

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

Interim Final

Date of Report March 24, 2019

Auditor Information

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Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O.Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: November 6-7, 2018

Agency Information

Name of Agency: Community Counseling and Correctional Services Inc. (CCCS)	Governing Authority or Parent Agency (If Applicable):		
Physical Address: 471 East Mercury Street	City, State, Zip: Butte, MT 59701		
Mailing Address: Same as Above.	City, State, Zip: Same as Above.		
Telephone: 406-782-0417	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission: See Body of Report.			
Agency Website with PREA Information: www.ccscorp.com			

Agency Chief Executive Officer

Name: Mike Thatcher	Title: CEO
Email: mthatcher@ccscorp.com	Telephone: 406-782-0417

Agency-Wide PREA Coordinator			
Name: Marwan Saba		Title: PREA Coordinator/Compliance Manger	
Email: msaba@cccscorp.com		Telephone: 406-491-0245	
PREA Coordinator Reports to: Mike Thatcher, CEO		Number of Compliance Managers who report to the PREA Coordinator 8 Indirect	
Facility Information			
Name of Facility: Butte Pre-Release Center/ Women's Transitional Center (BPRC/WTC)			
Physical Address: 62 West Broadway Butte, MT 59701			
Mailing Address (if different than above): Same as Above.			
Telephone Number: 406-782-2316			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
			<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		
Facility Mission: See body of report.			
Facility Website with PREA Information: www.cccscorp.com			
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Director			
Name: Jay Grant		Title: Program Administrator	
Email: jgrant@cccscorp.com		Telephone: 406-496-5070	
Facility PREA Compliance Manager			
Name: Becky Burns		Title: PREA Compliance Manager	

Email: bburns@cccscorp.com		Telephone: 406-782-2316	
Facility Health Service Administrator			
Name: NA		Title: NA	
Email: NA		Telephone: NA	
Facility Characteristics			
Designated Facility Capacity: BPRC-143 WTC-58		Current Population of Facility: 156	
Number of residents admitted to facility during the past 12 months			BPRC=496 WTC=190
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			0
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			BPRC-474;WTC 178
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			BPRC-494, WTC - 190
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 18-72	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			192 days
Facility Security Level:			Community Based/Open/ Minimum
Resident Custody Levels:			Same as Above
Number of staff currently employed by the facility who may have contact with residents:			92
Number of staff hired by the facility during the past 12 months who may have contact with residents:			28
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 3		Number of Single Cell Housing Units: 1- Holding Room	
Number of Multiple Occupancy Cell Housing Units:		7	
Number of Open Bay/Dorm Housing Units:		2	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
Camera's on floors (Fed Floor -5, BPRC-13, WTC-11, Kitchen- 12)	
Medical	
Type of Medical Facility:	Nurse Station- Ambulatory Care
Forensic sexual assault medical exams are conducted at:	St. James Hospital
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	(2017-One (1)) 2018-zero
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	Zero (0)- Butte Silver Bow Law Enforcement completes criminal investigations. One facility administrative investigator.

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Butte Pre-Release Center/Women's Transition Center (BPRC/WTC) was conducted November 6-7, 2018, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

The documentation review included, but was not limited to, Community Counseling and Correctional Services (CCCS) and BPRC/WTC Corporate and facility policies, staff training slides, completed forms regarding both staff and resident training, MOUs, organizational chart(s), PREA Handbook, CCCS and BPRC/WTC PREA brochures, resident education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the CCCS PREA Coordinator (CCCS PC). The majority of informational needs were addressed pursuant to this process.

Following the on-site audit, the auditor contacted the Shelter Administrator at Safe Space (third-party clearinghouse for receipt of BPRC/WTC resident sexual abuse/harassment reports and provider of services to sexual abuse victims) relative to receipt of any reports of sexual abuse from BPRC/WTC. The Shelter Director advises no such reports have been received during the last 24 months.

The auditor met with the PA, CCCS PC, COS, PCM, and Food Service Director at 8:00AM on Monday, November 6, 2018. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 10:15AM, the auditor toured the entire facility with the PA, CCCS PC, COS, and PCM.

It is noted the rated capacity of BPRC/WTC is 201 residents and the institutional count on November 6, 2018 was 156 residents.

During the on-site audit, the auditor was provided an office from which to review documents and facilitate confidential interviews with staff and residents. The auditor randomly selected (from a resident roster provided by the Director) 21 residents for on-site interviews pursuant to the Resident Interview Questionnaire. Interviewees represented all floors and wings of the facility.

According to the Director, there were no resident(s), confined in the facility at the time of the on-site audit, who were Limited English Proficient (LEP). Accordingly, such interview was not conducted.

It is noted the 21 random resident interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to residents for reporting sexual abuse and sexual harassment. Overall, random resident interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random residents advised they had received training by BPRC/WTC staff, as well as, information gleaned pursuant to previous PREA training within State prisons, jails, other CCCS facilities, and transitional centers.

Twelve random staff selected by the auditor from a staff roster provided by the Director, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to residents and staff, the response protocols when a residents alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

Agency Head
Director
BPRC/WTC PCM
Designated Staff Charged with Monitoring Retaliation (1)
Incident Review Team (1)
Human Resources (1)
Investigator (1)
Medical
Mental Health
SAFE/SANE Staff- (1)
Intake (1)
Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
Security and Non-Security Staff Who Have Acted as First Responders (8 Security staff and 4 Non-Security staff)
Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)

The Contract Administrator interview was not conducted as BPRC/WTC does not employ staff in that capacity.

It is noted CCCS is the umbrella company for BPRC/WTC.

The following resident interviews were facilitated in addition to the random resident interviews. The interview sets are noted below:

Disabled (2- low functioning, 1- mental disabilities, 1- blind)
Residents Who Reported a Sexual Abuse (1)
Transgender/Intersex (1)
Lesbian, Gay, Bisexual (3)
Reported Sexual Abuse During Screening (1)

The auditor reviewed 10 Staff Training records, 12 resident files, 10 staff HR files, 10 PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On November 6, 2018, the auditor and the CCCS PC proceeded to the PA's Office which is located on the side of the building and away from the Front Entrance to the facility. The PA's Office faces the street however, there is a back egress to a hallway leading into the facility. The area is subject to video monitoring.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of residents, unit layout (inclusive of shower areas), placement of PREA posters and informational resources, security monitoring, and resident programming.

The facility is comprised of multiple buildings each inclusive of long and short hallways. Resident room doors, as well as shower/bathroom doors open into the hallways throughout the facility. There is a bubble (equivalent of a Mini-Control Center/Staff Work Room) in both the BPRC and WTC.

Generally, public restrooms/showers pervade throughout the facility. In the Moriar Addition, each room has individual showers, complete with a non-transparent shower curtain. In all cases, there are doors for each bathroom.

Pursuant to the auditor's review of several different cameras, as well as camera angles, in the BPRC and WTC Bubbles, he found no concerns with respect to resident privacy. Residents have sufficient protection from potential voyeurism.

Video surveillance is plentiful and strategically located throughout the facility. The auditor's on-site observation of camera positioning and his review of facility schematics confirms cradle to grave coverage throughout the facility. The auditor noted very few potential blind spots and as he noted the same, he advised stakeholders of his findings.

Showers were shielded with proper curtains to ensure privacy. The auditor found no deviations in regard to the same.

The auditor identified two resident telephones areas wherein posters were not available to advertise sexual abuse reporting telephone numbers. This condition was rectified within minutes of advisement.

The auditor notes Audit Notices were generously posted throughout the facility. Both residents and staff were aware of the on-site audit.

As mentioned throughout this report, sexual abuse reporting posters and zero tolerance posters are generously displayed throughout the facility. The auditor finds that residents have ample opportunity to be aware of sexual safety protocols pursuant to numerous channels.

The auditor notes a resident Laundry is located outside the general confines of the housing areas. The facility is modern and is located one to two doors down from the main institution. The Laundry schedule is developed such that male and female residents use the same at different times.

It is noted male and female residents are separated by secured door(s) and walls.

An On-site Audit Closeout meeting was facilitated on November 7, 2018 with the PA, CCCS PC, COS, PCM, and Food Service Director. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the PCM for her diligence in terms of ensuring prompt reporting of interviewees.

While a rating is not provided during such Closeouts, the auditor complimented the PA regarding staff's general knowledge of PREA programs and operations. Additionally, he cited the PREA Victimization and Predator Screening process/implementation of the same as a strength.

Facility Characteristics

The Butte Pre-Release Center (BPRC) is a comprehensive, community-based correctional program serving adult male offenders referred by Montana Department of Corrections (MDOC) staff, federal probation officers,

as well as, district court judges and county attorneys. BPRC has been accredited since 1998 by the American Correctional Association (ACA).

BPRC, with a 160-bed capacity, is designed to assist adult male offenders with their transition back into the community as well as to provide a cost-effective, program-intensive alternative to incarceration. BPRC provides residents with a full-range of correctional programming, chemical dependency treatment, life skills development, and employment skills.

The Women's Transitional Center (WTC) is a comprehensive, community-based correctional program serving adult female offenders referred by the Montana Department of Corrections (MDOC) staff, federal probation officers, as well as, district court judges and county attorneys.

WTC is designed to assist female offenders with their transition back into the community as well as to provide a cost-effective, program-intensive alternative to incarceration. WTC provides residents with a full-range of correctional programming, chemical dependency treatment, life skills development, and employment skills.

The Community, Counseling, and Correctional Services, Inc. (CCCS) purchased and renovated an old dilapidated hotel to its current use as a community-based correctional facility. In June 1992, WTC began providing services as a pre-release center for adult female offenders. With a 60-bed capacity, it contracts with MDOC for provision of correctional programming, security oversight and educational opportunities to female offenders as they transition from state custody. WTC has been accredited through the American Correctional Association since 1998, which ensures the consistent and highest degree of quality service delivery to the resident populations.

The CCCS Mission Statement is as follows:

A team of individuals dedicated to meeting the human services needs of youth and adults to promote healthy living through treatment, training, and supervision.

Summary of Audit Findings

Number of Standards Exceeded: 3

115.213, 115.231, 115.286

Number of Standards Met: 36

Number of Standards Not Met: 0

Summary of Corrective Action (if any)

115.271 While the auditor finds the investigations reviewed to be complete with memorandums and reports regarding the Who? What? When? Where? Why? and How? of the incidents, he finds little, if any, analysis of victim/perpetrator/witness credibility. Parallels are not drawn between what was said and how the same

relates to the "big picture" of what was said by all victims, perpetrators, and/or witnesses. There is no analysis as to who is believed and why.

Furthermore, investigations are not scripted in formal reports with a defined report format as prescribed in 115.271(f). E-mails and separate written reports regarding each interview essentially characterize investigative report packets.

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.271(e) and (f). Accordingly, the auditor is placing BPRC/WTC in a 180-day corrective action period in which institutionalization of 115.271(e) and (f) will be demonstrated. If, upon the auditor's review of corrective action documentation, he is reasonably assured requirements have been institutionalized, he may close the finding prior to conclusion of the maximum corrective action period. The 180-day corrective action period date is June 28, 2019.

The CCCS PC will provide training to the designated PREA Investigator at BPRC/WTC regarding the investigative process, inclusive of documenting credibility analysis. Additionally, the auditor recommends the PC provide a detailed standard administrative investigative report format to the Investigator for implementation of 115.271 requirements. The auditor requests a copy of all relevant training documentation if this option is chosen.

In the alternative, completion of an approved PREA Investigative training (perhaps sponsored by a state or county jurisdiction(s) may be a viable alternative. The auditor requests the PC provide him with a copy of the syllabus and relevant training tabs if the latter option is chosen. Additionally, the auditor requests a copy of any Certificate(s) granted be forwarded to him.

The PC will oversee completed investigations during the corrective action period. Additionally, a copy of all completed investigation reports and accompanying documentation will be provided to the auditor throughout the corrective action period. He will review the same for compliance 115.271(e) and (f).

March 15, 2019 Update:

The auditor's review of the training plan relative to training provided by the CCCS PC and two other staff reveals the same addresses substantial information required with respect to sexual abuse/harassment evidence preservation, interviewing techniques, and report writing. This training, eight hours in duration and provided to CCCS investigators, included investigative scenarios and a mock report writing exercise. The training was facilitated on January 15, 2019 and requisite BPRC/WTC investigators participated in the same. Of note, a Staff Development and Training Record Form was completed for the BPRC/WTC investigators, certifying their understanding of the training. The auditor finds this training does meet the afore-mentioned corrective action requirement.

In addition to the above, the auditor reviewed an investigative memorandum authored by the primary investigator regarding a sexual abuse allegation, more appropriately classified as a sexual harassment allegation. The investigative memorandum was thorough, reflective of victim, witness, and perpetrator statements. The alleged perpetrator admitted to the allegation, thereby resulting in a documented and validated finding of Substantiated.

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

115.273 The auditor's review of six 2016 and four 2017 sexual abuse investigations reveals none of the affected residents were notified of the outcome of the investigation as prescribed in 115.273(a). It is noted one 2016 notification did not pertain to a sexual abuse incident but rather, staff's failure to report. Of note, law enforcement determined the sexual abuse allegation, perpetrated by a community supervision resident,

was unsubstantiated however, there is no indication the victim was notified of that investigative outcome. Accordingly, the auditor finds BPRC/WTC non-compliant with 115.273(a).

In view of the above, the auditor is imposing a 180-day corrective action period wherein BPRC/WTC staff must demonstrate institutionalization of standard requirements. The corrective action period concludes on or about June 28, 2019 however, the auditor may close the finding prior to that date, if satisfied institutionalization has been accomplished.

BPRC/WTC PCM will forward to the auditor copies of all sexual abuse/harassment investigations completed during the corrective action period. Copies of resident notifications, as required pursuant to 115.273(a), will likewise be forwarded to the auditor.

Of note, the BPRC/WTC PCM will also reinforce, with relevant stakeholders, procedures and requirements regarding such notifications. This can be accomplished pursuant to dissemination of a memorandum to stakeholders, scripting steps to be taken and when the same are to be taken. The memorandum will be signed and dated by stakeholders, verifying their receipt and understanding.

March 15, 2019 Update:

The auditor's review of the investigation referenced in the bolded corrective action specified in 115.271 reveals the investigator notified the victim of the outcome of the investigation. The investigator notes in the body of the report memorandum that he notified the victim the allegation was substantiated on November 7, 2018.

Additionally, the auditor's review of a November 20, 2018 memorandum from the PA reveals he also notified the victim of the investigation outcome on the same date.

In addition to the above, pursuant to a memorandum dated March 19, 2019, the PA and COS/ Investigator affirmatively acknowledge notification requirements pursuant to 115.273.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.73.

115.234 It is noted there are no Certificates or Staff Development and Training Forms regarding administrative PREA investigations for the BPRC/WTC PCM.

While the auditor does not find BPRC/WTC non-compliant with 115.234, the PCM must successfully complete the above training to meet the intent of policy. Specifically, governing policy requires the PCM to complete requisite training regarding Conducting Sexual Abuse Investigations in a Confinement Setting. Accordingly, it is expected the PCM will complete the requisite training on or before March 27, 2019, subsequently providing the auditor with a copy of documentation certifying completion.

March 15, 2019 Update:

The auditor's review of a Staff Development and Training Record dated January 8, 2019, reveals the BPRC/WTC PCM completed the NIC Conducting Sexual Abuse Investigations in a Confinement Setting course. This action addresses the above noted concern and the matter is closed.

115.264 All 12 interviewees assert the first step in the process is separation of the victim and perpetrator. Seven interviewees assert securing the crime scene, five assert the first responder requests the victim not destroy physical evidence and ensure the perpetrator does not destroy physical evidence, and seven assert

Medical/MH practitioners are contacted, are subsequent steps. Four interviewees assert first responders ensure the victim and perpetrator do not destroy physical evidence. The auditor notes all interviewees were in possession of a laminated card reflecting first responder duties and responsibilities as articulated in 115.264(a).

According to the resident who reported a sexual abuse interviewee, she was assisted by staff immediately following the sexual abuse incident. The victim states she felt the perpetrator was making a sexual advance towards her. She advised the PA immediately of the incident as he was in the area at the time. The interviewee asserts the first responder's actions were quick and efficient.

First responders documented the victim's statement and she quickly saw medical/mental health practitioners. She assesses staff's actions to be very responsive. The auditor's review of the BPRC/WTC Coordinated Response to PREA Incidents and MDOC Sexual Assault Response and Containment Checklist also contain the appropriate provision requirements.

While the auditor does not find sufficient basis to find BPRC/WTC non-compliant with 115.264(a) based on the afore-mentioned issue and evidence, there is cause to re-train staff regarding the same. As all staff receive the same First Responder training, refresher training appears to be an appropriate remedy.

In view of the above, the BPRC/WTC PCM will ensure all staff receive training regarding the four steps to be employed by First Responders, emphasis added regarding **"requesting"** the victim to refrain from destroying physical evidence and **"ensuring"** the perpetrator does not destroy physical evidence. Of note, First Responder refresher training must be completed on or before March 27, 2019.

The BPRC/WTC PCM will provide a roster of all staff to the auditor and he will randomly select staff names. The BPRC/WTC PCM will provide training certifications, substantiating provision of the relevant training for each selectee. Additionally, the BPRC/WTC PCM will provide a copy of the training syllabus to the auditor.

March 15, 2019 Update:

The auditor's review of the training plan regarding proper protocol for First Responders is deemed commensurate with the standard provision. Additionally, the auditor's review of eight random participant Staff Development and Training Record Forms dated January, 2019 reveal staff understand the subject-matter of the training session

In view of the above, the auditor finds BPRC has completed the recommended action relative to 115.264.

PREVENTION PLANNING

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

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

115.211 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? X Yes No

- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.211 (b)

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

Auditor Overall Compliance Determination

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

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

The PA self reports the facility has a written policy which includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment. Policy also includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of residents.

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

Pursuant to the PAQ, the PA self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator 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 Organizational Chart. The PA also self reports a PREA Compliance Manager (PCM) is assigned at BPRC/WTC. The auditor's review of the BPRC/WTC Organizational Chart reveals the PCM is in the facility's organizational structure. Additionally, the PA self reports she has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at BPRC/WTC.

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

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

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports CCCS and BPRC/WTC do not contract with other facilities or companies to house residents designated for confinement at BPRC.

Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.212.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section? X Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? X Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies? X Yes No
- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels? X Yes No

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the PA self reports the agency 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 188 and the average daily number of residents on which the staffing plan is predicated is 201.

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

The auditor's review of the 2016, 2017, and 2018 BPRC/WTC Staffing Plans reveals the facility exceeded standard expectations. All four of the requisite community confinement center issues are considered during development and documentation of the initial staffing plan while all components of the prisons and jails requirements are considered during the subsequent review. All staffing plans are extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services, as an absolute last resort.

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

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

The staffing plan is documented and electronically maintained by the CCCS PC, BPRC/WTC Chief of Security (COS), BPRC/WTC PCM, and the Security Supervisors. The staffing plan is also maintained in paper format.

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

- a. Blind spots are primary considerations. Laundry areas/closets/staff offices are especially considered. When reviewing the staffing plan, consideration as to where the likely place for sexual assault lies. This is essential to vulnerability assessments. Resident housing, in consideration of resident vulnerability through routine/Sexual Abuse Review Team (SART), and camera reviews, assist in monitoring.
- b. In regard to the composition of the resident population, assessment of the nature and number of resident(s) with mental health needs/vulnerable residents, gang affiliations and membership, unique issues in consideration of co-ed housing/programming/operations (males and females in same program), and the severity/nature of resident criminality are considerations. Sex offenders and residents with a well documented history of violence, are not housed at BPRC/WTC.
- c. In regard to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, an increase in incidents in a particular facility area may require increased staffing or re-alignment of resources consideration. It may warrant the addition of cameras or re-positioning of existing cameras for more effective monitoring and supervision.
- d. There are no other relevant factors at this time.

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

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

- a. Physical plant- Are cameras properly positioned to ensure comprehensive coverage? Do cameras cover blind spots? Are there any locations wherein there is insufficient coverage? Can staff adequately monitor and supervise the physical plant?
- b. Composition of the resident population- The facility is comprised of both male and female residents. All residents are designated as "Minimum Security" however, are there distinguishing factors amongst certain residents/groups and what do the numbers look like? Gang affiliates or members/number of the same/ geographical locations of this group within the facility. Number of mental health cases and the nature of illnesses. Composition of the LGBTI population. Number(s) of sexual assault victims/predators.
- c. Prevalence of substantiated and unsubstantiated incidents of sexual abuse- The existence of such constitutes a significant consideration in terms of staffing plan development and implementation. The same is essentially a consideration in terms of requests for additional resources or reallocation of resources, and additional camera surveillance.
- d. Any other relevant factors- There are no other relevant considerations at this time.

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

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

The auditor's review of eight 2016, ten 2017, and five 2018 BPRC/WTC Deviation Forms reveals substantial compliance with 115.213(b).

The PA asserts all instances of non-compliance with the staffing plan are documented. This occurs pursuant to completion of a Deviation Report, with explanations for non-compliance included in the Deviation Reports. The PA asserts essentially that BPRC/WTC never experiences deviations as all staffing plan identified posts are always filled.

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

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

BPRC/WTC PREA Policy 15.1, page 9, section IV(A)(7) addresses 115.213(c).

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

In view of the above, the auditor finds BPRC/WTC exceeds standard requirements with respect to 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports cross-gender strip searches or cross-gender visual body cavity searches of the anal or genital opening are not conducted at BPRC/WTC. The PA further self reports 0 strip or cross-gender visual body cavity searches of residents were conducted at BPRC/WTC during the last 12 months.

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

The non-medical staff who may be involved in cross-gender strip or visual searches interviewee, asserts no opposite gender strip searches are conducted at BPRC/WTC.

Pursuant to the PAQ, the PA self reports the facility does not permit cross-gender pat-down searches of female residents, absent exigent circumstances. The PA further self reports the facility does not restrict female residents' access to regularly available programming or other outside opportunities in order to comply with this provision. In the past 12 months, no female pat-down searches were conducted by male staff.

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

All 12 random staff interviewees assert if female staff are not available to conduct pat-down searches of female residents, the facility does not restrict those residents' access to programs or outside opportunities. Several interviewees assert female staff are always on shift or available pursuant to being called in or deployment of female staff from other job titles for searches. Eight of the 21 random resident interviewees are female. All eight 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.

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

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

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

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

Twenty of the 21 random resident interviewees assert both male and female staff announce their presence when entering housing units wherein opposite gender residents are housed. The other interviewee asserts this does not always occur as 70% of the time, male staff do not announce their presence (by gender). All 21 interviewees assert they are never naked in full view of male/female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothes.

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

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

Pursuant to tour of the Bubbles (Control Center equivalent), the auditor viewed the camera monitor in each. Due to camera locations and positioning, he identified no concerns regarding resident privacy while toileting, showering, or changing clothes. Additionally, the PA and COS advise male staff are not assigned to the Bubble on the female side and female staff are not assigned to the Bubble on the male side. The auditor noted no deviation from the described process during the on-site audit.

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

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

All 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.

The transgender resident interviewee asserts he has not been placed in a housing area only for transgender or intersex residents. Additionally, he has no reason to believe he has been strip searched for the sole purpose of determining genital status.

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

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

The auditor's review of nine 2017 Staff Developmental and Training Record Forms reveals five staff completed the Pre-Service Cross-Gender Pat Search and Searches of transgender/intersex residents training and four staff completed the In-Service training. The thirteen 2018 documents pertained to In-Service training regarding the same subject-matter. Searching transgender/intersex residents in a professional and respectful manner is addressed in the cross-gender pat search class.

In addition to the above, the auditor's random review of ten staff training files reveals seven staff received this training during 2018. Two of the files reviewed pertained to medical/mental health practitioners and they did not receive the training however, they received the training required by 115.231.

The auditor's review of the training program related to this issue, inclusive of the video and Power Point presentation, reveals the same is quite detailed and meets provision expectations. All 12 random staff interviewees assert they received training regarding cross-gender pat down searches and searches of transgender/intersex residents in a professional and respectful manner. Reported receipt of the training varied from a couple weeks ago to excess of one year.

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

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

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

115.216 (a)

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

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

115.216 (b)

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

115.216 (c)

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

Auditor Overall Compliance Determination

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

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

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

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 2, section II(A)(1)(b) addresses 115.216(a). This policy stipulates BPRC/WTC shall provide resident education in formats accessible to all residents, which will include written material and viewing the video "What You Need to Know". These formats shall be accessible to all residents including those who are limited English proficient by providing interpreters who speak the same language, deaf, visually impaired, or otherwise disabled, as well as, residents who have limited reading skills. This shall be done by reading the information to the resident and contacting a company employee certified in special education who will provide the information to the resident with disabilities in understanding the information.

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

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2017 between CCCS and a Special Education Teacher with the Butte Public School System reveals substantial compliance with 115.16(a). This MOU addresses those offenders who may be low functioning or somewhat cognitively impaired.

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

Of note, this policy is adapted from MDOC policy.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates 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 and sexual harassment. Specifically, Language Line is used, when necessary, to communicate with LEP inmates. Additionally, pursuant to contract with a Special Education teacher, provision of services to low functioning/ cognitively impaired residents.

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide LEP 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 sexual harassment.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 3, section II(A)(3) addresses 115.216(b). This policy stipulates BPRC/WTC shall take reasonable steps to ensure meaningful access to all efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are LEP, including interpreters, where a list of interpreters can be provided from the program administrator, who are capable of

interpreting effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

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

All four of the disabled interviewees (one legally blind in one eye, one mental health, and two low functioning) assert sexual abuse and harassment information was provided in a manner they could understand. The resident with the afore-mentioned physical disability asserts he can read the PREA Handbook, posters, and brochures with his other eye. According to the PCM, there are no LEP residents at BPRC/WTC.

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

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

Eleven of the 12 random staff interviewees assert the agency allows the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or LEP residents when making an allegation of sexual abuse/harassment. Nine of the 11 interviewees were able to cite at least one example of when the same is permissible pursuant to the standard. One interviewee asserts such practice is not allowable.

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

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

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

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

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

Five of the ten random staff Human Resources (HR) files reviewed by the auditor reveal the above questions were asked during the application phase. One of the remaining two applicable cases is an employee transfer from another CCCS facility and accordingly, a new application was not required. Additionally, the auditor's review of the respective criminal background record checks (either initial or 5-year re-investigation) associated with these staff reveals non-existence of positive findings regarding the subject-matter of the three questions. As reflected in the narrative for 115.232, there are no contractors or volunteers at BPRC/WTC. Four of the employees whose files were randomly reviewed were hired prior to

2012 and accordingly, there is no documentation, other than criminal background record checks or five-year re-investigations from which to assess compliance. The auditor finds CCCS and BPRC/WTC to be substantially compliant with 115.217(a).

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

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

The auditor's random review of employee HR files, as referenced in the narrative for 115.217(a), reveals there were no previous institutional employers in four of the six applicable cases and accordingly, requisite documents bearing any questions regarding sexual harassment are not applicable. There is no file evidence of any documents regarding prior employer questionnaires being forwarded in the remaining two applicable cases.

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

The auditor notes the criminal background record checks do not generally capture prior incidents of sexual harassment of residents in a confinement setting and accordingly, such questionnaires become the primary source of validation or invalidation in such matters. Given the above, the auditor finds BPRC/WTC substantially compliant with 115.217(b) based on the afore-mentioned circumstances.

Pursuant to the PAQ, the PA self reports agency policy requires before it hires any new employees who may have contact with residents, it a. conducts criminal background record checks and b. 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 past 12 months, 28 staff who may have contact with residents have had criminal background record checks. The PA reports this equates to 100% of staff hired who may have contact with residents who have had criminal background record checks.

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

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

Five of the six applicable staff hires during the audit period were subjected to a criminal background records check prior to their entry on duty date. The previously referenced transferring employee's entry on duty date was January 1, 2018 and his last criminal background record check was completed on October 8, 2015.

There are no contractors on board at BPRC/WTC.

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 past 12 months, there were 0 contracts for services where criminal background record checks were conducted.

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

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

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

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

HR staff utilize a spreadsheet to track due dates for employee 5-year re-investigations. HR staff request the conduct of such criminal record background record checks through the Montana DOJ. Additionally, initial requests for criminal background record checks are facilitated by CCCS HR Department staff.

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

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

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

The auditor's random review of the four staff hired prior to 2012 and the transferee's file reveals 5-year re-investigations were completed in 2015.

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

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

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

The auditor has learned that asking the three questions commenced with the 2018 performance review cycle. The auditor is familiar with the process as the same was identified as a finding at other CCCS facilities during 2017. The auditor previously approved the form utilized to capture staff responses.

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses both 115.217(f) and (g). The auditor's random review of completed documents (relative to the afore-mentioned randomly selected HR files referenced throughout the narrative for 115.217) validates these forms were completed in conjunction with both of the afore-mentioned standard provisions for 2018.

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

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

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

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

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

Standard 115.218: Upgrades to facilities and technologies

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

115.218 (a)

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

115.218 (b)

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

Auditor Overall Compliance Determination

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

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

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

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

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

In view of the above, the auditor finds 115.218(a) not applicable to BPRC/WTC.

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

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

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

The PA asserts when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, the facility does consider using such technology to enhance residents' protection from sexual abuse. Cameras have been strategically added to enhance resident sexual safety at BPRC/WTC. Line of sight, blind spots, and obstructions are considerations in the strategic use of camera systems.

The auditor's review of three memorandums dated in 2016, 2017, and 2018 details the strategic placement of cameras within the institution and the PREA impact of those cameras.

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

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

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

115.221 (c)

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

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

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

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

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

All 12 of the random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. It is noted seven of the 12 interviewees assert the first two steps are separation of the victim and perpetrator and securing the crime scene as the first two steps. Five interviewees assert first responders must then request the victim not to destroy physical evidence and ensure the perpetrator does not destroy physical evidence. The specifics of this matter are addressed in the narrative for 115.264.

In regard to who is responsible for conducting administrative sexual abuse investigations, five random staff interviewees accurately assert the COS facilitates the same. Nine interviewees accurately assert BSB LEA facilitates criminal investigations.

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

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

The PA self reports the facility offers to all residents who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners. When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. All of the above is clearly articulated in an MOU with St. James Healthcare.

According to the PA, no forensic medical examinations were conducted during the past 12 months.

The auditor's review of a letter dated March 5, 2018 from the Director of Emergency/Trauma Services at St. James Healthcare specifically addresses the subject-matter of 115.221(c) and provision of SAFE/SANE services. The letter, in question, is detailed in regard to all services provided.

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 9 and 10, section II(e)(c) addresses 115.221(c).

According to the SAFE/SANE interviewee, she and her team are responsible for conducting all forensic medical examinations for BPRC/WTC. She asserts eighty percent of the Nurses in her department are SANE trained however, they are not SAFE/SANE certified. The remaining 20 % of the Nurses are provided SANE Orientation training.

Trained SANE nurses are available on a 24 hour, seven day per week basis. Therefore, coverage is continuous.

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

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

The auditor's review of the MOU between CCCS and Safe Space reveals substantial compliance with 115.221(d). All requirements of the provision are clearly articulated in the MOU.

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

The resident who reported a sexual abuse asserts when she reported a sexual abuse, she was not allowed to contact anyone. The auditor notes the incident occurred shortly prior to the interview. The fact pattern did not reveal circumstances consistent with sexual abuse as defined in policy and the standard however, facility staff facilitated copious steps to ensure compliance with standards. Additionally, she asserts there was no need for a VA nor did she request the same.

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

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

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

As reflected throughout this narrative, the COS (PREA Investigator) facilitates administrative investigations.

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

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

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

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

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

115.222 (b)

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

115.222 (c)

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

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct). In the past 12 months, one allegation of sexual abuse and sexual harassment was received. The allegation was investigated administratively. The PA self reports the administrative investigation of this allegation was completed.

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

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

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

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

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

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

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

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

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

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

- Is such training tailored to the gender of the residents at the employee's facility? X Yes No

- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? Yes No

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

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

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

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

All 12 random staff interviewees assert they received either Pre-Service or In-Service PREA training regarding the above topics. Of note, nearly all interviewees assert In-Service PREA training is provided throughout the year.

The auditor's review of numerous Staff Development and Training Forms associated with staff across all facility disciplines reveals staff complete a PREA policy review and an in-depth PREA refresher class on an annual basis. The auditor's review of 150 plus forms reveals all participants sign the "I understand" caveat and date a training form each time they complete a course. A plethora of different classes are provided to staff on an annual basis. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS facilities is enhanced.

The auditor's review of nine Pre-Service Orientation Training Schedules spanning 2016-2018 reveals PREA is included in the curriculum for that particular training.

The auditor's review of ten random staff training files reveals the requisite topics were addressed, minimally, during 2018.

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

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

Pursuant to review of the Power Point training slides, the auditor has determined that the training is tailored to both male and female offender populations. Additionally, the PCM self reports 0 staff transferred from opposite gender facilities during the last 24 months.

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

Pursuant to the PAQ, the PA self reports 96 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of staff. Between trainings, staff are expected to review policies periodically. Employees who may have contact with residents receive PREA training on an annual basis.

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

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

Pursuant to the PAQ, the PA self reports the agency documents that employees, who may have contact with residents, understand the training they received, through employee signature or electronic verification. BPRC/WTC PREA Policy 15.6 entitled Training, page 2, section II(D) addresses 115.231(d).

In view of the above, the auditor finds BPRC/WTC to exceed the requirements of 115.231.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports 0 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 0 contractors provide services at BPRC/WTC.

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

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

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

The auditor's review of two CCCS PREA Policy Volunteer PREA Acknowledgment Forms (dated in 2017) reveals the signatory signs and dates the same and a witness also signs and dates. The document clearly reflects the "I understand" caveat.

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

BPRC/WTC PREA Policy 15.6 entitled Training, pages 2 and 3, section II(F) addresses 115.232(b).

The auditor's review of the 2017 training documents referenced in the narrative for 115.232(a) reveals training is substantive and appropriate to duties and responsibilities performed.

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

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

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

Standard 115.233: Resident education

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

115.233 (a)

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

115.233 (b)

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

115.233 (c)

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

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

115.233 (d)

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

115.233 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports residents receive information at time of Intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 496 BPRC and 190 WTC residents were provided requisite information at Intake during the last 12 months. Reportedly, this equates to 100% of the residents admitted to BPRC and WTC during the last 12 months.

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

The staff who facilitates Intake interviewee asserts she does provide residents with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, she provides a PREA pamphlet and PREA Handbook (included in the PREA packet) to residents. In addition to provision of the PREA packet to residents upon arrival, PREA posters and a formal Orientation class, conducted within one week of arrival, serve as PREA educational sources to residents regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting incidents, and regarding agency policies/procedures for responding to such incidents.

All 21 random resident interviewees assert when they first arrived at BPRC/WTC, they received information about the facility's rules against sexual abuse/harassment. Nineteen of the 21 interviewees assert they received a PREA packet (comprised of the PREA Handbook and pamphlet).

All 21 interviewees assert when they arrived at BPRC/WTC, they were told about:

- a. Their right to not be sexually abused/harassed.
- b. How to report sexual abuse/harassment.
- c. Their right not to be punished for reporting sexual abuse/harassment.

All 21 interviewees assert this information was provided during Orientation. Six interviewees assert Orientation was conducted at Intake, eight interviewees assert Orientation was conducted within one to four days of Intake, two interviewees assert Orientation was conducted within one week of Intake and two interviewees assert Orientation was conducted within two weeks of Intake.

The auditor's review of 12 random resident files reveals dissemination of the PREA packet at Intake in all cases. Provision of PREA Orientation exceeded one week in four of 12 cases. In two of those cases, Orientation was facilitated within eight days of Intake, as opposed to, the BPRC/WTC required seven days.

The auditor's review of ten 2016, seven 2017, and twelve 2018 Resident Receipts for the BPRC/WTC PREA Handbook, reveals substantial compliance with provision of the requisite information at Intake. The documents applied to both residents confined in BPRC and WTC.

The auditor's review of the BPRC/WTC PREA Handbook reveals the same provides substantial information to each resident regarding all of the key components identified in 115.233(a).

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 341 residents were transferred to BPRC and 90 to WTC from a different community confinement facility within the last 12 months and all have received refresher training. Residents receive the same PREA information when they transfer from one facility to another facility.

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

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

All 21 random resident interviewees assert they were transferred to BPRC/WTC from other facilities, many of which are operated by CCCS. As reflected in the narrative for 115.233(a), all random resident interviewees were provided complete PREA education upon Intake and Orientation at BPRC/WTC.

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

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 2, section II(A)(1)(b) addresses 115.233(c). This policy stipulates BPRC/WTC shall provide resident education in formats accessible to all residents, which will include written material and viewing the video "What You Need to Know". These formats shall be accessible to all residents including those who are LEP by providing interpreters who speak the same language, deaf, visually impaired, or otherwise disabled, as well as residents who have limited reading skills. This shall be done by reading the information to the resident and contacting a company employee, certified in special education, who will provide the information to the resident with disabilities.

Resident educational materials and MOUs are addressed in greater depth in the narrative for 115.216.

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

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

The auditor's review of 10 Receipts of BPRC/WTC Sexual Abuse/Assault Prevention and Intervention Overview for Offenders (pertinent to residents from both BPRC and WTC) reveals substantial compliance with 115.233(d). Both the resident and staff witness sign and date the form, signifying receipt of requisite information. Receipt of PREA Handbook documentation is addressed in the narrative for 115.233(a) above.

PREA Orientation is generally conducted within seven days of Intake.

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

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

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

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

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

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

115.234 (b)

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

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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

The auditor's review of the National Institute of Corrections (NIC) Certificate for the Security Coordinator (PREA investigator) reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting. Staff Development and Training Record forms for PREA Resource Center courses entitled First Response and Evidence Collection; The Foundation for Successful Investigations, Report Writing, and Interviewing Adult Sexual Abuse Victims also certify completion of those courses by the Chief of Security. A Staff Development and Training Record Form also reveals the PA completed the same NIC course regarding PREA; Investigating Sexual Abuse in a Confinement Setting.

Of note, these two Administrators are the two PREA Investigators at BPRC/WTC. It is noted there are no Certificates or Staff Development and Training Forms regarding administrative PREA investigations for the BPRC/WTC PCM.

While the auditor does not find BPRC/WTC non-compliant with 115.234, the PCM must successfully complete the above training to meet the intent of policy. Specifically, governing policy requires the PCM to complete requisite training regarding Conducting Sexual Abuse Investigations in a Confinement Setting. Accordingly, it is expected the PCM will complete the requisite training on or before March 27, 2019, subsequently providing the auditor with a copy of documentation certifying completion.

March 15, 2019 Update:

The auditor's review of a Staff Development and Training Record dated January 8, 2019, reveals the BPRC/WTC PCM completed the NIC Conducting Sexual Abuse Investigations in a Confinement Setting course. This action addresses the above noted concern and the matter is closed.

BPRC/WTC Policy 15.6 entitled Training, page 3, section II(I)(2) addresses 115.234(b).

The investigative interviewee asserts training topics included:

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

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

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

BPRC/WTC Policy 15.6 entitled Training, page 3, section II(I)(3) addresses 115.234(c).

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

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? X Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.] X Yes No NA

Auditor Overall Compliance Determination

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

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

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

The medical and mental health staff interviewees assert they have received specialized training regarding sexual abuse/harassment. They assert the training was comprised of an NIC video and on-line training. The training did cover the following topics:

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

The auditor's review of two NIC Certificates for the course entitled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting reveals substantial compliance with 115.235(a). The auditor/s review of two Staff Development and Training Record Forms (applicable to Mental Health clinicians) reveals completion of PREA Medical and Mental Health Care Standards and Behavioral Health Care for Sexual Assault Victims.

Two of the random staff training files reviewed by the auditor were those of medical and mental health staff. The files clearly reflect completion of specialty training in 2016 and 2017 respectively, as required pursuant to 115.235(a).

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

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

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

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

The auditor's random review of one of the medical and the mental health practitioner files reveals both have received requisite training as required pursuant to 115.231. This training has been provided throughout calendar year 2018.

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

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

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

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

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(a). This policy stipulates residents are screened through the BPRC/WTC screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other residents or sexually abusive toward other residents. Security staff meets with the resident within twenty-four (24) hours and completes the medical and mental health screening instrument. Housing and program assignments are made accordingly on a case-by-case basis by the Admission and Intake Supervisors, Program Administrator, Chief of Security and Case Manager.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee asserts he 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.

Twenty of the 21 random resident interviewees assert upon arrival at BPRC/WTC, they were asked whether they had ever been in jail or prison before, whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual (LGB), and whether they think they may be in danger of physical abuse at the facility. Eighteen of the 21 interviewees assert these questions were asked at Intake. One interviewee asserts he doesn't recall when the questions were asked. One interviewee asserts he was asked these questions within one week of Intake while another asserts he was asked the questions within two weeks of Intake.

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

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA self reports that during the last 12 months, 341 BPRC and 90 WTC residents entering the facility (either through Intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of residents admitted to the facility during the last 12 months, for 72 hours or more.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(b). This policy stipulates residents are screened through the BPRC/WTC screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other residents or sexually abusive toward other residents. Security staff meets with the resident within twenty-four (24) hours and completes the medical and mental health screening instrument. Housing and program assignments are made accordingly on a case-by-case basis by the Admission and Intake Supervisors, Program Administrator, Chief of Security, and Case Manager.

The auditor's random review of nine Initial PREA Assessments (forms entitled BPRC/WTC Initial PREA Assessment/Reassessment) for BPRC residents (2016-2018) reveals one untimely completion of an Initial Assessment. In regard to WTC, one Initial Assessment was untimely in 2016. Three WTC Reassessments for the same period of time were untimely (two in 2017 and one in 2018). In total, the auditor reviewed 19 Initial Assessments and Reassessment related to residents assigned to both BPRC and WTC, spanning 2016 through 2018. The auditor finds BPRC/WTC to be substantially compliant with 115.241(b) and (f).

The staff who performs screening for risk of victimization and abusiveness interviewee asserts he screens residents for risk of victimizations or risk of sexually abusing other residents within 72 hours of Intake. As a matter of fact, he asserts he completes requisite screening at Intake.

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

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

The auditor finds the screening instrument is objective.

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

- 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.

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

Whether the resident has a mental, physical, or developmental disability;

The age of the resident;

The physical build of the resident;

Whether the resident has previously been incarcerated;

Whether the resident's criminal history is exclusively nonviolent;

Whether the resident has prior convictions for sex offenses against an adult or child;

If the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. The transgender or intersex Resident's gender identity; whether the Resident self-identifies as male or female;

Whether the resident has previously experienced sexual victimization; and

The residents' own perception of vulnerability.

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

The staff who perform screening for risk of victimization and abusiveness interviewee asserts the initial screening considers history of domestic violence, LGBTI identification or perceived LGBTI status, history of violence, history of sexual abuse, violence in a correctional facility, and sexual activity with staff or inmates in a correctional facility.

In regard to the conduct of the initial screening, the screener reviews the Pre-Sentence Investigation (PSI) and any validating information following the conduct of the initial screening. The screening is facilitated behind closed doors. Questions are read to the resident and recorded by the screening staff member.

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

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 4, section II(B)(2) addresses 115.241(e).

Pursuant to the PAQ, the PA self reports policy requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA self reports that during the last 12 months, 341 BPRC and 90 WTC residents entering the facility (either through Intake or transfer) whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual victimization or risk of sexually abusing other residents, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of residents who meet the above 30-day criteria and who arrived within the last 12 months.

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 4, section II(B)(3) addresses 115.241(f).

The PCM conducts all risk risk level reassessments. During her interview, she asserts reassessments are conducted within 30 days of the initial assessment.

Fifteen of the 21 random resident interviewees assert a reassessment was conducted following the initial assessment. Eleven interviewees assert the same was conducted within 30 days of the initial assessment. One interviewee asserts the same was conducted within two months of the initial assessment. Six interviewees assert they do not recall when the reassessment was conducted in proximity to the conduct of the initial assessment.

The auditor's review of 10 of 12 random resident files reveals the conduct of timely and comprehensive reassessments. Reassessments are detailed in terms of new information and analysis. Eleven of the reviewed files pertained to random resident interviewees.

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

Whether or not the resident has a mental, physical, or developmental disability;

Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

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

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

Whether or not the resident has a mental, physical, or developmental disability;

Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the resident has previously experienced sexual victimization; and

The resident's own perception of vulnerability.

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

According to the PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The information flows from the Resident Assistant (RA) who is the screener to the shift supervisor to the PCM. The document is then securely filed. The staff responsible for initial risk screening interviewee substantiates the statement of the PCM, as reflected above.

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

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 5, section II(B)(9)(b) addresses 115.242(a).

The auditor's review of eight Room Assessments reveals substantial compliance with 115.242(a). Each room is identified, Initial Resident Assessment and Reassessment dates documented, and the mechanics of room assignments are identified in accordance with each resident's victimization, aggressor, or unrestricted status. The auditor's cursory review of the document reveals sufficient checks and balances to address housing concerns.

The PCM asserts the score, as determined by the screening tool, dictates classification. Screening staff have access to pre-arrival information for validation purposes. The PCM reviews the same packet and accompanying information prior to arrival and if she notes anything of significance, she passes the information to the screener. Potential Victims (PV) and Potential Aggressors (PA), as well as, Known Victims (KV) and Known Aggressors (KA) are not housed together. The PCM reviews housing assignments the next day to ensure proper housing.

The staff responsible for initial risk screening asserts PVs and PAs, as well as, KVs and KAs are not housed together. This parallels the statement made by the PCM.

The auditor's review of five housing reassignment documents reveals a very liberal consideration of factors that might warrant room changes based on sexual abuse/harassment concerns. The auditor finds the process to be a catalyst for resident sexual safety.

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

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, page 5, section II(B)(9)(c) addresses 115.242(b).

The auditor finds substantial compliance with 115.242(b) based on the evidence cited above in the narrative for 115.242(a).

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

BPRC/WTC PREA Policy 15.3 entitled Intake/Screening, pages 5 and 6, sections II(B)(9)(d) and (e) addresses 115.242(c).

The PCM asserts the screening tool is used with transgender/intersex residents in the same manner as any resident. Transgender/intersex residents would never be housed with a PA or KA. Ordinarily, they would be housed with residents assigned Unrestricted status.

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

According to the PCM, no transgender/intersex residents were housed at BPRC/WTC during the on-site audit. Accordingly, that interview was not conducted.

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

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

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

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

The auditor, PA, COS, and PCM discussed transgender/intersex resident showers extensively during the tour. The auditor is satisfied with the plan to accommodate such showers.

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

The PCM asserts the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for LGBTI residents.

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

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

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

REPORTING

Standard 115.251: Resident reporting

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

115.251 (a)

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

115.251 (b)

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

115.251 (c)

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

115.251 (d)

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

Auditor Overall Compliance Determination

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

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

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 1 and 2, section II(a)(i-iii) addresses 115.251(a).

The auditor's review of the BPRC/WTC Handbook reveals significant information regarding reporting options. Pages 4-6 of this resource clearly provide necessary information for residents to be educated regarding reporting options as required pursuant to the totality of 115.251.

All 12 random staff interviewees cited at least two reporting options for residents. Options cited were verbal report to staff, written report, contact staff with their cell phone (when applicable), anonymous report, third-party report, contact the Hotline, e-mail staff (inclusive of Administrator/COS/PCM), and submit Emergency Grievance.

Twenty of 21 random resident interviewees cited at least two reporting options regarding sexual abuse/harassment incidents. Options cited were report to staff, submit a kite (written report) to staff, third-party

report, submit an Emergency Grievance, contact Hotline, and report to family. When questioned whether there is someone who does not work at the facility to whom they could report sexual abuse/harassment incidents, 15 of 21 interviewees assert they would use the Hotline or contact family/friends. Twelve of the 15 interviewees cited in the preceding sentence assert they would utilize the Hotline.

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.

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

The PCM asserts the PREA Hotline (governed by an MOU with Safe Space) provides at least one way for residents to report sexual abuse/harassment to a public or private entity or office that is not part of the agency. These procedures enable receipt and immediate transmission of resident reports of sexual abuse/harassment to agency officials that allow the resident to remain anonymous upon request. Pursuant to the MOU, Safe Space staff contact the PA immediately upon receipt of the report. The CCCS PC also reports Safe Space staff contact him regarding any such reports.

Eighteen of 21 random resident interviewees assert they are allowed to make a report without having to give their name.

Posters are visible adjacent to the free telephone located in both BPRC and WTC. The Safe Space telephone number is noted on such posters. Reportedly, these telephones are not linked to individual residents in any manner.

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 2, section II(a)(vii) addresses 115.251(c).

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

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

Nineteen of 21 random resident interviewees assert they can make reports of sexual abuse/harassment either in person, or in writing. Additionally, they assert someone else can make a report for them so the victim does not need to be named.

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

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

All 12 random staff interviewees cited at least two methods in which they can privately report sexual abuse/harassment of residents. Reporting methods cited include telephonic report to supervisor, forward e-mail to supervisor/PA/COS/PCM, forward memorandum to the afore-mentioned staff, in-person report to any of the

afore-mentioned management staff, anonymous written report to any of the afore-mentioned management staff, and contact the Hotline.

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

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

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

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) X Yes No NA

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)
X Yes No NA
- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
X Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 3, section II(a)(viii), in entirety, addresses 115.252(a).

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 3 and 4, section II(a)(viii)(1-4), addresses 115.252(b).

The PREA Handbook, pages 5-7, section entitled Grievance Procedure and Emergency Grievance also addresses 115.252.

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 3 and 4, section II(a)(viii)(1-4), addresses 115.252(c).

The PREA Handbook, page 6, section entitled Grievance Procedure, sub-section b(2) addresses 115.252(c). Pursuant to the PAQ, the PA self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PA further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged. According to the PA, the agency always notifies the offender, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 3 and 4, section II(a)(viii)(6)(a-d), addresses 115.252(d).

The resident who reported a sexual abuse interviewee asserts she did not file a grievance in reference to the sexual abuse incident in which she was involved.

The PA asserts no sexual abuse grievances have been filed within the last 12 months. This assertion is documented in a memorandum.

The auditor notes he reviewed two grievances dated July, 2017 however, neither seems to meet the definition of sexual abuse. The auditor has also been advised by the PCM that only two physical grievances (mentioned above) were filed during 2016 and 2017.

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 9, section II(d)(6)(ii) and (iii) addresses 115.252(e).

The PA asserts in PAQ memos there has not been any instances wherein residents have declined third-party assistance or such grievances have been received.

Pursuant to the PAQ, the PA self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an inmate 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 past 12 months. The PA asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within five days.

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

Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the resident filed the grievance in bad faith. The PA further self reports that during the last 12 months, there were 0 instances of offender discipline for incidents of this nature.

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

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

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

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

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

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

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

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

Nineteen of 21 random resident interviewees assert there are services available outside the facility for dealing with sexual abuse, if needed. Eleven interviewees cited at least one service ranging from VAs to Safe Space, MH assistance, and counseling. Of note, BPRC/WTC maintains an MOU with Safe Space for VA services as noted in the PREA Handbook. Some interviewees noted they can find the information regarding services from their case manager, PREA Handbook, and information posted in hallways.

Seventeen interviewees assert mailing addresses and telephone numbers for these outside services are readily available to them, primarily citing Safe Space. Twenty interviewees assert telephone calls are free to the service(s).

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

The one resident who reported a sexual abuse interviewee's responses to relevant questions are reflected above in the statistics for random resident interviewees. The interviewee asserts the telephone number and the address for Safe Space is readily available to her, the telephone call being free-of-charge. If she feels a need to talk with Safe Space for counseling or VA services, she can call at anytime.

The interviewee asserts she can do communicate with VAs in a confidential manner. She does not believe such conversations can be listened to or told to someone else.

In view of the above, the auditor finds relevant information is clearly available to residents pursuant to various sources. As noted above, interviewees cited some of the sources wherein relevant information can be found. Accordingly, the auditor finds BPRC/WTC to be compliant with 115.253(a) and (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/WTC PREA Policy 15.5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b).

Sixteen of 20 random resident interviewees assert what they say to people from the services cited in 115.253(a) remains private. Nine interviewees assert such conversations could be told to or listened to by someone else while seven interviewees assert the conversations could not be listened to or told to someone else. Of the nine interviewees who assert such conversations could be listened to or shared with someone else, seven report the equivalent of Mandatory Reporting information as the basis for sharing or listening to conversations.

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

The MOU between CCCS and Safe Space clearly captures the requirements of 115.253. The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services. In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.253.

Standard 115.254: Third-party reporting

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

115.254 (a)

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

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.

The CCCS website provides information regarding third-person reporting options. A third party reporting form is located on all pods and on the www.cccscorp.com website. All reports are directed to the CCCS PC who, in turn, disseminates the same to each facility. All telephone calls are taken by the PA or BPRC/WTC PCM at the facility. If the PC is contacted, he will immediately contact the PA. Emails are another source of receiving third party reports and they are delivered to the PA immediately.

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 9, section II(d)(i) addresses 115.254(a). This policy stipulates CCCS, Inc. has posted a method for third-party reporting and the reporting forms on the corporate website at www.cccscorp.com.

Third party reports may be sent via mail, or email to the PCM or BPRC/WTC PC. Third Party reporters may call or report to the BPRC/WTC PC or PCM personally. Third Party reporting forms are available on each facility floor; however, they can be accessed by asking any staff member, case manager, resident, volunteer, contractor, PA or COS.

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

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

Standard 115.261: Staff and agency reporting duties

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

115.261 (a)

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

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

115.261 (b)

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

115.261 (c)

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

115.261 (d)

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

115.261 (e)

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

Auditor Overall Compliance Determination

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

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

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, pages 6 and 7, section II(c)(i and ii) addresses 115.261(a).

All 12 random staff interviewees assert the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All interviewees assert agency policy/procedure requires immediate reporting to their supervisor. Included in the supervisory line are the security supervisor, PA, COS, their immediate supervisor, and/or PCM.

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

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

As reflected in the narrative for 115.261(a), random staff interviewees articulate a narrow scope of sexual abuse information recipients.

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

Both medical and mental health staff interviewees assert that at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. This requirement is policy, licensure, code of ethics, and education driven.

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

Both interviewees assert they have not personally become aware of such incidents.

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

The PA asserts no residents under the age of 18 are housed at BPRC/WTC. If a vulnerable adult is the subject victim of an allegation of sexual abuse, contact is made with Health and Human Services. The PCM's response to notifications regarding alleged juvenile and vulnerable adult victims of sexual abuse parallels that of the PA.

The auditor's review of sexual abuse and sexual harassment investigations spanning 2016 through 2018 reveals none of the allegations fit the parameters of 115.261(d).

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

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

The auditor's review of sexual abuse and sexual harassment investigations spanning 2016 through 2018 reveals compliance with all provisions of 115.261(e).

Of note, the auditor's review of one 2017 investigation reveals a staff member's employment was terminated based on failure to report in a timely manner. While it was determined the incident occurred, corrective action was appropriately applied. This is indicative of CCCS commitment to resident sexual safety within CCCS facilities.

Additionally, the auditor notes substantial communication between the CCCS PC and the BPRC/WTC PA, PREA Investigator, and PCM.

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

Standard 115.262: Agency protection duties

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

115.262 (a)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the past 12 months, there were 0 times the facility determined a resident was subject to substantial risk of imminent sexual abuse.

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 4, section II(a)(vii) addresses 115.262(a). This policy stipulates in the event sexually abusive or assaultive behaviors are alleged, threatened, or have occurred, staff will take immediate action to intervene and ensure the safety of all persons involved. Staff will immediately document all reports and notify their Shift Supervisor, who will then consult the Program Administrator for guidance.

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

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

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

Eleven of the 12 random staff interviewees assert when they learn a resident is at risk of imminent sexual abuse, they immediately remove the potential victim from the danger zone, placing him/her in a safe area under staff supervision.

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

Standard 115.263: Reporting to other confinement facilities

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

115.263 (a)

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

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

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

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

The auditor's review of two incidents (one in 2017 wherein an incoming resident alleged sexual abuse at another facility and one in 2018 wherein an incoming resident alleged she was investigated regarding a PREA incident at another facility) reveals proper contact was made with the facility head at one of the facilities and a case manager at the other facility in which the alleged incidents occurred. The contacts were timely and documented. Of note, the report to the case manager pertained to a report of being investigated for a PREA incident at a previous institution and not a report of sexual abuse.

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 8, section II(c)(x) addresses 115.263(b). This policy stipulates such notification will be accomplished within 24 hours of the time staff become aware of the allegation.

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

BPRC/WTC PREA Policy 15.4 entitled Reporting, page 8, section II(c)(x) addresses 115.263(c). This policy stipulates documentation of such notification will be maintained in the PA's Office.

The auditor's review of e-mails dated March 2, 2017 and September 6, 2018 reveals timely notification to appropriate officials at other facilities wherein at least one alleged sexual abuse incident allegedly occurred.

Pursuant to the PAQ, the PA self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The PA further self reports in the past 12 months, there were 0 allegations of sexual abuse received by the facility from other facilities.

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

In regard to referrals of sexual abuse/harassment allegations (allegedly occurred at a CCCS facility), The Agency Head asserts the Administrator is generally the point of contact for receipt of the same. The PA opens an investigation regarding the same. To the best of my knowledge, no such allegations have been received at BPRC/WTC.

The PA asserts when the facility receives an allegation from another facility or agency regarding an incident of sexual abuse/harassment that allegedly occurred at BPRC/WTC, the same is immediately investigated. There are no examples of such reports being received at BPRC/WTC during the audit period.

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

Standard 115.264: Staff first responder duties

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

115.264 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?
X Yes No

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

- 1) Separate the alleged victim and abuser;
- 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- 3) 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
- 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.

The PA self reports 0 alleged incidents of sexual abuse occurred at BPRC/WTC during the last 12 months.

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

With respect to first responder duties, all 12 random staff interviewees were asked to articulate what the same would look like. The interviewee pool was comprised of four non-security and eight security first responders.

All 12 interviewees assert the first step in the process is separation of the victim and perpetrator. Seven interviewees assert securing the crime scene, five assert the first responder requests the victim not destroy physical evidence and ensure the perpetrator does not destroy physical evidence, and seven assert Medical/MH practitioners are contacted, are subsequent steps. Four interviewees assert first responders ensure the victim and perpetrator do not destroy physical evidence. The auditor notes all interviewees were in possession of a laminated card reflecting first responder duties and responsibilities as articulated in 115.264(a).

According to the resident who reported a sexual abuse interviewee, she was assisted by staff immediately following the sexual abuse incident. The victim states she felt the perpetrator was making a sexual advance towards her. She advised the PA immediately of the incident as he was in the area at the time. The interviewee asserts the first responder's actions were quick and efficient.

First responders documented the victim's statement and she quickly saw medical/mental health practitioners. She assesses staff's actions to be very responsive.

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

While the auditor does not find sufficient basis to find BPRC/WTC non-compliant with 115.264(a) based on the afore-mentioned issue and evidence, there is cause to re-train staff regarding the same. As all staff receive the same First Responder training, refresher training appears to be an appropriate remedy.

In view of the above, the BPRC/WTC PCM will ensure all staff receive training regarding the four steps to be employed by First Responders, emphasis added regarding **"requesting"** the victim to refrain from destroying physical evidence and **"ensuring"** the perpetrator does not destroy physical evidence. Of note, First Responder refresher training must be completed on or before March 27, 2019.

The BPRC/WTC PCM will provide a roster of all staff to the auditor and he will randomly select staff names. The BPRC/WTC PCM will provide training certifications, substantiating provision of the relevant training for each selectee. Additionally, the BPRC/WTC PCM will provide a copy of the training syllabus to the auditor.

March 15, 2019 Update:

The auditor's review of the training plan regarding proper protocol for First Responders is deemed commensurate with the standard provision. Additionally, the auditor's review of eight random participant Staff Development and Training Record Forms dated January, 2019 reveal staff understand the subject-matter of the training session

In view of the above, the auditor finds BPRC has completed the recommended action relative to 115.264.

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:

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

The PA further self reports that of the allegations of sexual abuse within the past 12 months, there were 0 times a First Responder was a non-security staff member.

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

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

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

Standard 115.265: Coordinated response

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

115.265 (a)

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

Auditor Overall Compliance Determination

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

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

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

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

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

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

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

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

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

115.266 (a)

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

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

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

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

Standard 115.267: Agency protection against retaliation

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

115.267 (a)

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

115.267 (b)

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

115.267 (c)

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the PA, he, the Chief of Security, or the BPRC/WTC PCM are the designated Retaliation Monitors at BPRC/WTC. The PA monitors potential or staff victims of retaliation, the Chief of Security monitors potential or resident victims, and the PCM is the alternate.

Pursuant to interviews and conversations with the PA, COS, and PCM, the auditor learned Case Managers facilitate interviews with resident victims and document the results on the requisite form. The PA or COS reviews documentation, when needed.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(B)(1) addresses 115.267(a).

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(B)(2) addresses 115.267(b). This policy stipulates staff, volunteers, contractors, 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 unit or to another detention facility, removal of alleged staff perpetrator(s) from the facility, if deemed necessary by the Program Administrator, or removal of the alleged staff perpetrator from contact with victims.

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

The PA asserts for allegations of sexual abuse/harassment, the case manager meets weekly with victims of sexual abuse or retaliation for 90 days or until such monitoring is terminated by him.

With respect to residents, protective measures may include housing changes, placement of the resident near the Bubble for additional supervision and monitoring, employment of different programming schedules, control of transportation schedules to ensure separation of victim and retaliation perpetrator or incident perpetrator (if appropriate), recommend programs and services for victim, remove perpetrator(s) from facility, and facilitate transfers of perpetrators (first and foremost) or removal of victim from facility if circumstances dictate.

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

The PA was also interviewed as the staff member charged with monitoring retaliation. In regard to the role he plays in preventing retaliation against residents and staff who report sexual abuse/harassment or who cooperate with sexual abuse/harassment investigations, he asserts he directs commencement of retaliation monitoring, inclusive of implementation of the strategies reflected above. As reflected above, the PA directs initial contact with residents who report sexual abuse.

Given the timing of the sexual abuse incident (applicable to the resident who reported a sexual abuse interviewee), retaliation monitoring had not yet been initiated. Literally, the incident occurred hours prior to the interview.

Pursuant to the auditor's follow-up review, documents reflect retaliation monitoring commenced on November 9, 2018, three days following the incident. Documentation reveals additional monitoring meetings on November 12 and 15, 2018.

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of residents or staff who reported sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PA self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PA self reports retaliation has not occurred within the last 12 months.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(B)(3)(a-c) addresses 115.267(c).

As mentioned in the narrative for 115.267(b), the PA was also interviewed as the designated staff member charged with monitoring retaliation. He asserts he looks for the following with respect to possible retaliation against residents; resident isolation, association with individuals with whom they normally do not associate, change in their daily routine, decrease in hygiene standards, missing work/groups/appointments.

In regard to staff, he looks for an increase in call-offs, change in routine, staff request for shift change, depreciation in hygiene standards, decreased work performance, and missing work.

Retaliation monitoring continues for 90 days or until termination by the PA. The PA directs extension of retaliation beyond 90 days.

The auditor's review of 2016 and 2017 investigations reveals that in two of six cases, retaliation monitoring did not continue to completion of 90 days. While the auditor finds BPRC/WTC to be substantially compliant with 115.267(c), staff must closely monitor this function to ensure the 90-day requirement is met.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(B)(3) addresses 115.267(d).

As reflected in the narrative for 115.267(b), contact is made with victims on a weekly basis by case managers. Accordingly, the auditor finds BPRC/WTC substantially compliant with 115.267(d).

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

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

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

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (I)

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

Auditor Overall Compliance Determination

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

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

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

The investigative staff interviewee asserts investigations are generally initiated immediately upon notification. Dependent upon the circumstances, he generally reports to the facility during non-regular business hours.

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

Pursuant to review of six 2016 investigations and four 2017 investigations, the auditor finds the same to have been initiated in a timely, thorough, and objective manner.

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

The auditor's review of the National Institute of Corrections (NIC) Certificate for the Security Coordinator (PREA investigator) reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting. Staff Development and Training Record forms for PREA Resource Center courses entitled First Response and Evidence Collection; The Foundation for Successful Investigations, Report Writing, and Interviewing Adult Sexual Abuse Victims also certify completion of those courses by the Chief of Security. A Staff Development and Training Record Form also reveals the PA completed the same NIC course regarding PREA: Investigating Sexual Abuse in a Confinement Setting. Of note, these two Administrators are the two PREA Investigators at BPRC/WTC, the COS being the primary investigator.

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

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 2, section II(C)(3) addresses 115.271(c).

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

Review initial information and develop game plan (five minutes).

Meet with victim (secure initial statement and explain the process) (four minutes).
Call witnesses and secure statement (five minutes per witness).
Review video, if available (20 minutes or more).
Review files, if necessary (five to ten minutes).
Develop conclusions and write report (10 minutes).

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

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

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

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 2, section II(C)(4) addresses 115.271(e).

The investigative interviewee asserts all evidence is credible until proven otherwise. Inconsistencies in multiple statements and in comparison to developed evidence/facts are a substantial consideration when assessing credibility. He further asserts that under no circumstances would a resident who alleges sexual abuse, be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The resident who reported a sexual abuse interviewee asserts she was not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

While the auditor finds the investigations reviewed to be complete with memorandums and reports regarding the Who? What? When? Where? Why? and How? of the incidents, he finds little, if any, analysis of victim/perpetrator/witness credibility. Parallels are not drawn between what was said and how the same relates to the "big picture" of what was said by all victims, perpetrators, and/or witnesses. There is no analysis as to who is believed and why.

Furthermore, investigations are not scripted in formal reports with a defined report format as prescribed in 115.271(f). E-mails and separate written reports regarding each interview essentially characterize investigative report packets.

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.271(e) and (f). Accordingly, the auditor is placing BPRC/WTC in a 180-day corrective action period in which institutionalization of 115.271(e) and (f) will be demonstrated. If, upon the auditor's review of corrective action documentation, he is reasonably assured requirements have been institutionalized, he may close the finding prior to conclusion of the maximum corrective action period. The 180-day corrective action period date is June 28, 2019.

The CCCS PC will provide training to the designated PREA Investigator at BPRC/WTC regarding the investigative process, inclusive of documenting credibility analysis. Additionally, the auditor recommends the PC provide a detailed standard administrative investigative report format to the Investigator for implementation of 115.271 requirements. The auditor requests a copy of all relevant training documentation if this option is chosen.

In the alternative, completion of an approved PREA Investigative training (perhaps sponsored by a state or county jurisdiction(s)) may be a viable alternative. The auditor requests the PC provide him with a copy of

the syllabus and relevant training tabs if the latter option is chosen. Additionally, the auditor requests a copy of any Certificate(s) granted be forwarded to him.

The PC will oversee completed investigations during the corrective action period. Additionally, a copy of all completed investigation reports and accompanying documentation will be provided to the auditor throughout the corrective action period. He will review the same for compliance 115.271(e) and (f).

March 15, 2019 Update:

The auditor's review of the training plan relative to training provided by the CCCS PC and two other staff reveals the same addresses substantial information required with respect to sexual abuse/harassment evidence preservation, interviewing techniques, and report writing. This training, eight hours in duration and provided to CCCS investigators, included investigative scenarios and a mock report writing exercise. The training was facilitated on January 15, 2019 and requisite BPRC/WTC investigators participated in the same. Of note, a Staff Development and Training Record Form was completed for the BPRC/WTC investigators, certifying their understanding of the training. The auditor finds this training does meet the afore-mentioned corrective action requirement.

In addition to the above, the auditor reviewed an investigative memorandum authored by the primary investigator regarding a sexual abuse allegation, more appropriately classified as a sexual harassment allegation. The investigative memorandum was thorough, reflective of victim, witness, and perpetrator statements. The alleged perpetrator admitted to the allegation, thereby resulting in a documented and validated finding of Substantiated.

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

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

The investigative staff interviewee asserts he makes efforts to determine whether staff actions or failures to act contributed to the sexual abuse. Specifically, he analyzes staff statements against known evidence at the time. Then, he assesses their actions against the Code of Conduct and policy to determine if they acted within the scope of their employment.

The interviewee asserts he documents administrative investigations in written reports. He documents the Who? What? When? Where? and Why? of the incident. He further documents the steps implemented to comply with investigative protocol. Finally, he writes a conclusion.

The investigative staff interviewee asserts criminal investigations are documented. The report essentially mirrors the administrative investigation report.

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During this audit period, two investigations were referred for prosecution.

According to the investigative staff interviewee, he assesses known facts and if they point to a criminal act, he reports the same to BSB LEA for potential referral for criminal prosecution.

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

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

The investigative staff interviewee asserts he continues with the investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. Similarly, he continues with the investigation when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

The auditor has found no deviation from the requirements of 115.271(j).

According to the PA, the BSB LEA Lead Detective is on the BPRC/WTC screening committee. As the PA meets with him every week, he follows up regarding the status of sexual abuse investigations during those meetings. The PCM substantiates the statement of the PA regarding weekly contact and follow-up.

The PCM substantiates the statement of the PA regarding weekly contact and follow-up.

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

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

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

Auditor Overall Compliance Determination

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

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

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 3, section II(E) addresses 115.272(a).

According to the investigative staff interviewee, preponderance of evidence is the standard required for substantiation of an allegation in an administrative investigation. Preponderance is best described as 51%. In other words, it is more likely, than not, that the incident occurred. The standard in a criminal investigation is beyond a reasonable doubt or 75% or more.

The auditor's review of 2016 and 2017 investigations reveals compliance with both policy and standard in regard to the standard of evidence.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

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

115.273 (c)

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

115.273 (d)

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

115.273 (e)

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

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any resident who makes an allegation he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PA self reports 0 criminal and/or administrative investigations of sexual assault were conducted at BPRC/WTC during the last 12 months.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 3, section II(F)(1) addresses 115.273(a).

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

The investigative staff interviewee asserts he generally makes requisite notifications to the victim of an alleged sexual abuse. Policy and procedure dictates such notifications are made. The resident who reported a sexual abuse interviewee asserts she doesn't know if the facility is required to notify her when sexual abuse investigations have been substantiated, unsubstantiated, or unfounded. Again, the incident was hours old at the time of the interview.

The auditor's review of a notification dated November 6, 2018 clearly reveals the resident who reported a sexual abuse interviewee was notified of the findings of the investigation regarding the allegation in which she was involved. She signed and dated the Notice, as did a staff witness.

The auditor's review of six 2016 and four 2017 sexual abuse investigations reveals none of the affected residents were notified of the outcome of the investigation as prescribed in 115.273(a). It is noted the 2016 notification did not pertain to a sexual abuse incident but rather, staff's failure to report. Of note, law enforcement determined the sexual abuse allegation, perpetrated by a community supervision resident, was unsubstantiated however, there is no indication the victim was notified of that investigative outcome. Accordingly, the auditor finds BPRC/WTC non-compliant with 115.273(a).

In view of the above, the auditor is imposing a 180-day corrective action period wherein BPRC/WTC staff must demonstrate institutionalization of standard requirements. The corrective action period concludes on or about June 28, 2019 however, the auditor may close the finding prior to that date, if satisfied institutionalization has been accomplished.

BPRC/WTC PCM will forward to the auditor copies of all sexual abuse/harassment investigations completed during the corrective action period. Copies of resident notifications, as required pursuant to 115.273(a), will likewise be forwarded to the auditor.

Of note, the BPRC/WTC PCM will also reinforce, with relevant stakeholders, procedures and requirements regarding such notifications. This can be accomplished pursuant to dissemination of a memorandum to stakeholders, scripting steps to be taken and when the same are to be taken. The memorandum will be signed and dated by stakeholders, verifying their receipt and understanding.

March 15, 2019 Update:

The auditor's review of the investigation referenced in the bolded corrective action specified in 115.271 reveals the investigator notified the victim of the outcome of the investigation. The investigator notes in the body of the report memorandum that he notified the victim the allegation was substantiated on November 7, 2018.

Additionally, the auditor's review of a November 20, 2018 memorandum from the PA reveals he also notified the victim of the investigation outcome on the same date.

In addition to the above, pursuant to a memorandum dated March 19, 2019, the PA and COS/ Investigator affirmatively acknowledge notification requirements pursuant to 115.273.

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

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 same.

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 3, section II(F)(2) addresses 115.273(b).

The PA further self reports two criminal investigations have been completed by BSB LEA during the last 36 months. E-mails included in the PAQ packet reveal contact between BPRC/WTC staff and BSB LEA staff regarding the status of criminal investigations.

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

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

The staff member is no longer employed at the facility;

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

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

As previously addressed in 115.273(a), one substantiated or unsubstantiated investigation of sexual abuse committed by a staff member against a resident in the facility within the last 36 months, has been concluded. The resident victim was notified regarding the outcome of criminal proceedings regarding that defendant. In the other matter wherein the staff member's employment was terminated for failure to report, the affected resident was notified of the same. The notifications were documented.

BPRC/WTC PREA Policy 15.10 entitled Investigations, pages 3 and 4, sections II(G)(1-4) addresses 115.273(c).

In regard to the sexual abuse incident with the resident who reported a sexual abuse, the same involved another resident.

To the best of the auditor's knowledge, there were no other applicable instances wherein the requirements of 115.273(c) are applicable.

Pursuant to the PAQ, the PA self reports following a resident's allegation he or she has been sexually abused by another resident at BPRC/WTC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

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

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 4, section II(H)(1 and 2) addresses 115.273(d).

The auditor notes there were no such incidents wherein either indictments or convictions for offender sexual abuse at BPRC/WTC occurred during the audit period.

Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented. Documented notifications in accordance with 115.273(e) are discussed above in the narrative for 115.273(c) and (d).

BPRC/WTC PREA Policy 15.10 entitled Investigations, page 4, section II(I) addresses 115.273(e).

In view of the above, the auditor finds BPRC/WTC non-compliant with 115.273.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H) addresses 115.276(a).

Pursuant to the PAQ, the PA self reports in the past 12 months, one facility staff member is alleged to have violated agency sexual abuse or sexual harassment policies. The PA further self reports this individual has not resigned or been terminated from employment.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(1) addresses 115.276(b).

The auditor's review of PAQ information confirms no terminations from employment during the last 12 months, for staff engaging in sexual abuse. However, records reflect one such termination from employment during 2016. Additionally, records reflect one self resignation from employment for failing to report a sexual abuse.

Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports that in the past 12 months, 0 staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

As reflected in the narrative for 115.276(b), one staff member violated facility rules against sexual abuse/harassment during the last 12 months. The auditor finds the resultant action to be reasonable and warranted.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(2) addresses 115.276(c).

Pursuant to the PAQ, the PA self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are

reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports during the last 12 months, 0 facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(3) addresses 115.276(d).

The auditor has determined one 2016/2017 sexual abuse case involving a staff member was referred to BSB LEA. Referral to licensing bodies is irrelevant to this scenario based on the duties performed by the perpetrator.

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

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

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

115.277 (b)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. According to the PA, in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(1) addresses 115.277(a).

Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with residents in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(2) addresses 115.277(b).

In response to any violation of agency sexual abuse/harassment policies by a contractor or volunteer, the PA asserts contact between the contractor/volunteer and residents is disallowed. The contractor/volunteer is removed from the facility, minimally, pending the findings of an investigation.

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.277.

Standard 115.278: Interventions and disciplinary sanctions for residents

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

115.278 (a)

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

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse. The PA also self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. In the past 12 months, there were 0 administrative and criminal findings of resident-on-resident sexual abuse that occurred at the facility.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) addresses 115.278(a).

Page 10 of the BPRC/WTC PREA Handbook reflects Prohibited Acts of which offenders may be administratively charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).

According to the PA, the sanction for residents following an administrative or criminal finding that the resident engaged in resident-on-resident sexual abuse is termination from the BPRC/WTC program. Of note, MDOC staff conduct all such hearings and as such, they assess mental disability or mental illness when determining sanctions.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, pages 2 and 3, section II(D)(1) addresses 115.278(c).

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

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(D)(2 and 3) addresses 115.278(d).

According to the mental health staff interviewee, BPRC/WTC does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse. The facility does consider whether to offer these services to offending residents in the event of a sexual abuse scenario. It is noted a resident-on-resident sexual abuser scenario has not presented itself during the interviewee's tenure at BPRC/WTC.

Should these services be provided pursuant to such circumstances, a resident's participation is not ordinarily required as a condition of access to programming or other benefits.

Pursuant to the PAQ, the Director self reports the agency disciplines residents for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(G) addresses 115.278(e).

Of note, the PA self reports 0 residents were disciplined for sexual contact with staff who did not consent to such contact, during the audit period.

Pursuant to the PAQ, the PA self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation. BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(E) addresses 115.278(f).

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between residents. The PA further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

BPRC/WTC PREA Policy 15.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(F) addresses 115.278(g).

In view of the above, the auditor finds BPRC/WTC substantially compliant with 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

BPRC/WTC PREA Policy 15.5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(a).

The medical and mental health staff interviewees assert resident victims of sexual abuse receive immediate, timely, and unimpeded access to emergency medical treatment and crisis intervention services following their receipt of a report. The medical staff interviewee asserts she encourages the victim resident to go to St. James Hospital for services, if warranted. Additionally, the nature and scope of services are determined according to the practitioner's professional judgment.

The resident who reported a sexual abuse interviewee asserts she had the chance to see a medical or mental health doctor/nurse immediately following the incident.

The auditor's review of the PREA Response Checklist- Medical Response Form captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials.

The auditor's review of the three applicable sexual abuse allegations wherein medical treatment was offered to the resident, reveals one refused the same, stating the incident occurred awhile ago and she was treated (apparently in the community). She was assessed by mental health staff. In the other incidents, one alleged victim spoke to MH however, she did not desire medical treatment. In the last case, the victim refused both medical and mental health treatment. The auditor notes such care and attention appears to be commensurate with 115.282(a).

An analysis of security staff and non-security staff first responder statements regarding first responder duties is captured in the narrative for 115.264.

Documentation reflective of notification to medical and mental health practitioners is likewise addressed in the narrative for 115.264.

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Emergency contraception and sexually transmitted infections prophylaxis documentation is maintained at St. James Hospital in view of SAFE/SANE nurse roles in the process.

The auditor's review of completed documents, as described in the narratives for 115.282(a) and 115.264/115.265 above, reveals substantial compliance with 115.282(c).

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(4) addresses 115.282(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. SAFE/SANEs provide such information at St. James Hospital. Additionally, the resident's private physician may also provide the same. Nothing, short of pregnancy testing, is provided at BPRC/WTC.

The resident who reported a sexual abuse interviewee asserts she was provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis.

The auditor notes the previously mentioned MOU with St. James Hospital addresses the requirements of 115.82(c). These issues are addressed as part of the SAFE/SANE examination.

Pursuant to the PAQ, the PA self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(c)(3) addresses 115.282(d).

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

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

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

115.283 (e)

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

115.283 (f)

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

115.283 (g)

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

115.283 (h)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(1) addresses 115.283(a).

A detailed discussion regarding incidents occurring at BPRC/WTC is captured in the narrative for 115.282(a).

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(1) addresses 115.283(b).

The medical staff interviewee asserts she offers medical care and consultation in terms of evaluation and treatment of residents who have been victimized. She may take vitals however, a visual body scan, other than exposed areas while clothed, would not be facilitated. The purpose of this strategy is to ensure potential evidence is not disturbed.

The mental health staff interviewee asserts her initial steps include initiation of conversation with the victim and offering mental health services. She would ask the victim to sign a mental health choice form. Offering support and initiation of referral(s), if required, is integral to the process. Above all, she reassures the victim regarding both the situation and his/her decision(s).

According to the resident who reported a sexual abuse interviewee, the medical or mental health staff discussed with her follow-up services, treatment plans, or, if necessary, referrals for continued care.

A discussion regarding medical care for the three applicable cases is captured in the narrative for 115.282(a).

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(2) addresses 115.283(c).

Medical and mental health interviewees assert medical and mental health services are offered consistent with the community level of care.

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

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.283(d).

The auditor notes the previously mentioned MOU with St. James Hospital addresses the requirements of 115.283(d). These issues are addressed as part of the SAFE/SANE examination.

Given the fact pattern of the sexual abuse incident reported by the afore-mentioned resident interviewee, the incident was clearly determined to be vaginally non-penetrative. Accordingly, offering pregnancy testing is not applicable to this situation.

The auditor's review of medical documentation related to the alleged rape occurring during late 2016 or early 2017 reveals the victim refused medical treatment and testing, citing the fact the incident occurred awhile ago. The victim denied any other medical needs at the time of the medical contact. This contact was clearly documented in the Nursing Progress Notes and Medical PREA Response Checklist.

Pursuant to the PAQ, the PA self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.283(e).

The medical staff interviewee asserts if pregnancy results from sexual abuse while incarcerated, victims are given timely information and access to all lawful pregnancy-related services. Pre-natal vitamins are offered at BPRC/WTC while pre-natal care is provided in the community.

Given the fact pattern of the sexual abuse incident reported by the afore-mentioned resident interviewee, the incident was clearly determined to be vaginally non-penetrative. Accordingly, provision of comprehensive information about and timely access to all lawful pregnancy-related medical services in this scenario, is not applicable.

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.283(f).

According to the resident who reported a sexual abuse interviewee, she was offered tests for sexually transmitted infections.

The auditor's review of medical and mental health documentation related to the alleged rape committed during late 2016 or early 2017 reveals the victim refused medical treatment and testing, citing the fact the incident occurred awhile ago. The victim denied any other medical needs at the time of the medical contact. She did meet with mental health staff on the date of the report. These contacts were clearly documented in the Nursing Progress Notes, Medical PREA Response Checklist, and Brief Mental Status Exam (MSE) Form.

Pursuant to the PAQ, the PA self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(1-4) addresses 115.283(g).

According to the resident who reported a sexual abuse interviewee, she did not have to pay for any treatment related to this incident of sexual abuse.

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

BPRC/WTC Policy 15.5 entitled Medical and Mental Health, page 3, section II(C)(5) addresses 115.283(h).

According to the PCM, no resident-on-resident sexual abusers have been confined at BPRC/WTC during the last 36 months.

The mental health staff interviewee asserts she conducts a mental health evaluation of all known resident-on-resident abusers and offers treatment, if appropriate. Every new commitment is administered a Mental Health Questionnaire and if the therapist identifies red flag(s), she would interview. Notes are reflected on the Questionnaire.

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

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review (SART) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the past 12 months, 0 criminal or administrative sexual abuse investigations were facilitated at BPRC/WTC.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(a) addresses 115.286(a). The auditor notes this policy includes the conduct of SART reviews for both sexual assault and sexual harassment incidents. This exceeds standard requirements as the provision requires SART reviews only upon conclusion of sexual abuse investigation(s). Accordingly, the auditor finds BPRC/WTC exceeds standard expectations.

The auditor's review of seven SART reports reveals timely reviews were conducted in each case. All SART teams were comprised of the requisite members as identified in policy. The reviews were comprehensive in terms of the requisite considerations however, the auditor noted, in one report, boxes are not checked regarding the requisite factors identified in 115.286(d). In one report, the date of the SART review is not documented and in another report, there is no indication regarding the date the investigation was concluded. Based on the above, the auditor finds substantial compliance with 115.286 however, the auditor recommends SART team members address these minor issues with respect to future reports.

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 past 12 months, 0 criminal or administrative sexual abuse investigations were facilitated at BPRC/WTC.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.286(b).

Pursuant to the PAQ, the PA self reports the 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/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(c) addresses 115.286(c).

The PA asserts the facility has a SART team. He further asserts the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical/mental health practitioners. Specifically, the PA, COS, Nurse(s), MH, CCCS PC, PCM, and Treatment Supervisor may comprise the team at any given time.

Pursuant to the PAQ, the PA self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)

(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(d) addresses 115.286(d).

The PA asserts the SART team uses the review to assess the staffing plan, what may need to be fixed, training needs, staffing needs, communication needs. Were or are there any patterns amongst incidents? Were or are there any red flags?

The review team considers the following:

- a. Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification/status/or perceived status, gang affiliation, or motivated/caused by other group dynamics at the facility;
- b. Examine the area in the facility where the incident allegedly occurred to assess physical barriers in the area that may enable abuse;
- c. Assess the adequacy of staffing levels in that area during different shifts; and
- d. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts the facility conducts SART reviews and a report of findings from the reviews, including any determinations regarding the issues noted in the PA's statement/any recommendations for improvement, are noted in the same. She writes the reports and no trends have been noted. When recommendations are noted in the report, she follows through on the same with respect to implementation. Deviations from recommendations are documented.

The PA's response above addresses the questions required in the Incident Review Team Questionnaire.

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

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(e) addresses 115.286(e).

In view of the above, the auditor finds BPRC/WTC exceeds standard expectations with respect to 115.286.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PA further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-k) addresses 115.287(a)/(c), and (b).

The auditor's review of PREA Data 2016, 2017, and 2018 spread sheets reveals substantial compliance with 115.287(a)/(c), and (d).

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)addresses 115.287(b).

Pursuant to the PAQ, the PA self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(3) addresses 115.287(d).

The auditor has learned neither CCCS nor BPRC/WTC contract with any other private facilities for the confinement of any offenders designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) to be not-applicable to BPRC/WTC.

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

The auditor's review of the 2016 SSV seems to correlate with the sexual abuse investigation conducted during 2016.

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

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

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:

- a. Identifying problem areas;
- b. Taking corrective action on an ongoing basis; and
- c. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

The auditor's review of the 2016 and 2017 BPRC/WTC Annual Reports and CCCS Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the reports are approved by the Agency Head, and the same are posted on the CCCS website. The reports reveal no redactions pursuant to 115.288(d).

The Agency Head asserts company practice places a premium on PREA policy and procedural compliance. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.

The PCM asserts the agency compiles an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. Compilation of the annual report lies with the CCCS PC.

Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Pursuant to the PAQ, the PA self reports the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head. The Agency Head asserts he approves annual reports written pursuant to 115.288.

Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further asserts the agency indicates the nature of material redacted.

The PCM asserts personal identifiers are typically redacted from the annual report. Information that constitutes a threat to the security and good order of the facility may also be redacted. The CCCS PC handles any Annual Report redactions.

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

Standard 115.289: Data storage, publication, and destruction

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

115.289 (a)

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

115.289 (b)

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

115.289 (c)

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

115.289 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregate data are securely retained.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C) (1) addresses 115.289(a). This policy stipulates data is maintained either with the PA or PCM.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Facility staff send reports, inclusive of SART reviews and other related documentation, to the CCCS PC. He stores information electronically on a password protected computer. Hard copies of documentation are locked in the PCM's locked office.

The auditor recommends the purchase of a locking safe for use in storing related sexual abuse/harassment information in the PCM's Office.

Pursuant to the PAQ, the PA self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, be made readily available to the public, at least annually, through its website.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C) (2)addresses 115.289(b).

Pursuant to the Auditor's review of the BPRC/WTC website, all relevant statistics captured on the SSVs are posted on the same.

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C) (3)addresses 115.289(c).

The Auditor did not observe any personal identifiers in the statistics reflected on the website.

Pursuant to the PAQ, the PA self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

BPRC/WTC Policy 15.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(4) addresses 115.289(d).

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

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the

agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA

- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

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

115.401 (n)

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

Auditor Overall Compliance Determination

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

Facility staff were very accommodating in terms of facilitation of the entire audit process. Staff were very professional and responsive to the auditor's needs.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for

prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X Yes No NA

Auditor Overall Compliance Determination

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

The auditor did review the previous Final PREA Audit Report for BPRC/WTC. The same was posted on the CCCS website under the BPRC/WTC component.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

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

K. E. Arnold

March 24, 2019

Auditor Signature

Date

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

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