determines that this finding was unwarranted and should not have been documented as non-compliant. Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.217(a).

115.217(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 notes that the Duty to Disclose form also includes the language of 115.217(b) as one of the questions however, the application for employment does not contain 115.217(b) language. Accordingly, the Duty to Disclose form must be administered, minimally, upon application. The auditor also notes that aside from the candidate's statement, there is no way to validate the same unless the candidate presents with prior institutional employment.

The auditor's review of a Disclosure of PREA Employment Standards Violation form, signed and dated by the contract nurse practitioner on January 28, 2025, reveals substantial compliance with 115.217(b). Of note, the contractor commenced provision of services during 2006. The auditor's review of either criminal background records checks or five-year reinvestigations reveals non-existence of affirmative responses to the 115.217(b) question.

The auditor's on-site review of six of seven random staff files reveals compliance with 115.217(b) as the Duty to Disclose form was completed, minimally, on the date

of hire and therefore, the 115.217(b) question was addressed. In the remaining five cases, staff were hired prior to the implementation of PREA standards or during the last PREA audit cycle. The question articulated in 115.217(b) was not asked with response documented by the three promoted staff. While a Duty to Disclose form was completed during 2024, the same cannot compensate as evidence.

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.217(b) and he imposes a 180-day corrective action period wherein the PC will demonstrate compliance with and institutionalization of 115.217 requirements. The corrective action due date is June 30, 2025.

To demonstrate compliance with and institutionalization of 115.217(b), especially pertinent to hiring and promotions, the PC will provide training to affected HR staff, the Director of BPRC/WTC, and the PCM regarding the nuances of 115.217(a).

Specifically, as a promotion application is not required for promotions and the application itself reflects no 115.217(b) language, it is the auditor's understanding that a Duty to Disclose form is executed with respect to hiring and promotions. If such is the case, the PC will ensure that the training syllabus contains direction to that effect.

The PC will upload a copy of the training plan or syllabus into OAS, as well as, evidence that the above stakeholders completed the training. Additionally, the PC will provide the auditor a list or roster of staff hired and promoted between the date of this interim report and June 30, 2025 and the auditor will randomly select files for review to determine compliance or non-compliance with 115.217(a). Subsequent to review of such files, the auditor will make a determination of compliance or non-compliance with respect to 115.217(b).

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.217(b).

April 25, 2025 Update:

During the post audit follow-up, the auditor requested that CCCS staff provide the 2022 Disclosure of PREA Employment Standards Violation Forms for two of the three staff who were promoted during the audit period. These staff were both promoted on November 5, 2022 and they executed the PREA Employment Standards Violation Forms on November 18, 2022 and November 24, 2022. The third promotion became effective on January 16, 2024 and the employee signed and dated the PREA Employment Standards Violation Form on November 20, 2024 as part of the annual completion.

As mentioned throughout this 115.217 narrative, staff execute the Disclosure of PREA Employment Standards Violation Forms on an annual basis to address performance evaluation, as well as, promotions effected during the calendar year. The auditor notes that since promotion applicants are generally in the continuous

employ of BPRC/WTC prior to promotion dates, knowledge of 115.217(a) violations incurred prior to or after the promotion consideration would be widely known and accordingly, the auditor finds that this process satisfies the intent of 115.217(a).

In view of the above, the auditor determines that this finding was unwarranted and should not have been documented as non-compliant. Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.217(b).

115.217(c)

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, 24 staff who may have contact with residents have had criminal background record checks.

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

The HR interviewee states 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 promotion. The PA notifies CCCS Human Resources and they request requisite background checks through the State of Montana. Corporate tracks five-year re-investigations. The same procedure applies to contractors who may have contact with residents.

Of the seven applicable random staff files (hired during this PREA audit cycle) reviewed by the auditor, none of the applicants documented a prior institutional employer.

Pursuant to the auditor's review of the HR files for the seven random staff hired during this audit period, criminal background record checks were completed prior to the date of hire in all seven cases. As previously indicated, the remaining five employees were hired either prior to the implementation of PREA standards or prior to/during the last PREA audit cycle.

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

115.217(d)

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, zero contracts for services where issued.

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

The CCCS PC asserts that the contract nurse practitioner's contract is open so an annual criminal background record check is not requested. He is required to be licensed through the Department of Labor and they complete his criminal background record check prior to renewal of his license. However, the auditor's review of a 10/20/2022 criminal background record check relative to the contract physician reveals no evidence of 115.217(a) or (b) violations.

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

115.217(e)

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) and National Lookup for Sexual Abuse Registry conducts criminal background record checks for current employees and contractors who may have contact with residents. HR staff utilize a spreadsheet to track due dates for employee 5-year reinvestigations. Additionally, initial requests for criminal background record checks are requested by CCCS HR Department staff.

The auditor notes 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 presents 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). Provision of the best practice is certainly advantageous to MDOC, as well as, BPRC/WTC.

The auditor's review of five (5) 5-year re-investigations applicable to random staff reveals compliance with 115.217(e). Of the 12 random HR files reviewed, these files were the only ones applicable to 115.217(e) requirements.

Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.217(e).

115.217(f)

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 generally asked pursuant to the application, during hiring and promotion interviews, and annually in conjunction with the performance review process. The Disclosure of PREA Employment Standards Violation form is signed and dated by all employees on an annual basis. This document includes the three questions referenced in the narrative for 115.217(a), as well as, sexual harassment [115.217(b)], an affirmative duty to report any such misconduct, and an admonition that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The employee must sign and date this document on an annual basis, as does a staff witness.

The auditor notes this form is completed during the application and hiring/ promotion interview phases of the employment process. As previously indicated in the narrative for 115.217(a), the auditor reviewed 12 random staff HR files to determine compliance with the totality of 115.217. All 12 files included the above properly executed form for calendar year 2024. With respect to the three promotion files applicable to staff promoted during this audit period, the Disclosure of PREA Employment Standards Violation form was not completed in conjunction with any of the promotion timelines.

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 misconduct.

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.217(f) in terms of facility protocol for administration of the Disclosure of PREA Employment Standards Violation form in conjunction with promotions. This document serves as

the requisite 115.217(f) inquiry with respect to promotion actions.

Given the issues with the aforementioned promotion files, the auditor finds BPRC/WTC non-compliant with 115.217(a). Accordingly, the auditor imposes a 180-day corrective action period wherein the PC will provide training to affected HR staff, the Director of BPRC/WTC, and the PCM regarding the nuances of 115.217(a). The corrective action due date is June 30, 2025.

To demonstrate compliance with and institutionalization of 115.217(a), especially pertinent to promotions, the PC will provide training to affected HR staff, the Director of BPRC/WTC, and the PCM regarding the nuances of 115.217(a).

Specifically, as a promotion application is not required for promotions, it is the auditor's understanding that a new Duty to Disclose form is executed. If such is the case, the PC will ensure that the training syllabus contains direction to that effect.

The PC will upload a copy of the training plan or syllabus into OAS, as well as, evidence that the above stakeholders completed the training. Additionally, the PC will provide the auditor a list or roster of staff hired and promoted between the date of this interim report and May 30, 2025 and the auditor will randomly select files for review to determine compliance or non-compliance with 115.217(f).

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.217(f).

April 25, 2025 Update:

During the post audit follow-up, the auditor requested that CCCS staff provide the 2022 Disclosure of PREA Employment Standards Violation Forms for two of the three staff who were promoted during the audit period. These staff were both promoted on November 5, 2022 and they executed the PREA Employment Standards Violation Forms on November 18, 2022 and November 24, 2022. The third promotion became effective on January 16, 2024 and the employee signed and dated the PREA Employment Standards Violation Form on November 20, 2024 as part of the annual completion.

As mentioned throughout this 115.217 narrative, staff execute the Disclosure of PREA Employment Standards Violation Forms on an annual basis to address performance evaluation, as well as, promotions effected during the calendar year.

The auditor notes that since promotion applicants are generally in the continuous employ of BPRC/WTC prior to promotion dates, knowledge of 115.217(a) violations incurred prior to or after the promotion consideration would be widely known and accordingly, the auditor finds that this process satisfies the intent of 115.217(f).

In view of the above, the auditor determines that this finding was unwarranted and should not have been documented as non-compliant. Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.217(f).

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| | <p>115.217(g)</p> <p>Pursuant to the PAQ, the PA self reports agency policy states material omissions regarding 115.217(a and b) misconduct, or the provision of materially false information, shall be grounds for termination.</p> <p>CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph g addresses 115.217(g).</p> <p>The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses the majority of 115.217, inclusive of 115.217(g). The auditor's random review of completed documents (relative to the randomly selected HR files referenced throughout the narrative for 115.217) validates substantial compliance with 115.217(g).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.217(g).</p> <p>115.217(h)</p> <p>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. The interviewee asserts such information has not been asked of her.</p> <p>CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph h addresses 115.217(h).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.217(h).</p> <p>Given the above, the auditor finds BPRC/WTC substantially compliant with 115.217.</p> |
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| 115.218 | Upgrades to facilities and technology |
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| | <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>115.218(a)</p> <p>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</p> |

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| | <p>PREA audit.</p> <p>BPRC Policy 15-8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).</p> <p>During the PA's interview, he stated the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>In view of the above, the auditor finds 115.218(a) not applicable to BPRC/WTC.</p> <p>115.218(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility has added cameras in the Kitchen/Dining Area.</p> <p>BPRC Policy 15-8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).</p> <p>***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.</p> <p>***Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.</p> <p>The PA asserts when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, he considers blind spots and sufficiency of video monitoring in high traffic areas. Currently, there are 37 cameras scattered throughout the facility with two cameras added in the Food Service basement as the result of a sexual abuse incident.</p> <p>Given the fact there are no deviations from either standard or policy, the auditor finds BPRC/WTC substantially compliant with 115.218.</p> |
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| 115.221 | Evidence protocol and forensic medical examinations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.221(a) |

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (inclusive of resident-on-resident sexual abuse or staff sexual misconduct). Criminal investigations are conducted by Butte-Silver Bow Law Enforcement Department (BSBLED) investigators. When conducting a sexual abuse investigation, CCCS investigators follow a uniform evidence protocol and BSBLED investigators adhere to their protocol(s).

BPRC PREA Policy 15-4 entitled Reporting, page 8, section II(e)(a and f) addresses 115.221(a). BSBLED investigators secure all crime scene physical evidence. Commensurate with 115.264(a), BPRC/WTC staff assist in the evidence preservation process pursuant to the protocol defined in the aforementioned standard provision.

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. As previously mentioned in the report narrative, zero first responders who reported a sexual abuse incident were interviewed, given the lack of incidents during the last 12 months.

Ten of 12 random staff interviewees properly assert their role in the uniform evidence protocol includes:

Separation of the victim and perpetrator;

Securing the crime scene;

Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.

BSBLED investigators facilitate criminal sexual abuse/sexual harassment investigations.

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

115.221(b)

Pursuant to the PAQ, the PA self reports zero youth are housed at BPRC/WTC and accordingly, 115.221(b) is not applicable to that extent. The PA further self reports the evidence preservation protocol was adapted from or is otherwise based on the most recent edition of the DOJ 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 a June 11, 2024 letter written by the Sheriff of BSBLED specifically addresses the tenets of 115.221(b). Pursuant to controlling policy and the findings noted throughout the narrative for 115.221, staff are clearly aware of investigative responsibilities.

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

115.221(c)

Pursuant to the PAQ, the Director self reports the facility offers 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 Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) and when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The auditor further self reports that zero forensic medical examinations were facilitated during the last 12 months.

In a May 22, 2024, the Director, ICU and Trauma Services outlines forensic medical examination services at St. James Hospital. As of the date of this writing, the auditor has not been able to contact her regarding interview specifics. Attempts to complete this SANE interview will continue throughout the corrective action period.

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

115.221(d)

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate (VA) 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 VA services pursuant to an MOU between CCCS and Safe Space dated March 9, 2024.

BPRC PREA Policy 15-4 entitled Reporting, page 8, section II(e)(d) addresses 115.221(d).

The auditor's review of the MOU between BPRC/WTC and Safe Space reveals substantial compliance with 115.221(d). The PM asserts there is an MOU between BPRC/WTC and Safe Space regarding provision of VAs for residents in need of the same. The PM asserts that Safe Space VAs complete the PREA Resource Center (PRC) VA training course prior to provision of services.

Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.221(d) and (h). Of note, the MOU, as referenced above, stipulates Safe Space VAs are properly trained.

The PM asserts that five SAFE SPACE VAs provide services pursuant to an MOU. Both SAFE SPACE and CCCS staff provide training to their staff regarding provisions

of trauma informed care within a confinement setting.

The PM asserts zero residents who reported a sexual abuse incident at BPRC/WTC were confined at the facility during the on-site visit. Additionally, the absence of resident sexual abuse victims is addressed above. Accordingly, such interview(s) could not be conducted.

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

115.221(e)

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

BPRC PREA Policy 15-4 entitled Reporting, page 9, section II(e)(e) addresses 115.221(e).

The PM asserts if requested by the victim, a VA, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interview(s). She states she is the in-house VA at BPRC/WTC and the facility is also engaged in an MOU with Safe Space. The PM asserts she is properly trained to provide VA services in her limited role.

The auditor's review of a Development and Training Record dated October 5, 2023 reveals that the PM completed an online VA Training course created by the PRC. Accordingly, she can accompany a resident victim during investigatory interviews.

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

115.221(f)

The CCCS PC facilitates administrative investigations at BPRC/WTC. BSBLED facilitates criminal investigations pursuant to a letter.

BPRC PREA Policy 15-4 entitled Reporting, page 9, section II(e)(g) addresses 115.221(f). The verbiage reflected in 115.221(f) is clearly articulated in the aforementioned letter from the Sheriff of BSBLED. The auditor' review of the letter confirms compliance with 115.221(f) in terms of the conduct of criminal investigations. The letter further expounds upon investigative protocols and the roles of both BPRC/WTC investigator(s) and BSBLED investigators. The auditor finds the cumulative approach compliant with 115.221(f).

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| | <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.221(f).</p> <p>115.221(h)</p> <p>For purposes of this provision, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.</p> <p>The PC asserts that he maintains contact with officials at Safe Space and that they maintain standards for victim advocates (VAs) who provide services to victims at BPRC/WTC. Specifically, the auditor's review of six PRC PREA Victim Services: A Trauma Informed Approach tests reveals that Safe Space staff have completed education germane to their function with a community confinement facility population. As mentioned throughout this report, Safe Space VAs provide 115.253 services to the resident population.</p> <p>On the other hand, the BPRC/WTC PM has completed the same training and she also would provide VA services during a forensic examination or investigatory interview. She is an experienced correctional worker whose empathy and communication skills were witnessed by this auditor throughout the onsite visit.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.221(h).</p> <p>Given the lack of adverse findings with respect to 115.221, the auditor finds BPRC/WTC substantially compliant.</p> |
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| 115.222 | Policies to ensure referrals of allegations for investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.222(a)</p> <p>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). During</p> |

the last 12 months, zero allegations of sexual abuse/harassment were received at BPRC/WTC.

BPRC 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/harassment. 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 Butte-Silver Bow County Law Enforcement Department (BSBLED) investigators, taking into account a higher standard of evidence and possible referral for prosecution.

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

115.222(b)

Pursuant to the PAQ, the PA self reports the agency has a policy requiring 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 PREA Policy 15-4 entitled Reporting, page 3, section II(a)(xv) addresses 115.222(b).

***The administrative investigative staff staff interviewee states agency policy requires 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. BSBLED investigators facilitate all criminal sexual abuse investigations at BPRC/ WTC. If the PC determines there may be criminal implications/overtone, he would refer the matter to BSBLED.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

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| | <p>The auditor's review of the BPRC/WTC/ADLC LE MOU that is posted on the website reveals substantial compliance with 115.222(b).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.222(b).</p> <p>115.222(c)</p> <p>The auditor's review of the CCCS website reveals the aforementioned MOU with BSBLED is available on the same. The auditor's review of the BSBLED MOU reveals substantial compliance with 115.222(c). Additionally, the aforementioned policy is clearly commensurate with the requirements of 115.222(c).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.222(c).</p> <p>Based on review of the above findings, the auditor finds BPRC/WTC substantially compliant with 115.222.</p> |
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| 115.231 | Employee training |
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| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.231(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with residents on:</p> <p>Its zero-tolerance policy for sexual abuse and sexual harassment;</p> <p>How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</p> <p>Resident's rights to be free from sexual abuse and sexual harassment;</p> <p>The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;</p> <p>The dynamics of sexual abuse and sexual harassment in confinement;</p> <p>The common reactions of sexual abuse and sexual harassment victims;</p> <p>How to detect and respond to signs of threatened and actual sexual abuse;</p> |

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 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 12 random staff interviewees assert they have received training regarding the aforementioned PREA topics during either Orientation training, or during PREA Annual Refresher Training (ART). Additionally, such training is received on a monthly basis pursuant to on-line training. The auditor notes BPRC/WTC staff receive a plethora of PREA training, piece-mealed by month throughout the calendar year.

The auditor's review of seven of eight Staff Development and Training Forms associated with staff hired since 2022 across all facility disciplines, reveals timely completion of PREA Orientation Training (training prior to contact with residents). The eighth staff member is part-time (student at Montana Tech) and he piece-mealed his initial training over the course of two months. He states that he completed his training prior to contact with residents.

Both the CCCS PC and BPRC/WTC PM assert that the PM provides initial PREA training to oncoming staff prior to contact with residents. All new employees then complete Corporate PREA training and the same is generally facilitated on a quarterly basis.

A plethora of different PREA classes, in-person and online, are provided to staff on an annual basis. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS facilities is enhanced.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.231(a).

115.231(b)

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

BPRC 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 the male and female resident populations at BPRC/WTC. All employees receive PREA training prior to assumption of duties with residents. The PA asserts that trainings are provided on a monthly basis and also include some form of staff self-directed training.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.231(b).

115.231(c)

All staff generally receive PREA orientation within two days of hire and PREA ART is conducted on an annual basis. The auditor notes BPRC/WTC exceeds standard expectations as 115.231(c) requires refresher training every two years, as opposed to, annually.

BPRC PREA Policy 15-6 entitled Training, page 2, section II(D) addresses 115.231(c).

According to the PA, PREA ART is facilitated on an annual basis, as well as, monthly refreshers. Given the fact that 115.231(c) requires refresher training on a bi-annual basis and the same is facilitated on an annual basis at BPRC/WTC, the auditor finds that BPRC/WTC exceeds standard provision expectations.

The auditor's review of 13 of 15 2024 Staff Development and Training Forms and individual staff training records reveals that staff representing various correctional disciplines completed PREA ART. The auditor's review reveals all participants sign the "I understand" caveat and date a training form each time they complete a course(s).

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

115.231(d)

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 PREA Policy 15-6 entitled Training, page 2, section II(E) addresses 115.231(d).

The auditor's review of 13 of 15 2024 Staff Development and Training Forms and individual staff training records reveals that staff representing various correctional disciplines completed PREA ART. The auditor's review reveals all participants sign the "I understand" caveat and date a training form each time they complete course(s). Additionally, such document(s) are signed and dated by the employee.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.231(d).

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| | <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.231(d).</p> <p>In view of the above, the auditor finds BPRC/WTC exceeds expectations with respect to 115.231.</p> |
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| 115.232 | Volunteer and contractor training |
| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.232(a)</p> <p>Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The PA further self reports one contractor has provided services at BPRC/WTC during the last 12 months and he has been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.</p> <p>BPRC PREA Policy 15-6 entitled Training, page 2, section II(F)(1-3) addresses 115.232(a).</p> <p>The auditor's review of the CCCS Volunteer and Contractor PREA training program reveals a comprehensive program similar to that provided to staff. The same is comprised of a Power Point presentation and video with significant discussion topics.</p> <p>***One contractor interviewee states he has been trained in his responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. The volunteer receives training on an annual basis.</p> <p>***The contractor's training was online and included a video and power point presentation. Training topics included the zero tolerance policy, reporting options, warning signs of sexual abuse, and effects of sexual abuse on the resident population.</p> <p>The auditor's review of one completed document entitled PREA Compliance Acknowledgment reveals one contractor executed the same. The document addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. The document also includes verbiage reflecting the individual's understanding of the material presented.</p> <p>The auditor reviewed a document entitled Staff Development and Training Record</p> |

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| | <p>Form dated August 12, 2024 which reflects that the contract nurse practitioner completed August, 2024 Annual PREA Training via self study. He clearly completed training during the last 12 months. The auditor notes that the contractor did sign and date this document, attesting to his understanding of the subject-matter covered.</p> <p>Given the fact 115.232 does not require the provision of annual PREA training to contractors and volunteers and the evidence previously cited, the auditor finds BPRC/WTC exceeds standard expectations with respect to 115.232.</p> <p>115.232(b)</p> <p>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 all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.</p> <p>BPRC PREA Policy 15-6 entitled Training, page 2, section II(G) addresses 115.232(b).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.232(b).</p> <p>115.232(c)</p> <p>Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>BPRC PREA Policy 15-6 entitled Training, page 2, section II(H) addresses 115.232(c).</p> <p>The auditor's review of one completed document entitled PREA Compliance Acknowledgment reveals one contractor executed the same. The document addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. The document also includes verbiage reflecting the individual's understanding of the material presented.</p> <p>Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.232(c).</p> <p>In view of the above, the auditor finds BPRC/WTC exceeds standard expectations with respect to 115.232.</p> |
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| 115.233 | Resident education |
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| | <div data-bbox="280 118 983 152" data-label="Section-Header"><p>Auditor Overall Determination: Meets Standard</p></div> <div data-bbox="280 197 564 230" data-label="Section-Header"><p>Auditor Discussion</p></div> <div data-bbox="280 275 438 309" data-label="Text"><p>115.233(a)</p></div> <div data-bbox="280 342 1461 672" data-label="Text"><p>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 412 BPRC/WTC residents were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the residents admitted to BPRC/WTC during the last 12 months.</p></div> <div data-bbox="280 705 1477 784" data-label="Text"><p>BPRC PREA Policy 15-3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(a)(i-iv) addresses 115.233(a).</p></div> <div data-bbox="280 817 1477 1146" data-label="Text"><p>The intake staff interviewee asserts she does provide residents with information about the zero-tolerance policy regarding sexual abuse/harassment of residents and how to report incidents or suspicions of sexual abuse/harassment. The BPRC/WTC PREA Handbook, PREA tri-fold pamphlet, and Emergency Grievance form are provided at intake as a means of educating residents regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p></div> <div data-bbox="280 1180 1469 1388" data-label="Text"><p>The interviewee states that she reads parts of the BPRC/WTC PREA Handbook to blind or cognitively impaired residents. She may also solicit assistance from mental health staff to interpret for cognitively impaired residents. With respect to LEP residents, the LanguageLink procedure is posted in the security office and she has been trained with respect to utilization of the same.</p></div> <div data-bbox="280 1422 1477 1668" data-label="Text"><p>All nine random resident interviewees assert they received information about the facility's rules against sexual abuse/harassment upon arrival at BPRC/WTC. Specifically, they received the BPRC/WTC PREA Handbook, PREA tri-fold pamphlet, Emergency Grievance form, and PREA video review. Of note, all interviewees stated they received written materials at intake and PREA video within the first week of arrival.</p></div> <div data-bbox="280 1702 1431 1780" data-label="Text"><p>All nine random resident interviewees state when they first arrived at the facility, they were told about:</p></div> <div data-bbox="280 1814 960 1852" data-label="Text"><p>Their right to not be sexually abused/harrassed;</p></div> <div data-bbox="280 1886 919 1924" data-label="Text"><p>How to report sexual abuse/harassment; and</p></div> <div data-bbox="280 1957 1270 1995" data-label="Text"><p>Their right not to be punished for reporting sexual abuse/harassment.</p></div> <div data-bbox="280 2029 1469 2067" data-label="Text"><p>The auditor's review of nine random 2023 and 2024 PAQ Receipts for the BPRC/WTC</p></div> |
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PREA Handbook for both male and female residents reveals substantial compliance with 115.233(a). The BPRC/WTC PREA Handbook was received on the date of arrival and review of the PREA video and additional instruction was provided within one to seven days of arrival at BPRC/WTC.

The auditor's on-site review of 12 random 2023 and 2024 resident files reveals timely and comprehensive provision of the BPRC/WTC PREA Handbook on the day of arrival and review of the PREA video and additional instruction within one to seven days of arrival at BPRC/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).

Given the above, the auditor is confident that 115.233(a) requirements are institutionalized and accordingly, the auditor finds BPRC/WTC substantially compliant with 115.233(a).

115.233(b)

Pursuant to the PAQ, the PA self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports 169 residents were transferred to BPRC/WTC from a different community confinement facility within the last 12 months.

BPRC PREA Policy 15-3 entitled Intake/Screening, page 2, section II(A)(1)(d) addresses 115.233(b).

The intake staff interviewee states residents are educated regarding their rights to be free from sexual abuse/harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents pursuant to provision of the BPRC/WTC PREA Handbook and PREA video. Generally, the interviewee states the client is alerted to the above at intake on the day of arrival at the facility. The PREA video review and additional instruction generally follows intake on the following day.

All nine random resident interviewees state they were transferred from either city or county jails, secure revocation center(s), or community confinement facilities. A discussion regarding time frames for presentation of these materials is clearly scripted in the narrative for 115.233(a).

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

115.213(c)

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 PREA Policy 15-3 entitled Intake/Screening, page 2, section II(A)(1)(b) addresses 115.233(c). Additionally, BPRC PREA Policy 15-3 entitled Intake/Screening, page 3, sections II(A)(3) addresses 115.233(c).

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2022 between CCCS and a special education teacher with the Butte Public School System reveals substantial compliance with 115.233(c). This MOU addresses those residents who may be low functioning or somewhat cognitively impaired.

The auditor's review of the large print CCCS PREA Handbook provides assistance to those residents with low vision.

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.

The four residents with disabilities (cognitively impaired and mental health disabilities) interviewees state the facility provides information about sexual abuse/harassment they are able to understand. Posters are adequately posted, enabling them to easily read the same. Additionally, written materials are adequate for their reference. This is commensurate with the auditor's observations.

Additionally, the PA asserts that closed captioning would be made available for those who are deaf or hard of hearing and they would be able to read printed materials. Staff will read materials to residents who are blind or visually impaired.

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

115.233(d)

Pursuant to the PAQ, the PA self reports the agency maintains documentation of resident participation in PREA education sessions.

BPRC PREA Policy 15-3 entitled Intake/Screening, page 2, section II(A)(1)(e-g) addresses 115.233(d).

The auditor's PAQ review of nine 2023 and 2024 Receipts of the BPRC/WTC PREA Handbook and Receipt of the BPRC/WTC Sexual Assault/Abuse Prevention and Intervention Overview for Offenders reveals substantial compliance with 115.233(d).

The auditor's on-site review of random resident files and documentation, as described in the narrative for 115.233(a), reveals substantial compliance with 115.233(d). Additionally, the auditor's on-site review of 12 random 2023 and 2024 resident files reveals timely and comprehensive provision of the BPRC/WTC PREA Handbook on the day of arrival and review of the PREA video and additional instruction within one to seven days of arrival at BPRC/WTC. Residents affix their signatures and dates on these documents.

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

115.233(e)

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 PREA Handbooks, or other written formats.

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

The auditor asserts during the pre-audit review, he noted that the BPRC/WTC PREA Handbook, posters hung in the Men's and Women's Units, and the Sexual Abuse Hotline Numbers posters did not include information regarding the BACS Hotline telephone number and address [applicable to 115.251(b)] and some information suggested that Safe Space [applicable to 115.253(a)] was a reporting source. The same was provided to the CCCS PC prior to the onsite visit and all documents were amended to reflect the appropriate information. During the facility walk through, the auditor inspected these documents and noted that corrective action had been completed and the correct information was reflected in each document.

Accordingly, the auditor finds BPRC/WTC substantially compliant with respect to resident educational materials.

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. Posters are positioned such that all residents can readily read the same. Posters are consistent with current procedures and documentation is written at a level appropriate for the population. This condition was observed during the facility tour.

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

Based on the findings reflected above, the auditor finds BPRC/WTC substantially compliant with 115.233.

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| 115.234 | Specialized training: Investigations |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.234(a)</p> <p>Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>BPRC PREA Policy 15-6 entitled Training, page 3, section II(J)(1) addresses 115.234(a).</p> <p>***The administrative investigative staff interviewee states he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line National Institute of Corrections (NIC) sponsored training (Basic), as well as, the advanced course. A description of the same is provided in the following paragraphs. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed and a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.</p> <p>The auditor's review of 2019 CCCS Certificate or the NIC Certificate for the CCCS PC and BPRC/WTC PM reveals completion of the 2019 courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting. Additionally, the auditor's review of the PA's June 7, 2016 NIC Certificate entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting, as well as, a Staff Development and Training Record dated September 20, 2024 validates the PA's completion of requisite investigative specialty training.</p> <p>The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.234(a).</p> <p>115.234(b)</p> <p>BPRC PREA Policy 15-6 entitled Training, page 3, section II(J)(1) addresses 115.234(b).</p> <p>The administrative investigative staff interviewee asserts the training he completed included the following topics:</p> <p>Techniques for interviewing sexual abuse victims;</p> |

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 cursory review of the NIC specialty training (Conducting Sexual Abuse Investigations in a Confinement Setting) lesson plan reveals the same is commensurate with the requirements of 115.234(b). Specifics regarding the training validation are addressed in the narrative for 115.234(a).

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

115.234(c)

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 two investigators have completed requisite training.

BPRC PREA Policy 15-6 entitled Training, page 3, section II(J)(2) addresses 115.234(c).

The auditor's review of 2019 CCCS Certificate or the National Institute of Corrections (NIC) Certificate for the CCCS PC and BPRC/WTC PM reveals completion of the 2019 courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting. Additionally, the auditor's review of the PA's June 7, 2016 NIC Certificate entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting, as well as, a Staff Development and Training Record dated September 20, 2024 validates the PA's completion of requisite investigative specialty training.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

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

Based on the findings noted above, the auditor finds BPRC/WTC substantially compliant with 115.234.

| 115.235 | Specialized training: Medical and mental health care |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.235(a)</p> <p>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 and have contact with residents. The PA further self reports that two medical and one mental health practitioner (100%) who work regularly at the facility completed the specialized training.</p> <p>BPRC PREA Policy 3.5 entitled Medical and Mental Health, page 3, section III(A)(1-4) addresses 115.235(a).</p> <p>The medical and mental health staff interviewees state they have completed a three to five hour on-line NIC course regarding provision of medical and mental health treatment of sexual abuse victims in a confinement setting. The same included the following topics:</p> <p>How to detect and assess signs of sexual abuse/harassment;</p> <p>How to preserve physical evidence of sexual abuse;</p> <p>How to respond effectively and professionally to victims of sexual abuse/harassment; and</p> <p>How and to whom to report allegations or suspicions of sexual abuse/harassment.</p> <p>The auditor's review of four Staff Development and Training Record Forms for the specialty course entitled PREA: Mental Health and Medical Care Standards for PREA reveals substantial compliance with 115.235(a). In addition to the above, the auditor notes the contract nurse practitioner has also completed the requisite course, as evidenced by his NIC Certificate dated April 23, 2016.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.235(a).</p> <p>115.235(b)</p> <p>Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations at BPRC/WTC. The auditor validated the same pursuant to interviews with medical/mental health staff.</p> <p>In view of the above, the auditor finds 115.235(b) not applicable to BPRC/WTC.</p> |

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| | <p>115.235(c)</p> <p>Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>BPRC PREA Policy 3.5 entitled Medical and Mental Health, page 3, section III(C) addresses 115.235(c).</p> <p>The auditor's review of four 2024 Staff Development and training Record Forms for the specialty course entitled PREA: Mental Health and Medical Care Standards for PREA reveals substantial compliance with 115.235(a). The auditor also reviewed the same evidence with respect to the mental health interviewee. In addition to the above, the auditor notes the contract nurse practitioner has also completed the requisite course, as evidenced by his NIC Certificate dated April 23, 2016.</p> <p>Of note, the auditor has been advised the contract nurse practitioner has been under contract at BPRC/WTC since 2006.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.235(c).</p> <p>115.235(d)</p> <p>***The auditor's on-site review of four 2024 medical/mental health staff training files reveals completion of annual PREA training, inclusive of the "What You Need to Know" video, among other topics minimally, in 2024. This is validated pursuant to review of the respective Staff Development and Training Record Forms. Additionally, the auditor's review of the mental health staff interviewee's training file reveals completion of the same</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.235(d).</p> <p>Based on the lack of adverse findings as noted above, the auditor finds BPRC/WTC substantially compliant with 115.235.</p> |
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| 115.241 | Screening for risk of victimization and abusiveness |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.241(a) |

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

BPRC PREA Policy 15-3 entitled Intake/Screening, pages 3 and 4, section II(B) addresses 115.241(a). This policy stipulates residents are screened pursuant to the BPRC/WTC assessment tool upon arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other residents or sexually abusive toward other residents.

Staff meets with the resident and completes the initial assessment within 24 hours of arrival. Housing and program assignments are made following the risk screening assessment on a case-by-case basis by the admission and intake staff, PM, and other appropriate staff.

The staff responsible for risk screening interviewee states 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.

Eight of nine random resident interviewees state that when they first came to the facility, they were asked the following questions:

Whether they had been in jail or prison before;

Whether they had ever been sexually abused;

Whether they identify as being gay, lesbian, or bisexual; and

Whether they think they might be in danger of sexual abuse at the facility.

Eight of nine random resident interviewees also state they were screened within 24 hours of arrival at the facility. This is consistent with the auditor's findings regarding timeliness as illustrated in 11 random resident initial assessments and six PAQ resident initial assessments.

The auditor's review of six 2023 and six 2024 initial assessments reveals the same were completed on the day of arrival.

The auditor's on-site review of 11 of 12 random resident files likewise reveals timely and comprehensive completion of the initial assessment within 24 hours of arrival.

Of note, all eighteen 30-day reassessments were completed within 30-days of arrival at BPRC/WTC.

The auditor notes that all initial assessments and reassessments are locked in lockable file cabinets maintained in the PM's locked office when she or co-workers are not occupants of the same.

Given the facts cited above, the auditor finds that 115.241 requirements are institutionalized at BPRC/WTC and accordingly, BPRC/WTC is substantially compliant with 115.241(a).

115.241(b)

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA further self reports that during the last 12 months, 412 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 PREA Policy 15-3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(b). This policy stipulates residents are screened pursuant to the BPRC/WTC assessment tool upon arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other residents or being sexually abusive toward other residents.

The staff responsible for risk screening interviewee states she generally screens residents for risk of sexual victimization or risk of sexually abusing other residents at intake, always within hours of arrival at the facility.

Eight of nine random resident interviewees state that when they first came to the facility, they were asked the following questions:

Whether they had been in jail or prison before;

Whether they had ever been sexually abused;

Whether they identify as being gay, lesbian, or bisexual; and

Whether they think they might be in danger of sexual abuse at the facility.

Eight of nine random resident interviewees also state they were screened within 24 hours of arrival at the facility. This is consistent with the auditor's findings regarding timeliness as illustrated in 11 random resident initial assessments reviewed onsite and six PAQ resident assessments.

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

115.241(c)

Pursuant to the PAQ, the PA self reports risk assessment is conducted using an objective screening instrument. Minimally, all nine 115.241(d), as well as, (e) issues are addressed in the screening tool and a numerical weighting system is attached to the questions and outcomes.

BPRC PREA Policy 15-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1)(a-j)

addresses 115.241(c).

The auditor finds the assessment instrument is objective. The auditor's review of the aforementioned Sexual Abuse Screening Tool reveals substantial compliance with 115.241(d). Specifically, the document addresses the following issues:

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

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

115.241(d)

BPRC PREA Policy 15-3 entitled Intake/Screening, pages 3 and 4, section II(B)(1)(a-j) addresses 115.241(d).

The staff responsible for risk screening interviewees states the initial and 30-day reassessment risk screenings consider:

History of sexual abuse;

History of sexual abuse in a confinement setting;

LGBTI self-identification or perception; and

History of predatory sexual abuse in a jail or prison setting.

In terms of the process for conducting initial screening, the resident is escorted to an office (located behind the security office) and screened behind closed doors. No other staff or residents are in the office during screening or in close proximity to the same. Questions are read to the resident and they respond accordingly with responses documented on the screening assessment by the screener. The initial screener does not review pre-arrival material however, the 30-day reassessment

screeners does review the pre-screening notes she has prepared.

In view of the above, the auditor strongly recommends that all initial screeners review available intake materials prior to the conduct of screening. Some materials will inevitably be available during the intake process. This will enhance the process and validation of the resident's responses.

The auditor finds BPRC/WTC substantially compliant with 115.241(d).

115.241(e)

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 PREA Policy 15-3 entitled Intake/Screening, page 4, section II(B)(2) addresses 115.241(e).

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

115.241(f)

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 further self reports that during the last 12 months, 405 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 threshold.

BPRC PREA Policy 15-3 entitled Intake/Screening, page 4, section II(B)(3) addresses 115.241(f).

As previously mentioned, a designated female staff member completes 30-day reassessments for residents at BPRC/WTC. The staff responsible for 30-day reassessments states that risk assessments are facilitated during the 28-30 day time frame subsequent to arrival. She accesses a spread sheet to track and ensure timely reassessments.

Seven of of nine random resident interviewees state they were reassessed within 30-days of arrival at BPRC/WTC. One interviewee did not know whether he was reassessed or an approximate time frame for reassessment and accordingly, the

auditor reviewed his file. His reassessment was completed in a timely manner.

Of note, the auditor's onsite review of all previously mentioned eighteen 30-day reassessments reveals the same were completed within 30-days of arrival at BPRC/WTC.

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

115.241(g)

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 PREA Policy 15-3 entitled Intake/Screening, pages 4 and 5, section II(B)(4) addresses 115.241(g).

The 30-day reassessment interviewee states the PM reassesses a resident's risk level 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 PM asserts zero incidents occurred within the last 12 months wherein a reassessment was warranted.

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

115.241(h)

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 PREA Policy 15-3 entitled Intake/Screening, page 5, section II(B)(6) addresses 115.241(h).

The auditor notes each resident is issued a Disclaimer which addresses failure to provide responses to the questions identified in 115.241(h). The document clearly

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| | <p>delineates that the resident will not be disciplined for failure or refusal to respond to the questions. Both the resident and a staff witness sign and date this document.</p> <p>The staff responsible for risk screening interviewee states that residents are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the following:</p> <p>Whether or not the resident has a mental, physical, or developmental disability;</p> <p>Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;</p> <p>Whether or not the resident has previously experienced sexual victimization; and</p> <p>The resident's own perception of vulnerability.</p> <p>Residents sign a Disclaimer which clearly scripts non-discipline as indicated.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.241(h).</p> <p>115.241(i)</p> <p>BPRC PREA Policy 15-3 entitled Intake/Screening, page 5, section II(B)(7) addresses 115.241(i).</p> <p>The PM asserts supervisors facilitate Initial PREA assessments and route the completed screening instrument to her. The PM maintains hard copies of the same in her locked cabinet in her locked office. Assessments may be shared with the PA, COS, and all supervisors on the Men's and Women's Units. Assessments are not maintained electronically.</p> <p>Auditor's Note: During the on-site audit, the auditor did validate storage practices as described by the PM. The staff responsible for risk screening interviewee states completed assessments are routed from the shift leads and shift supervisors to the PM. The instruments are placed in a locked file cabinet(s) in the PM's locked office.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.241(i).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.241.</p> |
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| 115.242 | Use of screening information |
| | Auditor Overall Determination: Meets Standard |

Auditor Discussion

115.242(a)

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 PREA Policy 15-3 entitled Intake/Screening, page 5, section II(B)(9)(b) addresses 115.242(a).

In response to how the facility uses information from risk screening during intake to keep residents from being sexually victimized or being sexually abusive, the PM asserts potential victims (PVs) and known victims (KVs) are geographically separated from potential aggressors (PAs) and known aggressors (KAs) by virtue of room assignment. Victims are not housed in the same room with Aggressors. Either classification may be housed with residents designated as Unrestricted.

The staff responsible for risk screening interviewee asserts the facility primarily uses information gleaned from the risk screening assessment to ensure safe housing and programming assignments. The same strategy articulated in the preceding paragraph is used to accomplish separation and therefore, facilitate resident safety. The screening tool generates a score and staff add the calculations, assigning a status. The tool is not keyed into a data base however, TOMS (resident management database) does reflect the assignment by resident.

The group responsible for housing assignments uses the TOMS roster to determine all resident classifications and therefore, safe housing can be effected. The auditor notes that programs/routines within the facility are monitored by staff. The TOMS roster is updated every time a new commitment is processed.

The auditor's cursory review of a few dates of TOMS housing documentation reveals substantial compliance with 115.242(a). In one case however, the auditor noted that a potential victim was housed with a potential aggressor and accordingly, he inquired regarding the situation. The PM asserts that the potential victim initially scored as unrestricted. Upon 30-day reassessment, she scored as a potential victim in view of a community sexual abuse which she was working through. Using discretion, the PM assigned potential victim status.

The potential aggressor was identified as such based on a violent offender registration. The violent offender registration was based on an assault incident.

Given the above, the PM discussed the matter with the potential victim and asked her if she would like a room change. The potential victim did state that she did not desire the same and accordingly, the housing assignment did not change.

Given the above circumstances, the auditor finds that the PM did exercise due diligence and given the fact pattern, the decision was reasonable.

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

115.242(b)

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

BPRC PREA Policy 15-3 entitled Intake/Screening, page 5, section II(B)(9)(c) addresses 115.242(b).

With the exception of the situation mentioned in the preceding section, the auditor's cursory review of housing documentation reveals substantial compliance with 115.242(a). The evidence reveals separation of those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

115.242(c)

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 PREA Policy 15-3 entitled Intake/Screening, pages 5 and 6, section II(B)(9)(d) addresses 115.242(c).

The PM asserts there are no designated wings or housing units for transgender/intersex residents. Transgender/intersex residents may be housed with residents bearing Unrestricted status or in single rooms. The resident's personal feelings regarding vulnerability are considered. The PM further asserts the resident's health and safety are primary considerations. Additionally, potential management and security problems are considered. Housing assignments are based on the most prudent sexual safety situation.

The PM asserts there are no transgender/intersex residents currently housed at BPRC/WTC. Accordingly, such interview(s) could not be conducted during the onsite audit.

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

115.242(d)

BPRC PREA Policy 15-3 entitled Intake/Screening, page 6, section II(9)(f) addresses 115.242(d).

The PM asserts transgender/intersex resident's own views with respect to personal sexual safety are given serious consideration in placement and programming assignments.

The staff responsible for risk screening interviewee confirms the PM's assertion with respect to the same subject-matter.

As mentioned in the preceding section, zero transgender/intersex residents were housed at BPRC/WTC during the onsite visit.

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

115.242(e)

BPRC PREA Policy 15-3 entitled Intake/Screening, page 6, section II(B)(i) addresses 115.242(e).

The PM asserts transgender/intersex residents are given the opportunity to shower separately from other residents, should they request the same. The shower on the 3rd Floor of the Men's Unit plus two showers in the office area can be used to accommodate 115.242(e) individual showering. With respect to the Women's Unit, showers are individual.

The staff responsible for risk screening interviewee states that the downstairs bathrooms and a staff bathroom (shower stall available) can be used in the Women's Unit.

The staff responsible for risk screening interviewees confirm the PM's assertion. The PM addresses such requests.

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

115.242(f)

BPRC PREA Policy 15-3 entitled Intake/Screening, page 6, section II(B)(j) addresses 115.242(f).

The PM 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 lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. LGBTI residents are not placed in a designated wing or housing area. The PM closely monitors the aforementioned TOMS housing spreadsheet, taking such housing into consideration.

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| | <p>The four bisexual resident interviewees state they have not been placed in a housing area only for gay, lesbian, bisexual, transgender, or intersex residents.</p> <p>The auditor's review of the previously mentioned TOMS housing spreadsheet reveals no deviation from the requirements of 115.242(f).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.242(f).</p> <p>Based on the lack of findings as noted throughout the narrative for 115.242, the auditor finds BPRC/WTC substantially compliant with 115.242.</p> |
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| 115.251 | Resident reporting |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.251(a)</p> <p>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:</p> <p>Sexual abuse or sexual harassment;</p> <p>Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and</p> <p>Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>BPRC PREA Policy 15-4 entitled Reporting, page 1, section II(a)(ii) addresses 115.251(a).</p> <p>The auditor's review of the BPRC/WTC PREA Handbook for Offenders reveals significant information regarding reporting options. Pages 4 and 5 of this resource clearly provide necessary information for residents to be educated regarding reporting options as required pursuant to 115.251.</p> <p>The auditor asserts during the pre-audit review, he noted that the BPRC/WTC PREA Handbook, posters hung in the Men's and Women's Units, and the Sexual Abuse Hotline Numbers poster did not include information regarding the BACS Hotline telephone number and address [applicable to 115.251(b)] and some information suggested that Safe Space [applicable to 115.253(a)] was a reporting source. The same was provided to the CCCS PC prior to the onsite visit and all documents were amended to reflect the appropriate information. During the facility walk through,</p> |

the auditor inspected these documents and noted that corrective action had been completed and the correct information was reflected in each document. Accordingly, the auditor finds BPRC/WTC substantially compliant with respect to resident educational materials.

All 12 random staff interviewees were able to identify at least two methods in which residents can privately report pursuant to 115.251(a). Methods of reporting include:

Verbal report to staff;

Third-party report;

Write a letter;

Hotline call to Boyd Andrews Community Services (BACS);

Emergency grievance;

Email to staff;

Telephone call to staff; and

Letter to MDOC.

All nine random resident interviewees were able to identify at least two methods of private reporting of incidents prescribed in 115.251(a). Methods of reporting articulated are as follows:

Verbal report to staff;

Call the BACS Hotline;

Write a letter; and

Dial 9-1-1.

The majority of the nine interviewees identified the BACS Hotline as the primary method of reporting sexual abuse/harassment to someone who doesn't work at the facility.

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

115.251(b)

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

The BPRC/WTC PREA Handbook for Offenders, page 4 addresses 115.251(b). The language articulated in this provision addresses third party reporting to the Boyd

Andrews Community Services (BACS) Hotline.

The PM self reports the facility provides residents the opportunity to report sexual abuse/ harassment to a public or private entity or office that is not part of the agency pursuant to placement of a Hotline call to BACS. All such calls are toll-free and none are monitored. The calls are not associated with identifying information related to the caller.

The interviewee notes that nearly 99% of residents have cell phones and as such, anonymity is available. Additionally, a direct dial staff telephone is available to residents, just outside the control center.

The BACS Hotline telephone number is posted near resident telephones and on bulletin boards. This procedure does enable receipt and immediate transmission of resident reports of sexual abuse/harassment to agency officials. The same is articulated in a Reciprocal MOU.

During the on-site audit, the auditor tested the BACS Hotline at 1:19PM on November 16, 2024 using the aforementioned telephone located outside the control center. Keying a pin number, etc. into the system was not required. The test call was successful as the PCM at BACS answered the same, as scripted in the aforementioned MOU. Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.251(b).

As previously indicated in the preceding section, all nine random resident interviewees were able to identify at least two methods of private reporting of sexual abuse/harassment incidents as prescribed in 115.251(a). Methods of reporting articulated are as follows:

Methods of reporting identified are:

Verbal report to staff;

Call the BACS Hotline;

Write a kite; and

Dial 9-1-1.

The majority of the nine interviewees identified the BACS Hotline as the primary method of reporting sexual abuse/harassment to someone who doesn't work at the facility.

All nine random resident interviewees state they can make a report without having to give their name.

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

115.251(c)

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 immediately document verbal reports.

CCCS PREA Policy 1.3.5.12, page 13, section IV(115.251)(c) addresses 115.251(c). It is noted that the requirement for staff to accept reports verbally, 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.

Eleven of 12 random staff interviewees state residents can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. They state they document any verbal reports immediately following receipt.

All nine random resident interviewees state reports of sexual abuse/harassment can be made both verbally and in writing. Seven of the nine interviewees state such reports can be made by a friend or relative so the resident does not have to be named.

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

115.251(d)

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. Staff can verbally, written, electronically, telephonically, via third party, or via mail, submit a report. Third party reporting forms are a means, as well. Staff are informed of reporting mechanisms during Pre-Service and In-Service training sessions.

BPRC PREA Policy 15-4 entitled Reporting, pages 1 and 2, section II(a)(iii and iv) addresses 115.251(d).

All 12 random staff interviewees were able to cite at least one method which staff can use to privately report sexual abuse/harassment of residents. Methods of reporting cited were:

Verbal report to supervisor behind closed door(s);

Submission of a written report;

Telephonic or email report to supervisor/PA/COS/PM;

Third party report;

Telephonic report to BACS; and/or

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| | <p>Telephonic report to MDOC.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.251(d).</p> <p>Given the information and evidence provided above, the auditor finds BPRC/WTC substantially compliant with 115.251.</p> |
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| 115.252 | Exhaustion of administrative remedies |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.252(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p>BPRC PREA Policy 15-4 entitled Reporting, pages 3-5, section II(a)(xvi)(1-6) addresses 115.252(a). Pages 5 and 6 of the BPRC/WTC PREA Handbook for Offenders, sections entitled Grievance Procedure and Emergency Grievances (EGs) addresses PREA grievances as well as, EGs.</p> <p>The PM advises that grievance boxes (pursuant to the amended grievance form, sexual abuse issues are defined as applicable) located in both the Men's and Women's Units are checked by the supervisors on each security shift. EGs are forwarded to the PM for follow-up.</p> <p>Of note, the auditor checked the EG boxes during the facility tour, found the same to be locked and secure, and learned how grievances are retrieved on a daily basis.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.252(a).</p> <p>115.252(b)</p> <p>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 relates 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.</p> <p>BPRC PREA Policy 15-4 entitled Reporting, page 3, section II(a)(xvi)(1-3) addresses 115.252(b). The BPRC/WTC PREA Handbook for Offenders, page 6, section entitled</p> |

Grievance Procedure 1(a-c) also addresses 115.252(b).

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

115.252(c)

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 PREA Policy 15-4 entitled Reporting, page 3, section II(a)(xvi)(3) addresses 115.252(c). BPRC/WTC PREA Handbook for Offenders, page 6, section entitled Grievance Procedure (2) addresses 115.252(c).

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

115.252(d)

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 is made within 90 days of the filing of the grievance. The PA further self reports zero grievances were filed within the last 12 months wherein sexual abuse was alleged. The PA further self reports the agency always notifies the resident, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

BPRC PREA Policy 15-4 entitled Reporting, pages 4 and 5, section II(a)(xvi)(6)(a-d) addresses 115.252(d). BPRC/WTC PREA Handbook for Offenders, pages 5 and 6, section entitled Grievance Procedure c(1-4) addresses 115.252(d).

As previously indicated, the PM self reports zero residents at BPRC/WTC reported a sexual abuse at the facility. Accordingly, an interview could not be conducted with a resident who reported a sexual abuse incident at BPRC/WTC during the last 12 months. Additionally, as mentioned throughout the report narrative, no such sexual abuse/harassment incidents have occurred at BPRC/WTC during the last 12 months, minimally.

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

115.252(e)

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 resident 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 residents declined third-party assistance, ensuring documentation of the resident's decision to decline.

BPRC PREA Policy 15-4 entitled Reporting, pages 7 and 8, section II(d)(ii and iii) addresses 115.252(e). BPRC/WTC PREA Handbook for Offenders, page 6, section Grievance Procedure d(1) addresses 115.252(e).

During the on-site audit, the auditor found no evidence of such filings as articulated in 115.252(e).

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

115.252(f)

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. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the last 12 months. 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 calendar days.

BPRC PREA Policy 15-4 entitled Reporting, pages 3 and 4, section II(a)(xvi)(5)(a and b) addresses addresses 115.252(f). BPRC/WTC PREA Handbook for Offenders, page 6, section entitled Emergency Grievance addresses 115.252(f).

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

115.252(g)

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

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| | <p>instances of resident discipline for incidents of this nature.</p> <p>BPRC PREA Policy 15-4 entitled Reporting, page 4, section II(a)(xvi)(5)(c) addresses 115.252(g). BPRC/WTC PREA Handbook for Offenders, page 6, section entitled Grievance Procedure, section (e) addresses 115.252(g).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.252(g).</p> <p>Based on the above, the auditor finds BPRC/WTC substantially compliant with 115.252.</p> |
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| 115.253 | Resident access to outside confidential support services |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.253(a)</p> <p>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:</p> <p>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;</p> <p>Enabling reasonable communication between residents and these organizations in as confidential manner as possible.</p> <p>BPRC PREA Policy 15-5 entitled Medical and Mental Health, page 2, section II(B)(1) addresses 115.253(a). The BPRC/WTC PREA Handbook for Offenders, page 7, section entitled Counseling Programs for Victims of Sexual Assault supports 115.253(a).</p> <p>The auditor's review of the amended BPRC/WTC PREA Handbook and updated Sexual Abuse Emotional Support Services Numbers poster reveals that the Safe Space telephone number, minimally, is available to the resident population. During the facility tour, the auditor observed the Sexual Abuse Emotional Support Services Numbers posted near resident telephones and on bulletin boards. With respect to Western Montana Mental Health and other emotional support services, both telephone numbers and addresses are posted.</p> <p>According to the CCCS PC, the auditor learned that the address for the Safe Space VA provider is intentionally omitted from the aforementioned educational materials. Specifically, the provider is also a shelter for battered women and accordingly, a</p> |

safety conflict of interest arises when the address is known to the BPRC/WTC population. The auditor does find this rationale to be reasonable and accordingly, he finds BPRC/WTC substantially compliant with 115.253(a).

According to policy and the BPRC/WTC PREA Handbook, notices bearing the requisite 115.253(a) information are posted near the telephones. Specifics regarding postings of 115.253(a) resources are addressed in the preceding paragraph.

On November 16, 2024 at 1:14PM, the auditor tested the Safe Space Hotline number and made contact with a VA. The auditor advised that the call was a test in conjunction with the BPRC/WTC PREA Audit. The VA advised that they did not receive many, if any calls, from BPRC/WTC residents during the last year.

Seven of nine random resident interviewees state services are available outside of the facility for dealing with sexual abuse, if they need the same. One interviewee identified Safe Space, one identified counseling services, and seven interviewees did not know the advertised service(s). As reflected above, Safe Space is a VA group, providing counseling and VA services.

Six interviewees state the name(s), telephone number(s), and address(es) for service(s) are posted on unit walls near the telephones or requisite information is noted in the BPRC/WTC PREA Handbook. Seven interviewees state the number(s) is/are free to call. Six interviewees state they can talk to staff from the service(s) anytime. As previously noted, 99% of residents are in possession of cell phones.

As mentioned throughout this report, zero sexual abuse incidents were reported during the last 12 months and accordingly, victim interviews could not be conducted.

In view of the above, residents are provided ample educational materials regarding 115.253(a) VA access. Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.253(a).

115.253(b)

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 rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

BPRC PREA Policy 15-5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b). The BPRC/WTC PREA Handbook for Offenders, page 7, section entitled Counseling Programs for Victims of Sexual Abuse also addresses 115.253(b). Clearly, reports of sexual abuse, either in the community or at the facility, must be reported by Safe Space VAs.

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| | <p>Eight random resident interviewees state that what they say to staff from the services referenced in the narrative for 115.253(a) remains private. Two interviewees state that the conversations with them may be listened to or told to someone else if the conversations address self-injurious behavior or criminal activity.</p> <p>Given the fact that the BPRC/WTC PREA Handbook addresses the subject-matter of 115.253(b), the auditor finds there is sufficient education material and efforts to educate residents. Residents have the ability to remain informed regarding this matter.</p> <p>Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.253(b). Of note, the auditor provided refresher information to seven random resident interviewees regarding the subject-matter of 115.253(b).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.253(b).</p> <p>115.253(c)</p> <p>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.</p> <p>The MOU between CCCS and Safe Space [addressed in the narrative for 115.221(d) and (e)] clearly captures the requirements of 115.253(c). The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.253(c).</p> <p>Based on the lack of adverse findings as reflected above, the auditor finds BPRC/WTC substantially compliant with 115.253.</p> |
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| 115.254 | Third party reporting |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.254(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility provides a method to receive</p> |

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| | <p>third-party reports of resident sexual abuse or sexual harassment.</p> <p>Third-party reporting forms are located on the floors as well as digitized on the CCCS website (www.cccscorp.com website). All forms are received by the CCCS PC, PCM, or PA. Calls are referred to CCCS PC for investigation.</p> <p>Additionally, they can contact BACS to report sexual abuse/harassment incidents and they (BACS PC) will, in turn, contact the CCCS PC. The same is clearly articulated in the uploaded MOU between CCCS and BACS. Emails are another source of receiving third party reports and they are disseminated to the PA immediately.</p> <p>The auditor's test of the third-party reporting system reveals the same to be functional. Specifically, at approximately 1:30PM on January 24, 2025, the auditor did test the CCCS PC reporting line. He did make contact with the CCCS PC with no issues.</p> <p>The auditor's review of the BPRC/WTC website reveals the third-party report can be emailed to the CCCS PC and the email address is clearly identified on the form.</p> <p>According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. Additionally, third-party reporting forms are located in the front entry for use by visitors, etc., as well as, the BACS Hotline poster. The auditor's observations throughout the facility tour validate the above.</p> <p>The auditor notes that he signed and dated a PREA Compliance Acknowledgment form upon entry to the facility. All contractors, visitors, and volunteers complete this form each time they enter the facility. Reporting procedures, absent the BACS Hotline numbers, are noted in this document.</p> <p>BPRC PREA Policy 15-4 entitled Reporting, pages 7 and 8, section II(d)(i) reflects that third party reports can be sent via mail or email to the BPRC/WTC PM or CCCS PC. Third Party reporters may call or report to the CCCS PC or PM personally. Third Party reporting forms are available on each facility floor; however, they can be accessed by asking any staff member, case manager, family member, volunteer, contractor, program administrator or security chief.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.254.</p> |
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| 115.261 | Staff and agency reporting duties |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | 115.261(a) |

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; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

BPRC PREA Policy 15-4 entitled Reporting, pages 6, section II(c)(i) addresses 115.261(a).

All 12 random staff interviewees state the agency requires all staff to report:

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; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Cited methods of reporting are:

Verbal report to supervisor behind closed door(s);

Contact MDOC;

Email;

Telephonic report to supervisor/PA/COS/PM;

Submission of a written report;

Telephonic report to BSBLED or BACS; and/or

Text message;

Minimally, agency policy/procedure requires all staff to immediately report the above to the PA or COS.

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

115.261(b)

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 Policy 15-4 entitled Reporting, page 6, section II(c)(iii) addresses 115.261(b).

Since the CCCS PC is the primary sexual abuse/harassment investigator for the company, copies of his investigations are maintained on a password protected system. Hard copies are maintained in the PM's locked office in a locked cabinet. Copies of SART reviews, and any other relevant forms of investigative documentation are forwarded to the CCCS PC for further storage with hard copies maintained in the PM's locked office.

BPRC PREA Policy 15-4 entitled Reporting, page 6, section II(c)(v) addresses 115.261(c).

All 12 random staff interviewees state the agency requires all staff to report:

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; and

Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

Cited methods of reporting are:

Verbal report to supervisor behind closed door(s);

Contact MDOC;

Email;

Telephonic report to supervisor/PA/COS/PM;

Submission of a written report;

Telephonic report to BSBLED or BACS; and/or

Text message;

Minimally, agency policy/procedure requires all staff to immediately report the above to the PA or COS.

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

115.261(c)

The medical and mental health staff interviewees state that at the initiation of services to a client, they disclose the limitations of confidentiality and their duty to report. The medical staff interviewee states residents sign an Informed Consent form at intake and she provides verbal instructions followed by documentation of the encounter in the notes. The mental health staff interviewee states she uses an Informed Consent document and the signed document is subsequently entered into TOMS.

Both interviewees further 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. The medical staff interviewee would report directly to the PA while the mental health interviewee would report directly to the CCCS PC, PM, clinical supervisor (CS) or PA. Neither interviewee asserts she became aware of such incidents at BPRC/WTC during the audit period. However, they would report the same immediately if they became aware of such an incident.

BPRC PREA Policy 15-4 entitled Reporting, page 6, section II(c)(v) addresses 115.261(c).

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

115.261(d)

The PA and PM assert juveniles are not housed at BPRC/WTC. In the event of sexual abuse of a vulnerable adult, MDOC and/or Adult Protective Services (APS) would be contacted.

START Policy 15-4 entitled Reporting, page 6, section II(c)(iv) addresses 115.61(e).

As previously noted throughout this report narrative, zero reports of sexual abuse/harassment allegations have been received during the last 12 months. The PA asserts he generally receives all offender reports of sexual abuse/harassment and he forwards the same to the CCCS PC and START PM. The CCCS PC is the primary sexual abuse/harassment investigator while the PM is a trained investigator.

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

115.261(e)

BPRC PREA Policy 15-4 entitled Reporting, page 6, section II(c)(iv) addresses 115.261(e).

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| | <p>As previously noted throughout this report narrative, zero reports of sexual abuse/harassment allegations have been received during the last 12 months. The PA asserts he and the COS receive all resident reports of sexual abuse/harassment and either the COS or the PA forward the same to the CCCS PC. The CCCS PC is the primary sexual abuse/harassment investigator while both the PM and PA are trained investigators.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.261(e).</p> <p>Based on the lack of findings as articulated throughout the above provision narratives, the auditor finds BPRC/WTC substantially compliant with 115.261.</p> |
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| 115.262 | Agency protection duties |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.262(a)</p> <p>Pursuant to the PAQ, the PA self reports when the agency or facility learns 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 zero times the facility determined a resident was subject to substantial risk of imminent sexual abuse.</p> <p>BPRC PREA Policy 15-4 entitled Reporting, page 2, section II(a)(x) addresses 115.262(a).</p> <p>115.262(a) provisions are also addressed in slides 40 and 41 of the BPRC/WTC Power Point Training Presentation, which is provided to staff.</p> <p>***According to the Agency Head interviewee, when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, the resident may be removed from the facility. Minimally, the PA is alerted and the supervisor would move the resident to another wing or recommend that the resident be moved to another wing.</p> <p>When it is learned a resident is subject to risk of imminent sexual abuse, the PA asserts he/she is removed from the danger zone and a better housing location is considered, inclusive of collaboration with MDOC to facilitate a transfer, if necessary.</p> <p>All 12 random staff interviewees corroborate the statements of the Agency Head</p> |

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| | <p>and PA in terms of removal of the potential victim from the danger zone with subsequent staff supervision. All 12 interviewees state such action is implemented immediately.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.262.</p> |
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| 115.263 | Reporting to other confinement facilities |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.263(a)</p> <p>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 the sexual abuse is alleged to have occurred. The PA further self reports in the last 12 months, the facility received four allegations that a resident was sexually abused while confined at another facility. The auditor notes that one of the incidents was sexual harassment and therefore, the same is not applicable to 115.263.</p> <p>The PA asserts upon receiving information from a client that he/she was abused at another facility, the intake staff would notify the BPRC/WTC PA who, in turn, would notify the facility head in the facility where the alleged abuse occurred. This notification is completed within 72 hours of the time BPRC/WTC staff were notified.</p> <p>BPRC Policy 15-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(a).</p> <p>The auditor's review of two of the remaining three cases reveals requisite written reporting was both timely and appropriate in terms of methodology. In the third matter, the CCCS PC made the report to the MDOC PC as the incident allegedly occurred at an MDOC facility. While the CCCS PC can make such notifications in the PA's absence, the same should be directed, in writing, to the Warden at the appropriate facility.</p> <p>In view of the above, the auditor finds that BPRC/WTC is substantially compliant with 115.263(a).</p> <p>115.263(b)</p> <p>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.</p> |

BPRC PREA Policy 15-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(b).

The auditor's review of two of the remaining three cases reveals requisite written reporting was both timely and appropriate in terms of methodology. In the third matter, the CCCSPC made the report to the MDOC PC as the incident allegedly occurred at an MDOC facility. While the CCCS PC can make such notifications in the PA's absence, the same should be directed, in writing, to the Warden at the appropriate facility.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.263(b).

115.263(c)

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

BPRC PREA Policy 15-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(c).

The auditor's review of three of four emails from the BPRC/WTC CEO to wardens, COOs, PCs, or Directors regarding sexual abuse alleged to have originated at their facility reveals substantial compliance with 115.263(a-c). The fourth email pertained to alleged sexual harassment and is therefore not applicable to 115.263(a-c), although such notification was generated.

The auditor's review of two of the remaining three cases reveals requisite written reporting was both timely and appropriate in terms of methodology. In the third matter, the CCCS PC made the report to the MDOC PC as the incident allegedly occurred at an MDOC facility. While the CCCS PC can make such notifications in the PA's absence, the same should be directed, in writing, to the Warden at the appropriate facility.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.263(c).

115.263(d)

Pursuant to the PAQ, the PA self reports facility policy requires that allegations received from other facilities/agencies are investigated in accordance with PREA standards. The PA further self reports in the last 12 months, zero allegations of sexual abuse were received by the facility from other facilities.

BPRC PREA Policy 15-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(d).

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| | <p>***In regard to referrals of sexual abuse/harassment allegations (allegedly originated at BPRC/WTC), the Agency Head asserts the PA is generally the point of contact for receipt of the same. The PA opens an investigation regarding the same.</p> <p>The PA asserts if an allegation of sexual abuse (allegedly occurred at BPRC/WTC) is received from another facility, a full scale investigation is initiated. The PA further asserts no such allegations have been received from other facilities.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.263(d).</p> <p>Based on the lack of findings with respect to 115.263 provisions, the auditor finds BPRC/WTC substantially compliant with 115.263.</p> |
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| 115.264 | Staff first responder duties |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.264(a)</p> <p>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, upon learning of an allegation that a client was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p>Separate the alleged victim and abuser;</p> <p>Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, request 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</p> <p>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 above.</p> <p>The PA self reports zero alleged incidents of sexual abuse occurred at BPRC/WTC during the last 12 months.</p> <p>BPRC PREA Policy 15-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(a).</p> |

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. As previously mentioned in the report narrative, zero responders who reported a sexual abuse were interviewed, given the lack of incidents.

The auditor's review of the CCCS First Responder Card reveals substantial compliance with 115.264(a).

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

115.264(b)

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 zero allegations of sexual abuse were reported within the last 12 months.

BPRC 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. Commensurate with 115.264(a), BPRC/WTC staff assist in the evidence preservation process.

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. As previously mentioned in the report narrative, zero first responders who reported a sexual abuse were interviewed, given the lack of incidents.

Ten of 12 random staff interviewees properly assert their role in the uniform evidence protocol includes:

Separation of the victim and perpetrator;

Securing the crime scene;

Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.

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

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| | <p>115.264(b).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.264.</p> |
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| 115.265 | Coordinated response |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.265(a)</p> <p>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.</p> <p>BPRC PREA Policy 15-11 entitled Coordinated Response/First Response Duties, pages 1-9 addresses 115.265(a).</p> <p>This policy is unique to both BPRC/WTC and 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 employed.</p> <p>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 a sexual abuse allegation. Additionally, the Sexual Assault Initial Response and Containment Checklist document serves as an excellent guideline for staff as they perform sexual abuse-related duties.</p> <p>The PA asserts the facility has 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. A First Responder's Flow Chart is posted on the walls scripting duties and responsibilities and the auditor validated the same.</p> <p>Policy 15-11 details specific responsibilities by functional area. Notification responsibilities and decision-making regarding referral for forensic examination, securing the crime scene, etc. are clearly delineated in the document.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.265.</p> |

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| 115.266 | Preservation of ability to protect residents from contact with |
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| | abusers |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.266(a)</p> <p>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(a) is technically not applicable to BPRC/WTC, the facility is substantially compliant as there are no deviations from standard.</p> <p>***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 bargaining unit at BPRC/WTC.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.266.</p> |

| 115.267 | Agency protection against retaliation |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.267(a)</p> <p>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, the PM is the designated retaliation monitor for residents and she is the designated staff retaliation monitor at BPRC/WTC for staff.</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(1) reflects that the PA is the retaliation monitor at BPRC/WTC and the PM is the back-up. However, a separate document reflects that the PA is the staff retaliation monitor while the PM is the resident retaliation monitor.</p> <p>In view of the above, the auditor finds BPRC/WTC compliant with 115.267(a).</p> <p>115.267(b)</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, pages 3 and 4, section II(J)(2) addresses 115.267(b). This policy stipulates that staff and</p> |

residents who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc. Alternative protection against retaliation may include moving a resident to another housing area or to another facility if deemed absolutely necessary by the PA.

***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, staff and residents are allowed to move to another CCCS facility, change shifts, etc., if feasible.

There are multiple layers of monitoring and specific staff are charged with this responsibility.

The PA and designated staff member charged with monitoring retaliation assert that for allegations of sexual abuse/harassment, the perpetrator, whether staff or resident, is removed from the population. The victim may be moved to a more visible area. An increase in mental health services, whether for residents or the Employee Assistance Program (EAP) for staff, may be recommended and/or implemented. Staff shifts, work locations, or facilities may be changed.

The PM meets with the resident victim on a routine and scheduled basis for a minimum of 90 days, generally until release from the program. Meetings are facilitated at least once every two weeks for the first four weeks, once per week during the second month, and one meeting during the last month.

The PA concurs with the designated staff member charged with retaliation monitoring in terms of process applicable to staff retaliation monitoring. With respect to residents, closer supervision checks and increased frequency may be implemented. The perpetrator, if known, is generally removed from the facility. Room changes may be facilitated to enhance visibility and ensure more staff eyes are on the situation. Additionally, implementation of emotional support services with either the interviewee or an external resource may be employed.

The designated staff member charged with monitoring retaliation interviewee states in response to a report of sexual abuse or residents who cooperate with sexual abuse/harassment investigations, she initiates retaliation monitoring. She monitors behavior (residents) to assess victimization or potential victimization. She documents notes of the meeting on the PREA Incident follow-Up Retaliation Monitoring Form (in the case of sexual abuse investigations). Additionally, she completes the BPRC/WTC PREA Monthly Retaliation Monitoring Report.

The auditor notes that since zero sexual abuse/harassment allegations were reported during the last 12 months, victim(s) could not be interviewed nor could documentary evidence be reviewed and analyzed.

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

115.267(c)

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of residents or staff who report 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 PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a-c) addresses 115.267(c).

The PA asserts when he suspects retaliation, he immediately alerts the CCCS CEO. Retaliation monitoring is both implemented and increased, dependent upon the circumstances. The perpetrator of retaliation may be moved to another facility or returned to MDOC and staff would be placed on administrative leave or employment may be terminated following the provision of due process.

The designated staff member charged with monitoring retaliation interviewee states she looks for the following to detect possible retaliation with respect to residents:

Change in behavior;

Avoidance;

Isolation;

Withdrawal;

Accrual of additional misconduct reports;

Hygiene decompensation;

Change in eating habits or intake; and

Change in associations, inclusive of staff.

In regard to staff, the following are monitored:

Increased receipt of disciplinary charges;

Frequent call-offs;

Frequent shift and post change requests;

Isolation;

Changes in methods of interaction; and

Depreciation in hygiene habits.

Monitoring is conducted for a minimum of 90 days and continued until the threat is gone or the potential victim releases from the program, transfers to another facility, or terminates employment at BPRC/WTC. Meetings are documented as reflected above.

If there is concern that potential retaliation might occur, monitoring could continue until discharge. There is no maximum length of time for retaliation monitoring.

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

115.267(d)

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a) addresses 115.267(d).

The CCCS PC asserts periodic status checks are documented in the resident's progress notes.

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

115.267(e)

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, pages 3 and 4, section II(J)(2) addresses 115.267(b). This policy stipulates that staff and residents who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc. Alternative protection against retaliation may include moving a resident to another housing area or to another facility if deemed necessary by the PA.

The auditor finds that 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. The Agency Head asserts if an individual who cooperates with an investigation expresses a fear of retaliation, the agency implements retaliation monitoring. The aforementioned retaliation monitors effect the same procedures.

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

Given the above, the auditor finds BPRC/WTC substantially compliant with 115.267.

| 115.271 | Criminal and administrative agency investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.271(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p>BPRC PREA Policy 15-10 entitled Investigations, page 1, sections I and II(A) addresses 115.271(a).</p> <p>If he is on-site, the administrative investigative staff interviewee asserts he initiates action on investigations of sexual abuse/harassment allegations immediately following receipt of the report. If not on-site, he would report immediately based on traffic considerations, etc. If the incident occurs during off duty hours, he generally reports to the facility for both sexual abuse/harassment matters.</p> <p>The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.</p> <p>With respect to third-party or anonymous reports of sexual abuse, both the administrative and criminal investigative interviewees state they are investigated in the same manner as any other allegation.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.271(a).</p> <p>115.271(b)</p> <p>BPRC PREA Policy 15-10 entitled Investigations, page 1, section II(A) addresses 115.271(b)</p> <p>The administrative investigative staff interviewee states he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line NIC sponsored training (Basic), as well as, the advanced course. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed and a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.</p> <p>The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.</p> |

The auditor's review of 2019 CCCS Certificate or the National Institute of Corrections (NIC) Certificate for the CCCS PC and BPRC/WTC PM reveals completion of the 2019 courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting. Additionally, the auditor's review of the PA's June 7, 2016 NIC Certificate entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting, as well as, a Staff Development and Training Record dated September 20, 2024 validates the PA's completion of requisite investigative specialty training.

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

115.271(c)

BPRC PREA Policy 15-10 entitled Investigations, page 2, section II(F)(3) and (4) addresses 115.271(c).

The administrative investigative staff interviewee asserts his investigation process includes the following chronological steps, inclusive of estimated time allotments for each step:

Check crime scene and first responder duties, ensuring proper handling (10 minutes);

Review initial staff reports (15 minutes per report);

Threshold questioning of victim (15 minutes);

Check video footage and ask PA to listen to telephone monitoring (30 minutes to hours);

Evaluate crime scene inclusive of photographs, etc. (up to one hour);

If victim and perpetrator are known, review files (20 minutes per file);

Interview staff and resident witnesses- (15-30 minutes per witness);

Thorough review of video (up to two to three hours);

Thorough interview of victim (30-60 minutes);

Re-interviews, if necessary (10 minutes per interviewee);

Interview perpetrator (0 minutes to 60 minutes); and

Report writing (two to four hours).

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either

occasion and he did not return any telephone calls from this auditor.

Direct evidence is generally handled by BSBLED investigators. The facility investigator would secure staff and resident files, staff reports, video, telephone records, and interview notes.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

The auditor finds zero sexual abuse investigations were conducted at BPRC/WTC during the last 12 months. The auditor finds BPRC/WTC substantially compliant with 115.271(c).

115.271(d)

BPRC PREA Policy 15-10 entitled Investigations, pages 1 and 2, section II(C) addresses 115.271(d). This policy stipulates compelled interviews are not facilitated at BPRC/WTC.

The administrative investigative staff interviewee asserts compelled interviews are not facilitated at BPRC/WTC. BSBLED investigators handle the same.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

The auditor finds that zero allegations were referred to BSBLED for criminal investigation during the last 12 months.

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

115.271(e)

BPRC PREA Policy 15-10 entitled Investigations, page 2, section II(F)(4) addresses 115.271(e).

The administrative investigative staff interviewee states that he considers reporting history and historical credibility assessments. Residents are considered credible until proven otherwise. Does their story match the fact pattern as known, pursuant to interviews, physical and circumstantial evidence? Consistency in the story is key to the determination of credibility. They would not, under any circumstances, require a resident who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

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

115.271(f)

BPRC PREA Policy 15-10 entitled Investigations, page 1, section II(A)(1)(i) and (ii) addresses 115.271(f).

The administrative investigative staff interviewee asserts when assessing whether staff actions or failure to act contributed to an incident of sexual abuse, he considers whether staff actions were reasonable for a corrections professional in relationship to the fact pattern. Pursuant to video review, interview statements, and contact with staff, he determines staff policy and Code of Ethics compliance.

The interviewee further states he documents administrative investigations in written reports pursuant to the following general format:

Executive Digest- Brief overview of the allegations and a timeline;

Interviews and credibility assessment;

Circumstantial/indirect evidence analysis;

Video analysis;

Conclusion; and

Finding(s).

During the on-site audit, the auditor examined the PM's Office and file cabinet wherein sexual abuse/harassment files are maintained. He finds investigative evidence, etc. to be maintained in a locked filed cabinet. Electronic security standards are addressed in the narrative for 115.289. Zero criminal investigations of sexual abuse have been facilitated at BPRC/WTC during the last 12 months.

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

115.271(g)

Criminal investigations are documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

The administrative investigative staff interviewee states criminal investigations are properly documented in a report. As previously reported, zero criminal sexual abuse investigations have been facilitated at BPRC/WTC during the last 12 months. The PC asserts that criminal reports contain much of the same information included in administrative reports however, a physical evidence credibility statement is also included.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

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

115.271(h)

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During the last 12 months, zero investigative cases have been referred for prosecution.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

BPRC PREA Policy 15-10 entitled Investigations, page 2, section II(C) addresses 115.271(h).

This policy stipulates it is the policy of CCCS, Inc and BPRC/WTC to refer criminal investigations of sexual abuse to BSBLED, who will further refer substantiated allegations for prosecution, if warranted.

The administrative investigative staff interviewee asserts BSBLED investigators are responsible for prosecution referrals.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

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

115.271(i)

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 PREA Policy 15-10 entitled Investigations, page 3, section II(G) addresses 115.271(i).

During the facility tour, the auditor found no deviations in terms of investigative file retention.

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

115.271(j)

BPRC PREA Policy 15-10 entitled Investigations, page 1, section I addresses 115.271(j).

The administrative investigative interviewee states they continue with the investigation both when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and when an alleged victim who alleges sexual abuse/harassment or alleged perpetrator leaves the facility prior to completion of the investigation into the incident.

The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.

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

115.271(l)

BPRC PREA Policy 15-10 entitled Investigations, page 2, section II(F)(2) addresses 115.271(l).

The PA asserts the CCCS PC maintains weekly contact with the BSBLED Sheriff in an endeavor to remain informed about the progress of the investigation. Such contact would be documented. The PM is also a facility investigator and she asserts the CCCS PC maintains contact with BSBLED Sheriff to remain informed of the progress of a sexual abuse investigation. Such contacts are either made by email or telephonic contact. Telephonic contacts are documented via email. The interviewee also asserts he assists BSBLED investigators in any manner needed throughout the conduct of their investigation.

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| | <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.271(l)</p> <p>Based on the lack of adverse findings, the auditor finds BPRC/WTC substantially compliant with 115.271.</p> |
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| 115.272 | Evidentiary standard for administrative investigations |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.272(a)</p> <p>Pursuant to the PAQ, the PA 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.</p> <p>BPRC PREA Policy 15-10 entitled Investigations, page 3, section II(H) addresses 115.272(a).</p> <p>The administrative investigative staff interviewee states a preponderance of evidence is required to substantiate administrative investigations of sexual abuse/harassment. The same just tips the evidentiary scale over 50%. Specifically, there is more evidence substantiating that the allegation occurred as indicated, than not.</p> <p>The auditor attempted telephonic contact with the BSBLED investigator who facilitates most criminal sexual abuse investigations related to CCP-E residents, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.272.</p> |

| 115.273 | Reporting to residents |
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| | Auditor Overall Determination: Exceeds Standard |
| | Auditor Discussion |
| | <p>115.273(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any resident who makes an allegation he/she suffered sexual abuse in an agency facility</p> |

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 further self reports zero criminal and/or administrative investigations of sexual abuse were conducted at BPRC/WTC during the last 12 months.

BPRC PREA Policy 15-10 entitled Investigations, page 3, section II(I)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations.

Since 115.273(a) requires resident notification in response to sexual abuse allegations and the aforementioned policy requires notification in response to both sexual abuse/harassment investigations, the auditor finds BPRC/WTC exceeds standard requirements for 115.273(a). As noted below, evidence reveals BPRC/WTC staff demonstrated compliance with both standard and policy in terms of performance as zero allegations of sexual abuse/harassment were received at the facility.

The PA asserts the victim is notified when the allegation of sexual abuse/harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Notification is accomplished using the CCCS Notification Form and the PM provides such written notification.

***The administrative investigative staff interviewee asserts agency procedure requires that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PM makes the written notification on the aforementioned CCCS Notification Form and the same is signed and dated by the victim.

Given the fact that zero allegations of sexual abuse/harassment were reported by residents during the last 12 months, the victim interview could not be conducted.

The auditor's review of the CCCS Victim Notification reveals substantial compliance with 115.273(a), (b), (c), and (d). Accordingly, the auditor finds BPRC/WTC exceeds expectations with respect to 115.273(a).

115.273(b)

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 and/or administrative investigations of sexual abuse were conducted at BPRC/WTC during the last 12 months. Additionally, BSBLED did not facilitate any criminal investigations of sexual harassment during the subject time period. Accordingly, zero sexual abuse/harassment investigations were facilitated by an outside agency.

BPRC PREA Policy 15-10 entitled Investigations, page 3, section II(I)(2) addresses 115.273(b).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.273(b).

115.273(c)

Pursuant to the PAQ, the PA self reports that following a resident's allegation a staff member has committed sexual abuse against him/her, the facility subsequently informs him/her (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 of a charge related to sexual abuse within the facility.

The PA further self reports there has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident at BPRC/WTC within the last 12 months.

BPRC PREA Policy 15-10 entitled Investigations, page 3, section II(J)(1-4) addresses 115.273(c).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.273(c).

115.273(d)

Pursuant to the PAQ, the PA self reports following a resident's allegation he/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 PREA Policy 15-10 entitled Investigations, page 4, section II(K)(1 and 2) addresses 115.273(d).

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| | <p>The auditor notes there were no such incidents wherein either indictments or convictions for resident sexual abuse at BPRC/WTC occurred during the audit period.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.273(d).</p> <p>115.273(e)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented.</p> <p>BPRC PREA Policy 15-10 entitled Investigations, page 4, section II(L) addresses 115.273(e).</p> <p>The PA asserts the victim is notified when the allegation of sexual abuse/ harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Notification is accomplished using the CCCS Notification Form and the PM provides such written notification.</p> <p>***The administrative investigative staff interviewee asserts agency procedure requires that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PM makes the written notification on the aforementioned CCCS Notification Form and the same is signed and dated by the victim.</p> <p>Given the fact that zero allegations of sexual abuse/harassment were voiced by residents during the last 12 months, the victim interview could not be conducted.</p> <p>The auditor's review of the CCCS Victim Notification reveals substantial compliance with 115.273(e).</p> <p>In view of the above, the auditor finds BPRC/WTC exceeds standard expectations with respect to 115.273.</p> |
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| 115.276 | Disciplinary sanctions for staff |
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| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.276(a)</p> <p>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</p> |

policies.

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H) addresses 115.276(a).

Pursuant to the PAQ, the PA self reports in the last 12 months, zero facility staff members are alleged to have violated agency sexual abuse or sexual harassment policies.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.276(a).

115.276(b)

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(1) addresses 115.276(b).

The auditor's review of PAQ information confirms no terminations from employment during the last 12 months for staff engaging in sexual abuse.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.276(b).

115.276(c)

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 PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(2) addresses 115.276(c).

During the onsite review, the auditor validated the PA's statement as reflected above.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.276(c).

115.276(d)

Pursuant to the PAQ, the PA self reports all terminations for violations of agency

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| | <p>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, zero facility staff have been reported to law enforcement or licensing boards following employment termination (or resignation prior to employment termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.276(d).</p> <p>During the onsite review, the auditor validated the PA's statement as reflected in the narrative for 115.276(d).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.276(d).</p> <p>Based on the above, the auditor finds BPRC/WTC substantially compliant with 115.276.</p> |
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| 115.277 | Corrective action for contractors and volunteers |
|----------------|---|
| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.277(a)</p> <p>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.</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(1) addresses 115.277(a).</p> <p>According to the PA, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in any sexual abuse incidents with resident(s).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.277(a).</p> <p>115.277(b)</p> |

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| | <p>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.</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(2) addresses 115.277(b).</p> <p>The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, resident contact with the contractor or volunteer and contractor/volunteer access to the facility would be suspended pending completion of the investigation and if substantiated, access privileges would be revoked. The incident would also be reported to the CCCS PC as he is the primary administrative sexual abuse/harassment investigator. Zero volunteers and one contract nurse practitioner provides services at BPRC/WTC.</p> <p>There are no examples of such contact during this audit period and the auditor has not discovered nor has he been provided any evidence to the contrary.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.277(b).</p> <p>Based on the above, the auditor finds BPRC/WTC substantially compliant with 115.277.</p> |
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| 115.278 | Disciplinary sanctions for residents |
|----------------|---|
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.278(a)</p> <p>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 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. The PA asserts that in the last 12 months, there was zero administrative findings of resident-on-resident sexual abuse that occurred at the facility. The PA further asserts that in the last 12 months, there was zero criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility.</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) addresses 115.278(a). Page 9 of the BPRC/WTC PREA Handbook for Offenders reflects Prohibited Acts of which residents may be administratively</p> |

charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment.

The PA asserts that zero incidents of resident on resident sexual abuse have occurred during the last 12 months.

Given the fact that the auditor finds zero incidents of sexual abuse/harassment occurred at BPRC/WTC during the last 12 months and the aforementioned policy requirements, he finds BPRC/WTC substantially compliant with 115.278(a).

115.278(b)

Pursuant to the PAQ, the PA self reports that sanctions shall be 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.

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).

The PA asserts Class II administrative facility hearings are facilitated by MDOC staff. Class III hearings are facilitated by BPRC/WTC staff.

With respect to the Class II hearing, MDOC staff are responsible for referring residents for mental health evaluation, if appropriate. Generally, program revocation, imposition of additional charges, loss of Good Time, and transfer to MDOC custody are potential sanctions.

Given the lack of sexual abuse/harassment reports during the last 12 months and the aforementioned policy requirements, the auditor finds BPRC/WTC substantially compliant with 115.278(b).

115.278(c)

Pursuant to the PAQ, the disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1) addresses 115.278(c).

The PA asserts Class II administrative facility hearings are facilitated by MDOC staff. Class III hearings are facilitated by BPRC/WTC staff.

With respect to the Class II hearing, MDOC staff are responsible for referring residents for mental health evaluation, if appropriate. Generally, program revocation, imposition of additional charges, loss of Good Time, and transfer to MDOC custody are potential sanctions.

Given the lack of sexual abuse/harassment reports during the last 12 months and the aforementioned policy requirements, the auditor finds BPRC/WTC substantially compliant with 115.278(c).

115.278(d)

Pursuant to the PAQ, the PA self reports that If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending resident to participate in such interventions as a condition of access to programming or other benefits.

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1-3) addresses 115.278(d).

The mental health staff interviewee states that the facility does not generally offer therapy, counseling, or other intervention services to predators, designed to address and correct the underlying reasons or motivations for sexual abuse. Specifically, sexual predators are not generally accepted or housed at BPRC/WTC. However, if a resident-on-resident sexual abuser was housed at BPRC/WTC, one-on-one counseling would be offered. The same is voluntary and would be provided on a one-on-one basis. If necessary, residents may be referred for treatment from a community provider.

Given the lack of sexual abuse/harassment reports during the last 12 months and the aforementioned policy requirements, the auditor finds BPRC/WTC substantially compliant with 115.278(d).

115.278(e)

Pursuant to the PAQ, the PA self reports that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.278(e).

Given the lack of sexual abuse/harassment reports during the last 12 months and the aforementioned policy requirements, the auditor finds BPRC/WTC substantially compliant with 115.278(e).

115.278(f)

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

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| | <p>alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).</p> <p>Given the lack of sexual abuse/harassment reports during the last 12 months and the aforementioned policy requirements, the auditor finds BPRC/WTC substantially compliant with 115.278(f).</p> <p>115.278(g)</p> <p>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.</p> <p>BPRC PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).</p> <p>Given the lack of sexual abuse/harassment reports during the last 12 months and the aforementioned policy requirements, the auditor finds BPRC/WTC substantially compliant with 115.278(g).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.278.</p> |
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| 115.282 | Access to emergency medical and mental health services |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.282(a)</p> <p>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.</p> |

BPRC PREA Policy 15-5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(a).

The medical staff interviewee states that resident victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The same typically occurs immediately following a report, unless medical staff are not onsite. The nature and scope of these services is determined according to the practitioner's professional judgment.

Medical treatment rendered at the facility would entail a threshold interview of the victim to determine the extent of possible injuries, calming the victim, providing reassurance that they will be well cared for, facilitation of a clothed inspection for bruising, cutting, etc., and taking vitals, dependent upon circumstances. In essence, emergency first-aid is provided.

The mental health interviewee states that she would immediately be contacted. She would immediately commence calming techniques, ensuring that the resident feels protected. During this time, the interviewee assesses suicidality tendencies and stresses self safety. Upon return from the forensic examination, she would follow-up with the resident and educate him regarding available services.

The medical/mental health interviewees state that the resident victim would be transported to Intermountain Health/St. James Hospital (IH/SJH). The nature and scope of services are determined according to the professional judgment of both BPRC/WTC medical/mental health practitioners (pre-transport to IH/SJH) and subsequently, health professionals at IH/SJH.

As referenced throughout this report, zero sexual abuse allegations were realized at BPRC/WTC during the last 12 months and accordingly, victim(s) could not be interviewed.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.282(a).

115.282(b)

BPRC PREA Policy 15-5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(b).

The auditor's review of the MDOC PREA Sexual Assault Response and Containment Checklist captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials. The subject-matter of 115.282(b) is clearly captured within this document.

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. As previously mentioned in the report narrative, zero responders who reported a sexual abuse were interviewed, given the lack of incidents.

Ten of 12 random staff interviewees properly assert their role in the uniform evidence protocol includes separation of the victim and perpetrator, securing the crime scene, requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.282(b).

115.282(c)

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.

Of note, the PA asserts zero residents requested medical/mental health services as the result of sexual abuse/harassment allegation(s) during the last 12 months.

BPRC PREA Policy 15-5 entitled Medical and Mental Health, pages 1 and 2, section II(B) 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. The same is addressed at IH/SJH during the forensic medical examination process and confirmed in a letter dated May 22, 2024 from the Emergency Room Manager at IH/SJH.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.282(c).

115.282(d)

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 PREA Policy 15-5 entitled Medical and Mental Health, pages 2 and 3, sections II(C)(3 and 4) addresses 115.282(d).

In view of the above, the auditor finds that BPRC/WTC is substantially compliant with

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| | <p>115.282(d).</p> <p>Given the above, the auditor finds BPRC/WTC substantially compliant with 115.282.</p> |
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| 115.283 | Ongoing medical and mental health care for sexual abuse victims and abusers |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.283(a)</p> <p>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.</p> <p>BPRC Policy 15-5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).</p> <p>As previously mentioned, the auditor finds there were no allegations of sexual abuse at BPRC/WTC during the last 12 months. Pursuant to review of random 115.241 assessments, the auditor did find three incidents wherein residents identified prior sexual abuse at other institutions, however. In two of the three cases, the residents declined mental health evaluation. In the third case, the written declination is untimely in terms of the 14-day meeting.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.241(a).</p> <p>115.283(b)</p> <p>BPRC Policy 15-5 entitled Medical and Mental Health, page 2, section II(C)(1) addresses 115.283(b).</p> <p>Medical treatment rendered at the facility would entail a threshold interview of the victim to determine the extent of possible injuries, calming the victim, providing reassurance that they will be well cared for, facilitation of a clothed inspection for bruising, cutting, etc., and taking vitals, dependent upon circumstances. In essence, emergency first-aid is provided.</p> <p>The mental health interviewee states that she would immediately be contacted. She would immediately commence calming techniques, ensuring that the resident feels protected. During this time, the interviewee assesses suicidality tendencies</p> |

and stresses self safety. Upon return from the forensic examination, she would follow-up with the resident and educate him regarding available services.

As previously indicated throughout this report, zero allegations of sexual abuse were reported during the last 12 months. Accordingly, the victim interview could not be conducted.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(b).

115.283(c)

BPRC Policy 15-5 entitled Medical and Mental Health, page 2, section II(C)(2) addresses 115.283(c).

The medical/mental health staff interviewees state that medical and mental health services are offered consistent with the community level of care. The forensic examination and accompanying services, as the same are conducted at IH/SJH, constitute the community standard.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(c).

115.283(d)

Pursuant to the PAQ, the PA self reports female victims of sexually abusive vaginal penetration, while incarcerated, are offered pregnancy tests.

BPRC Policy 15-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) and (4) addresses 115.283(d).

The medical staff interviewee states that a pregnancy test is included in the forensic examination and residents are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The same is addressed at IH/SJH during the forensic medical examination process and confirmed in a letter dated May 22, 2024 from the Emergency Room Manager at IH/ SJH.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(d).

115.283(e)

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 services.

BPRC Policy 15-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) and (4) addresses 115.283(e).

The medical staff interviewee states if pregnancy results from sexual abuse while incarcerated, at the time pregnancy is discovered, victims are given timely information and access to all lawful pregnancy-related services at a local clinic. Such services are offered upon confirmation of test results.

The medical staff interviewee states that a pregnancy test is included in the forensic examination and residents are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The same is addressed at IH/SJH during the forensic medical examination process and confirmed in a letter dated May 22, 2024 from the Emergency Room Manager at IH/ SJH.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(e).

115.283(f)

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 Policy 15-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) and (4) addresses 115.283(f).

The medical staff interviewee states that a pregnancy test is included in the forensic examination and residents are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The same is addressed at IH/SJH during the forensic medical examination process and confirmed in a letter dated May 22, 2024 from the Emergency Room Manager at IH/ SJH.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(f).

115.283(g)

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 Policy 15-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) addresses 115.283(g).

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| | <p>As articulated throughout this report, zero sexual abuse allegations were reported during the last 12 months. Accordingly, victim interviews could not be conducted.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(g).</p> <p>115.283(h)</p> <p>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.</p> <p>BPRC Policy 15-5 entitled Medical and Mental Health, page 3, section II(C)(5) addresses 115.283(h).</p> <p>The mental health staff interviewee states that generally, resident-on-resident sexual abusers are not housed at BPRC/WTC however, if the situation should present itself, she would conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment, if appropriate. The evaluation would be facilitated within 60 days of learning of such abuse history. The interviewee states that most residents meeting this description would be rejected for placement at BPRC/WTC based on community agreements.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.283(h).</p> <p>Based on the above, the auditor finds BPRC/WTC substantially compliant with 115.283.</p> |
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| 115.286 | Sexual abuse incident reviews |
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| | <p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>115.286(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review (SART) at the conclusion of every criminal or administrative sexual abuse or sexual harassment investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, zero administrative or criminal sexual abuse or sexual harassment investigations were facilitated at BPRC/WTC.</p> |

BPRC 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 SART reviews for both sexual assault and sexual harassment cases. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds BPRC/WTC exceeds standard expectations.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.286(a).

115.286(b)

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, zero administrative sexual abuse or sexual harassment investigations were facilitated at BPRC/WTC.

BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.286(b).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.286(b).

115.286(c)

Pursuant to the PAQ, the PA self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(c) addresses 115.286(c).

The PA asserts the facility has a SART team and the same is comprised of upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The PA's assertion is validated pursuant to the auditor's review of the above policy.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.286(c).

115.286(d)

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 PREA Coordinator.

BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(d) addresses 115.286(d).

In regard to how the team uses the information gleaned from the sexual abuse incident review, the PA asserts assessments of what was done correctly and incorrectly, whether all policies were followed, and whether additional training is required, are made. Additionally, positive attributes are recognized. The process is used to "assess and enhance all things PREA."

The team does consider whether: The incident or allegation was motivated by race; ethnicity; gender identity;

LGBTI status or perceived states; gang affiliation; and/or other group dynamics at the facility;

The area in the facility where the incident allegedly occurred contains physical barriers in that area may enable abuse;

The adequacy of staffing levels is appropriate in that area during different shifts; and

Whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PM asserts SART facility staff prepare a report of their findings from the reviews, including any determinations made regarding the components identified in the PA's statement and any recommendations for improvement. The PM prepares the report, the CCCS PC reviews the report, and no trends have been noted. In regard to any recommendations, the PM asserts she follows through on the same, if warranted. If not warranted or it is not feasible for implementation, the basis for non-implementation is documented.

The incident review team interviewee corroborates the statement of the PA related to the factors assessed during the review.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.286(d).

115.286(e)

Pursuant to the PAQ, the PA self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.

BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(e) addresses 115.286(e).

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| | <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.286(e).</p> <p>In view of the lack of findings with respect to 115.286 provisions and the exceptional requirements identified in the narrative for 115.286(a), the auditor finds BPRC/WTC exceeds standard requirements for 115.286.</p> |
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| 115.287 | Data collection |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>115.287(a)</p> <p>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.</p> <p>BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) addresses 115.287(a).</p> <p>The auditor's review of the 2022/2025 PREA Data Collection system reveals the same is commensurate with 115.287(a). Review of the 2023 BPRC/WTC SSV 1A and SSV 4 reveals that all requisite information is included in the same. The auditor finds the data collection system to be commensurate with 115.287(a).</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.287(a).</p> <p>115.287(b)</p> <p>Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) addresses 115.287(b).</p> <p>The auditor's review of aggregated data from 2023 and 2024 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.287(b).</p> |

115.287(c)

Pursuant to the PAQ, the PA 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 Policy 15-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.287(c).

The auditor finds the data collection system to be commensurate with 115.287(c) and accordingly, BPRC/WTC is substantially compliant with 115.287(c).

115.287(d)

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 Policy 15-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) and (3) addresses 115.287(d).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.287(d).

115.287(e)

The auditor learned that neither CCCS nor BPRC contract with private facilities for the confinement of residents designated to their care, custody, and control.

Accordingly, the auditor finds 115.287(e) is not applicable to BPRC/WTC.

115.287(f)

Pursuant to the PAQ, the PA self reports that upon request, the agency provided the Department of Justice with data from the previous calendar year.

As evidence of the same, the BPRC/WTC SSV 1A and BPRC/WTC SSV 4, and email from the USDOJ are included in the PAQ. Both appear to be comprehensive and complete.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.287(f).

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| | Based on the lack of evidence to the contrary, the auditor finds BPRC/WTC substantially compliant with 115.287. |
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| 115.288 | Data review for corrective action |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |
| | <p>115.288(a)</p> <p>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:</p> <p>Identifying problem areas;</p> <p>Taking corrective action on an ongoing basis; and</p> <p>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.</p> <p>BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(1) addresses 115.288(a).</p> <p>The auditor's review of the 2023 BPRC/WTC Annual Report reveals substantial compliance with all components of 115.288. Specifically, a comparison and assessment 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 report(s) are approved by the Agency Head, and the same are posted on the CCCS website. The report reveals no redactions pursuant to 115.288(d).</p> <p>Of note, the 2023 Annual PREA Report reflects substantial accomplishment in that both staff and residents appear to be reporting sexual abuse/harassment incidents. Additionally, continued emphasis on both staff and resident PREA training is highlighted.</p> <p>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.</p> <p>The PM 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. If a sexual abuse/harassment investigation is completed, the CCCS PC or BRPC/WTC PM electronically forwards all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC in a</p> |

password protected system. Hard copies of these documents are maintained in a locked cabinet(s) in the PM's locked office. Additionally, daily population reports and the daily PREA sheets are maintained electronically and physically in the same manner. During the facility tour and throughout the on-site visit, the auditor did validate the PCM's statement above regarding electronic and hard copy storage of data.

The PM further asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The PA writes a facility annual report and forwards the same to the CCCS PC for inclusion in the corporate-wide Annual PREA Report.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.288(a).

115.288(b)

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.

BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(2) addresses 115.287(b).

As referenced in the narrative for 115.288(a), the auditor finds substantial compliance with 115.288(b). Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.288(b).

115.288(c)

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.

BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(3) addresses 115.288(c).

The auditor's review of the BPRC/WTC website reveals signed copies of the 2021, 2022, and 2023 Annual PREA Reports are available for public consumption on the same. The reports are signed by the BPRC/WTC PA, the CCCS PC, and the CCCS CEO.

The Agency Head asserts he approves annual reports written pursuant to 115.288(c).

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

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| | <p>115.288(c).</p> <p>115.288(d)</p> <p>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 the material redacted.</p> <p>BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(4) addresses 115.288(d).</p> <p>In regard to the types of material typically redacted from the annual report, the PM asserts resident/staff names and other identifying information, as well as, critical security information would be redacted. The agency does indicate the nature of the material redacted. I</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.288.</p> <p>Based on the lack of adverse findings regarding the provisions addressed throughout this standard, the auditor finds BPRC/WTC substantially compliant with 115.288.</p> |
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| 115.289 | Data storage, publication, and destruction |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> <p>115.289(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.</p> <p>BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(1)addresses 115.289(a).</p> <p>This policy stipulates data is maintained either with the PA or PM. During the facility tour, the auditor noted relevant data, as articulated in 115.289(a) and 115.288(a), was securely maintained in a secure filing cabinet in the PM's locked office.</p> <p>The PM asserts that if a sexual abuse/harassment investigation is completed, the CCCS PC or BRPC/WTC PM electronically forwards all investigative materials to the</p> |

CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC in a password protected system. Hard copies of these documents are maintained in a locked cabinet(s) in the PM's locked office. Additionally, daily population reports and the daily PREA sheets are maintained electronically and physically in the same manner.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.289(a).

115.289(b)

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, are made readily available to the public, at least annually, through its website.

BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(2) addresses 115.289(b).

The auditor notes that BPRC/WTC does not contract with any facilities for care, custody, and control of residents assigned to their care. The auditor's review of the CCCS website reveals that all PREA Annual Reports, inclusive of 115.287 data, are maintained on the same.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.289(b).

115.289(c)

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PA further 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 Policy 15-7 entitled Data Collection, Aggregation, and Review, page 5, sections II(D)(3) and (4) addresses 115.289(c).

The auditor did not observe any personal identifiers in the statistics reflected on the website. Additionally, during the on-site audit, the auditor found no discrepancies in terms of 115.289(c) retention requirements.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.289(c).

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| | <p>115.289(d)</p> <p>Pursuant to the PAQ, the agency shall 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.</p> <p>BPRC Policy 15-7 entitled Data Collection, Aggregation, and Review, page 5, sections II(D)(4) addresses 115.289(d).</p> <p>During the facility tour, the auditor observed the storage location in the PM's office and the contents of the storage cabinet. He found zero deficiencies in terms of retention practices. Additionally, the auditor observed the PREA archives maintained in a storage cabinet in a separate secure area. Again, the auditor observed the contents of the cabinet and he found no irregularities.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.289(d).</p> <p>Given the absence of deviations from standard and provisions, the auditor finds BPRC/WTC substantially compliant with 115.289.</p> |
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| 115.401 | Frequency and scope of audits |
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| | <p>Auditor Overall Determination: Meets Standard</p> |
| | <p>Auditor Discussion</p> |
| | <p>115.401(a)</p> <p>The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.</p> <p>115.401(b)</p> <p>The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.</p> |

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| | <p>115.401(h)</p> <p>Throughout the onsite visit, the auditor was granted access to all portions of the facility, as well as, the separate Food Service area. The auditor did inspect and observe staff offices, staff and resident bathrooms, mechanical rooms, sanitation closets, and Food Service freezers, coolers, and dry storage areas.</p> <p>115.401(i)</p> <p>Throughout the entire audit process, the auditor was granted access to all documentation requested. The vast majority of documentation was uploaded into OAS. This process entailed all three audit phases.</p> <p>115.401(m)</p> <p>The auditor facilitated all interviews (both staff and residents) in offices behind closed doors. When interviewing staff and residents during the facility tour, the auditor was afforded privacy whenever talking.</p> <p>115.401(n)</p> <p>The auditor did not receive any correspondence from residents, staff, contractors, or facility visitors prior to the onsite visit. Additionally, the auditor did not receive any complaints during interviews relative to non-ability to forward correspondence to the auditor or communicate in any way with him.</p> <p>Of note, the Audit Notices were clearly reflective of the auditor's cell phone number. Given the fact that approximately 99% of the resident population were in possession of cell phones, they did have access to contact the auditor via personal cell phone. The auditor did not receive any such telephone calls.</p> <p>In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.401.</p> |
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| 115.403 | Audit contents and findings |
| | Auditor Overall Determination: Meets Standard |
| | Auditor Discussion |

115.403(f)

The auditor's review of the CCCS and BPRC/WTC websites reveals that the last Final PREA Audit Report for BPRC/WTC is published on the same.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.403.

| Appendix: Provision Findings | | |
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| 115.211 (a) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
| | Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
| 115.211 (b) | Zero tolerance of sexual abuse and sexual harassment; PREA coordinator | |
| | Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
| | Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
| | 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 community confinement facilities? | yes |
| 115.212 (a) | Contracting with other entities for the confinement of residents | |
| | 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 adopt and 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.) | na |
| 115.212 (b) | Contracting with other entities for the confinement of residents | |
| | 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.) | na |
| 115.212 (c) | Contracting with other entities for the confinement of residents | |
| | 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 | na |

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| | 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.) | |
| | 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.) | na |
| 115.213 (a) | Supervision and monitoring | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| | In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? | yes |
| 115.213 (b) | Supervision and monitoring | |
| | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.) | yes |
| 115.213 (c) | Supervision and monitoring | |
| | 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 |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing | yes |

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| | staffing patterns? | |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? | yes |
| | In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? | yes |
| 115.215 (a) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners? | yes |
| 115.215 (b) | Limits to cross-gender viewing and searches | |
| | 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 inmates.) | yes |
| | 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 inmates.) | yes |
| 115.215 (c) | Limits to cross-gender viewing and searches | |
| | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? | yes |
| | Does the facility document all cross-gender pat-down searches of female residents? | yes |
| 115.215 (d) | Limits to cross-gender viewing and searches | |
| | Does the facility have policies 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? | yes |
| | Does the facility have procedures that enable residents to shower, | yes |

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| | 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? | |
| | Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? | yes |
| 115.215 (e) | Limits to cross-gender viewing and searches | |
| | Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? | yes |
| | If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? | yes |
| 115.215 (f) | Limits to cross-gender viewing and searches | |
| | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| | Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? | yes |
| 115.216 (a) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? | yes |

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| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? | yes |
| | Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other (if "other," please explain in overall determination notes.) | yes |
| | Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? | yes |
| | Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? | yes |
| | Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? | yes |
| | 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: Who are blind or have low vision? | yes |
| 115.216 (b) | Residents with disabilities and residents who are limited English proficient | |

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| | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? | yes |
| | Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? | yes |
| 115.216 (c) | Residents with disabilities and residents who are limited English proficient | |
| | Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations? | yes |
| 115.217 (a) | Hiring and promotion decisions | |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? | yes |
| | 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 two questions immediately above ? | yes |
| | Does the agency prohibit the enlistment of 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 (as defined in 42 U.S.C. 1997)? | yes |
| | Does the agency prohibit the enlistment of the 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 | yes |

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| | force, or coercion, or if the victim did not consent or was unable to consent or refuse? | |
| | Does the agency prohibit the enlistment of the 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 two questions immediately above ? | yes |
| 115.217 (b) | Hiring and promotion decisions | |
| | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? | yes |
| | Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents? | yes |
| 115.217 (c) | Hiring and promotion decisions | |
| | Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check? | yes |
| | Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? | yes |
| 115.217 (d) | Hiring and promotion decisions | |
| | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? | yes |
| 115.217 (e) | Hiring and promotion decisions | |
| | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? | yes |
| 115.217 | Hiring and promotion decisions | |

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| (f) | | |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? | yes |
| | Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? | yes |
| | Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? | yes |
| 115.217 (g) | Hiring and promotion decisions | |
| | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? | yes |
| 115.217 (h) | Hiring and promotion decisions | |
| | 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 |
| 115.218 (a) | Upgrades to facilities and technology | |
| | 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.) | na |
| 115.218 (b) | Upgrades to facilities and technology | |
| | 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 | yes |

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| | agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.) | |
| 115.221 (a) | Evidence protocol and forensic medical examinations | |
| | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| 115.221 (b) | Evidence protocol and forensic medical examinations | |
| | Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| | 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? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.) | yes |
| 115.221 (c) | Evidence protocol and forensic medical examinations | |
| | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? | yes |
| | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? | yes |
| | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? | yes |

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| | Has the agency documented its efforts to provide SAFEs or SANEs? | yes |
| 115.221 (d) | Evidence protocol and forensic medical examinations | |
| | Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? | yes |
| | If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? | yes |
| | Has the agency documented its efforts to secure services from rape crisis centers? | yes |
| 115.221 (e) | Evidence protocol and forensic medical examinations | |
| | As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? | yes |
| | As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? | yes |
| 115.221 (f) | Evidence protocol and forensic medical examinations | |
| | 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.) | yes |
| 115.221 (h) | Evidence protocol and forensic medical examinations | |
| | 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above). | yes |

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| 115.222 (a) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? | yes |
| | Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? | yes |
| 115.222 (b) | Policies to ensure referrals of allegations for investigations | |
| | Does the agency have a policy 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 |
| | Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? | yes |
| | Does the agency document all such referrals? | yes |
| 115.222 (c) | Policies to ensure referrals of allegations for investigations | |
| | 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 |
| 115.231 (a) | Employee training | |
| | Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? | yes |
| | Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment? | yes |
| | Does the agency train all employees who may have contact with | yes |

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| | residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? | |
| | Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement? | yes |
| | Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims? | yes |
| | Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse? | yes |
| | Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? | yes |
| | Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities? | yes |
| 115.231 (b) | Employee training | |
| | Is such training tailored to the gender of the residents at the employee's facility? | yes |
| | Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? | yes |
| 115.231 (c) | Employee training | |
| | Have all current employees who may have contact with residents received such training? | yes |
| | Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? | yes |
| | In years in which an employee does not receive refresher training, | yes |

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| | does the agency provide refresher information on current sexual abuse and sexual harassment policies? | |
| 115.231 (d) | Employee training | |
| | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? | yes |
| 115.232 (a) | Volunteer and contractor training | |
| | Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? | yes |
| 115.232 (b) | Volunteer and contractor training | |
| | Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? | yes |
| 115.232 (c) | Volunteer and contractor training | |
| | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? | yes |
| 115.233 (a) | Resident education | |
| | During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment? | yes |
| | During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment? | yes |
| | During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment? | yes |

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| | During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents? | yes |
| | During intake, do residents receive information regarding agency policies and procedures for responding to such incidents? | yes |
| 115.233 (b) | Resident education | |
| | Does the agency provide refresher information whenever a resident is transferred to a different facility? | yes |
| 115.233 (c) | Resident education | |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled? | yes |
| | Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills? | yes |
| 115.233 (d) | Resident education | |
| | Does the agency maintain documentation of resident participation in these education sessions? | yes |
| 115.233 (e) | Resident education | |
| | In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? | yes |
| 115.234 (a) | Specialized training: Investigations | |
| | In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent | yes |

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| | 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 criminal or administrative sexual abuse investigations. See 115.221(a)). | |
| 115.234 (b) | Specialized training: Investigations | |
| | Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| | 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 criminal or administrative sexual abuse investigations. See 115.221(a)). | yes |
| 115.234 (c) | Specialized training: Investigations | |
| | 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 criminal or administrative sexual abuse investigations. See 115.221(a).) | yes |
| 115.235 (a) | Specialized training: Medical and mental health care | |
| | 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.) | yes |

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| | 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.) | yes |
| | 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.) | yes |
| | 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.) | yes |
| 115.235 (b) | Specialized training: Medical and mental health care | |
| | 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 |
| 115.235 (c) | Specialized training: Medical and mental health care | |
| | 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 |
| 115.235 (d) | Specialized training: Medical and mental health care | |
| | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | yes |
| | Do medical and mental health care practitioners contracted by | yes |

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| | and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.) | |
| 115.241 (a) | Screening for risk of victimization and abusiveness | |
| | Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| | Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents? | yes |
| 115.241 (b) | Screening for risk of victimization and abusiveness | |
| | Do intake screenings ordinarily take place within 72 hours of arrival at the facility? | yes |
| 115.241 (c) | Screening for risk of victimization and abusiveness | |
| | Are all PREA screening assessments conducted using an objective screening instrument? | yes |
| 115.241 (d) | Screening for risk of victimization and abusiveness | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: | yes |

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| | Whether the resident's criminal history is exclusively nonviolent? | |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? | yes |
| | Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? | yes |
| 115.241 (e) | Screening for risk of victimization and abusiveness | |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses? | yes |
| | In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse? | yes |
| 115.241 (f) | Screening for risk of victimization and abusiveness | |
| | Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening? | yes |

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| 115.241 (g) | Screening for risk of victimization and abusiveness | |
| | Does the facility reassess a resident's risk level when warranted due to a: Referral? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Request? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse? | yes |
| | Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness? | yes |
| 115.241 (h) | Screening for risk of victimization and abusiveness | |
| | Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section? | yes |
| 115.241 (i) | Screening for risk of victimization and abusiveness | |
| | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? | yes |
| 115.242 (a) | Use of screening information | |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments? | yes |

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| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments? | yes |
| | Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments? | yes |
| 115.242 (b) | Use of screening information | |
| | Does the agency make individualized determinations about how to ensure the safety of each resident? | yes |
| 115.242 (c) | Use of screening information | |
| | When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? | yes |
| | When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? | yes |
| 115.242 (d) | Use of screening information | |
| | Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? | yes |
| 115.242 (e) | Use of screening information | |
| | Are transgender and intersex residents given the opportunity to shower separately from other residents? | yes |
| 115.242 | Use of screening information | |

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| (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.) | yes |
| | 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.) | yes |
| | 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.) | yes |
| 115.251 (a) | Resident reporting | |
| | Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? | yes |
| | Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? | yes |
| 115.251 (b) | Resident reporting | |

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| | Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? | yes |
| | Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? | yes |
| | Does that private entity or office allow the resident to remain anonymous upon request? | yes |
| 115.251 (c) | Resident reporting | |
| | Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? | yes |
| | Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? | yes |
| 115.251 (d) | Resident reporting | |
| | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? | yes |
| 115.252 (a) | Exhaustion of administrative remedies | |
| | 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 |
| 115.252 (b) | Exhaustion of administrative remedies | |
| | 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 |
| | Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve | yes |

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| | with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) | |
| 115.252 (c) | Exhaustion of administrative remedies | |
| | Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (d) | Exhaustion of administrative remedies | |
| | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) | yes |
| | 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 is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) | yes |
| | At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (e) | Exhaustion of administrative remedies | |
| | Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf | yes |

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| | 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.) | |
| | If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (f) | Exhaustion of administrative remedies | |
| | Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) | yes |
| | After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) | yes |
| | Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| | Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) | yes |
| 115.252 (g) | Exhaustion of administrative remedies | |
| | If the agency disciplines a resident for filing a grievance related to | yes |

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| | 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.) | |
| 115.253 (a) | Resident access to outside confidential support services | |
| | Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? | yes |
| | Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible? | yes |
| 115.253 (b) | Resident access to outside confidential support services | |
| | Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? | yes |
| 115.253 (c) | Resident access to outside confidential support services | |
| | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? | yes |
| | Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? | yes |
| 115.254 (a) | Third party reporting | |
| | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? | yes |
| | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? | yes |
| 115.261 (a) | Staff and agency reporting duties | |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or | yes |

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| | information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? | |
| | 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 |
| | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? | yes |
| 115.261 (b) | Staff and agency reporting duties | |
| | Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? | yes |
| 115.261 (c) | Staff and agency reporting duties | |
| | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? | yes |
| | Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? | yes |
| 115.261 (d) | Staff and agency reporting duties | |
| | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws? | yes |
| 115.261 (e) | Staff and agency reporting duties | |
| | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? | yes |

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| 115.262 (a) | Agency protection duties | |
| | 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 |
| 115.263 (a) | Reporting to other confinement facilities | |
| | Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? | yes |
| 115.263 (b) | Reporting to other confinement facilities | |
| | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? | yes |
| 115.263 (c) | Reporting to other confinement facilities | |
| | Does the agency document that it has provided such notification? | yes |
| 115.263 (d) | Reporting to other confinement facilities | |
| | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? | yes |
| 115.264 (a) | Staff first responder duties | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser? | yes |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? | yes |
| | 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, | yes |

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| | 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? | |
| | Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? | yes |
| 115.264 (b) | Staff first responder duties | |
| | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? | yes |
| 115.265 (a) | Coordinated response | |
| | 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 |
| 115.266 (a) | Preservation of ability to protect residents from contact with abusers | |
| | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? | yes |
| 115.267 (a) | Agency protection against retaliation | |
| | Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? | yes |

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| | Has the agency designated which staff members or departments are charged with monitoring retaliation? | yes |
| 115.267 (b) | Agency protection against retaliation | |
| | Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations? | yes |
| 115.267 (c) | Agency protection against retaliation | |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? | yes |
| | 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:4. Monitor resident housing changes? | yes |
| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? | yes |

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| | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? | yes |
| | 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 reassignment of staff? | yes |
| | Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? | yes |
| 115.267 (d) | Agency protection against retaliation | |
| | In the case of residents, does such monitoring also include periodic status checks? | yes |
| 115.267 (e) | Agency protection against retaliation | |
| | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? | yes |
| 115.271 (a) | Criminal and administrative agency investigations | |
| | When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| | Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) | yes |
| 115.271 (b) | Criminal and administrative agency investigations | |
| | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234? | yes |
| 115.271 (c) | Criminal and administrative agency investigations | |
| | Do investigators gather and preserve direct and circumstantial | yes |

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| | evidence, including any available physical and DNA evidence and any available electronic monitoring data? | |
| | Do investigators interview alleged victims, suspected perpetrators, and witnesses? | yes |
| | Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? | yes |
| 115.271 (d) | Criminal and administrative agency investigations | |
| | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? | yes |
| 115.271 (e) | Criminal and administrative agency investigations | |
| | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff? | yes |
| | Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? | yes |
| 115.271 (f) | Criminal and administrative agency investigations | |
| | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? | yes |
| | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? | yes |
| 115.271 (g) | Criminal and administrative agency investigations | |
| | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? | yes |
| 115.271 | Criminal and administrative agency investigations | |

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| | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? | yes |
| 115.271 (i) | Criminal and administrative agency investigations | |
| | Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years? | yes |
| 115.271 (j) | Criminal and administrative agency investigations | |
| | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation? | yes |
| 115.271 (l) | Criminal and administrative agency investigations | |
| | 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 any form of administrative or criminal sexual abuse investigations. See 115.221(a).) | yes |
| 115.272 (a) | Evidentiary standard for administrative investigations | |
| | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? | yes |
| 115.273 (a) | Reporting to residents | |
| | Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? | yes |
| 115.273 (b) | Reporting to residents | |
| | If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency | yes |

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| | 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.) | |
| 115.273 (c) | Reporting to residents | |
| | 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 |
| | 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 |
| | 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 |
| | 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 |
| 115.273 (d) | Reporting to residents | |
| | 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 |
| | Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform | yes |

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| | the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? | |
| 115.273 (e) | Reporting to residents | |
| | Does the agency document all such notifications or attempted notifications? | yes |
| 115.276 (a) | Disciplinary sanctions for staff | |
| | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? | yes |
| 115.276 (b) | Disciplinary sanctions for staff | |
| | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? | yes |
| 115.276 (c) | Disciplinary sanctions for staff | |
| | 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 |
| 115.276 (d) | Disciplinary sanctions for staff | |
| | 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 |
| | 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 |
| 115.277 (a) | Corrective action for contractors and volunteers | |

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| | Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? | yes |
| | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? | yes |
| 115.277 (b) | Corrective action for contractors and volunteers | |
| | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? | yes |
| 115.278 (a) | Disciplinary sanctions for residents | |
| | Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? | yes |
| 115.278 (b) | Disciplinary sanctions for residents | |
| | Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? | yes |
| 115.278 (c) | Disciplinary sanctions for residents | |
| | When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? | yes |
| 115.278 (d) | Disciplinary sanctions for residents | |
| | 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 | yes |

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| | condition of access to programming and other benefits? | |
| 115.278 (e) | Disciplinary sanctions for residents | |
| | Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? | yes |
| 115.278 (f) | Disciplinary sanctions for residents | |
| | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? | yes |
| 115.278 (g) | Disciplinary sanctions for 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.) | yes |
| 115.282 (a) | Access to emergency medical and mental health services | |
| | Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? | yes |
| 115.282 (b) | Access to emergency medical and mental health services | |
| | If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? | yes |
| | Do security staff first responders immediately notify the appropriate medical and mental health practitioners? | yes |
| 115.282 (c) | Access to emergency medical and mental health services | |
| | Are resident victims of sexual abuse offered timely information | yes |

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| | about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? | |
| 115.282 (d) | Access to emergency medical and mental health services | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (a) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? | yes |
| 115.283 (b) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? | yes |
| 115.283 (c) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility provide such victims with medical and mental health services consistent with the community level of care? | yes |
| 115.283 (d) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | 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.) | yes |
| 115.283 (e) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive | yes |

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| | 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.) | |
| 115.283 (f) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? | yes |
| 115.283 (g) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? | yes |
| 115.283 (h) | Ongoing medical and mental health care for sexual abuse victims and abusers | |
| | Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? | yes |
| 115.286 (a) | Sexual abuse incident reviews | |
| | Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? | yes |
| 115.286 (b) | Sexual abuse incident reviews | |
| | Does such review ordinarily occur within 30 days of the conclusion of the investigation? | yes |
| 115.286 (c) | Sexual abuse incident reviews | |
| | Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? | yes |

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| 115.286 (d) | Sexual abuse incident reviews | |
| | Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? | yes |
| | Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? | yes |
| | Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? | yes |
| | Does the review team: Assess the adequacy of staffing levels in that area during different shifts? | yes |
| | Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? | yes |
| | Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? | yes |
| 115.286 (e) | Sexual abuse incident reviews | |
| | Does the facility implement the recommendations for improvement, or document its reasons for not doing so? | yes |
| 115.287 (a) | Data collection | |
| | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? | yes |
| 115.287 (b) | Data collection | |
| | Does the agency aggregate the incident-based sexual abuse data at least annually? | yes |
| 115.287 | Data collection | |

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| (c) | | |
| | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? | yes |
| 115.287 (d) | Data collection | |
| | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews? | yes |
| 115.287 (e) | Data collection | |
| | 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.) | na |
| 115.287 (f) | Data collection | |
| | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) | yes |
| 115.288 (a) | Data review for corrective action | |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? | yes |
| | Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? | yes |

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| 115.288 (b) | Data review for corrective action | |
| | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse? | yes |
| 115.288 (c) | Data review for corrective action | |
| | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? | yes |
| 115.288 (d) | Data review for corrective action | |
| | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? | yes |
| 115.289 (a) | Data storage, publication, and destruction | |
| | Does the agency ensure that data collected pursuant to § 115.287 are securely retained? | yes |
| 115.289 (b) | Data storage, publication, and destruction | |
| | 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 |
| 115.289 (c) | Data storage, publication, and destruction | |
| | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? | yes |
| 115.289 (d) | Data storage, publication, and destruction | |
| | 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 |

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| 115.401 (a) | Frequency and scope of audits | |
| | 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.) | yes |
| 115.401 (b) | Frequency and scope of audits | |
| | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.) | yes |
| | 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.) | 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.) | na |
| 115.401 (h) | Frequency and scope of audits | |
| | Did the auditor have access to, and the ability to observe, all areas of the audited facility? | yes |
| 115.401 (i) | Frequency and scope of audits | |
| | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? | yes |
| 115.401 (m) | Frequency and scope of audits | |
| | Was the auditor permitted to conduct private interviews with residents? | yes |
| 115.401 (n) | Frequency and scope of audits | |
| | Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the | yes |

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| | same manner as if they were communicating with legal counsel? | |
| 115.403 (f) | Audit contents and findings | |
| | The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS 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, there has never been a Final Audit Report issued.) | yes |