

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

Interim Final

Date of Interim Audit Report: January 4, 2022 N/A

Date of Final Audit Report: February 10, 2022

Auditor Information

Name: K. E. Arnold	Email: kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: November 14-15, 2021

Agency Information

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

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Marwan Saba	
Email: msaba@cccscorp.com	Telephone: 406-491-0245
PREA Coordinator Reports To: Mike Thatcher	Number of Compliance Managers who report to the PREA Coordinator: Nine (9)

Facility Information

Name of Facility: Connections Correction Program East (CCP-E)

Physical Address: 111 W Broadway St **City, State, Zip:** Butte, MT 59701

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

The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal

Facility Website with PREA Information: www.cccscorp.com

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

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

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

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
NA

Facility Director

Name: Jeni Nichols

Email: jnichols@cccscorp.com **Telephone:** 406-782-6626 ext 309

Facility PREA Compliance Manager

Name: Bridget Kelly

Email: brkelly@cccscorp.com **Telephone:** 406-782-6626

Facility Health Service Administrator N/A

Name:

Email: **Telephone:**

Facility Characteristics

Designated Facility Capacity: 62

Current Population of Facility:	60
Average daily population for the past 12 months:	51.5
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-80
Average length of stay or time under supervision	90 days
Facility security levels/resident custody levels	Alternative Secure
Number of residents admitted to facility during the past 12 months	172
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	133
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	130
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input checked="" type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	27
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	None
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	None
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of resident housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
Number of single resident cells, rooms, or other enclosures:	0
Number of multiple occupancy cells, rooms, or other enclosures:	23
Number of open bay/dorm housing units:	1
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

Summary of Audit Findings

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

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

Standards Exceeded

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

Standards Met

Number of Standards Met: 39

Standards Not Met

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

In terms of follow-up evidence, during the pre-audit review, the auditor determined that the previous CCP-E PREA Handbook included Safe Space as a 115.251(b) reporting source and the same was contradictory to 115.251(b) requirements, as articulated in a corresponding FAQ. Pursuant to a recently signed but previously developed MOU between CCCS and Boyd Andrews Community Services, new 115.251(b) reporting requirements have been established and accordingly, posters and the CCP-E PREA Handbook were in the process of modification to address the same. Additionally, the telephone number, minimally, to BSB LEA has been added.

Since CCP-E effected appropriate steps to address this matter prior to the on-site audit, the auditor finds no basis for a non-compliance finding. However, the auditor requires the PCM to submit to him a roster of clients admitted to the facility between the date of issuance of this interim report and June 13, 2022. The auditor will randomly select a sampling of names and the PCM will forward to the auditor corresponding Resident Receipts for the CCP-E PREA Handbook and CCP-E Client Orientation PREA Acknowledgment forms. Additionally, the PCM will either facilitate a town hall meeting for existing clients or post an informational memorandum, advising them of the new 115.251(b) reporting procedures. A copy of the town hall meeting notes or, in the alternative, the memorandum will be forwarded to the auditor for inclusion in the audit file.

February 7, 2022 Update:

The auditor’s review of updated posters, notices posted on bulletin boards near client telephones, and the CCP-E PREA Handbook reveals substantial compliance with the above needs. Requisite information has been disseminated to the CCP-E client population. Additionally, the auditor’s review of 10 randomly selected client files for clients received during January and February, 2022 reveals documentation (Resident Receipts for the CCP-E PREA Handbook and CCP-E Client Orientation PREA Acknowledgment forms) substantial compliance with the above.

In view of the above, the auditor finds CCP-E staff have completed the aforementioned actions to ensure full standards compliance required as the result of procedural changes.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	November 14, 2021
2. End date of the onsite portion of the audit:	November 15, 2021
Outreach	
3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Safe Space of MT
Audited Facility Information	
4. Designated Facility Capacity:	62
5. Average daily population for the past 12 months:	51.5
6. Number of inmate/resident/detainee housing units: DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	1

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

8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	45
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	0
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	1
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0

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

Interviews	
Inmate/Resident/Detainee Interviews	
<i>Random Inmate/Resident/Detainee Interviews</i>	
28. Enter the total number of RANDOM INMATES/ RESIDENTS/DETAINEES who were interviewed:	11
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Selected interviewees from each floor of the facility.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	
32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA
<i>Targeted Inmate/Resident/Detainee Interviews</i>	

<p>33. Enter the total number of TARGETED INMATES/ RESIDENTS/DETAINEES who were interviewed:</p> <p><i>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols.</i></p> <p><i>For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>1</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Observation during facility tour and questioning during random staff interviews.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

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

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

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

<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the “Inmates who Reported a Sexual Abuse” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Reviewed all sexual abuse allegations during the last 12 months and compared name(s) of victim(s) against the current roster of residents. I actually interviewed the alleged victim at another CCCS facility (START) on November 18, 2021.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the “Inmates who Disclosed Sexual Victimization during Risk Screening” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Discussed issue with staff who conducts intake interviewee.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the “Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There is no segregated housing/isolation unit at CCP-E.</p>

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

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>11</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p><input checked="" type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input checked="" type="checkbox"/> Work assignment</p> <p><input checked="" type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (describe)</p> <p><input type="checkbox"/> None (explain)</p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews</p> <p><input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other (describe)</p>
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>NA</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>

Specialized Staff, Volunteers, and Contractor Interviews

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

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
51. Were you able to interview the Agency Head?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	X <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p> <input type="checkbox"/> Agency contract administrator <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable) <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable) <input checked="" type="checkbox"/> Medical staff <input checked="" type="checkbox"/> Mental health staff <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches <input checked="" type="checkbox"/> Administrative (human resources) staff <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness <input type="checkbox"/> Staff who supervise inmates in segregated housing/ residents in isolation <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation <input checked="" type="checkbox"/> First responders, both security and non-security staff <input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other (describe) </p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>0</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<p> <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other </p>
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>0</p>

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

Site Review and Documentation Sampling

Site Review

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

<p>59. Did you have access to all areas of the facility?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	<p>In view of COVID-19 constraints, I did not tour the quarantine area.</p>
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	<p>See above.</p>
<p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	<p>In view of COVID-19 constraints, I did not tour the quarantine area.</p>
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>
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Documentation Sampling

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

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

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>NA</p>
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

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

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>NA</p>
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Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>NA</p>
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70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

Sexual Harassment Investigation Files Selected for Review

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

Inmate-on-inmate sexual harassment investigation files

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

Support Staff Information
DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i>	<input type="checkbox"/> Yes X <input type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	0

Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>Remember: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>0</p>

Auditing Arrangements and Compensation

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

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

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

115.211 (a)

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

115.211 (b)

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

Auditor Overall Compliance Determination

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

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

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

CCP-E Policy 3.1 entitled PREA General Requirements, pages 1-9 address 115.211(a).

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

The auditor verified the same pursuant to review of the CCCS Organizational Chart. The PA also self reports a PREA Compliance Manager (PCM) is assigned at Connections Corrections Program-East (CCP-E). The auditor's review of the CCP-E Organizational Chart reveals the CCP-E PCM is in the facility's organizational structure, reporting to the PA. The PA self reports the PCM has sufficient time and authority to develop, implement, and oversee facility efforts to comply with PREA standards at CCP-E.

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

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

In view of the above, the auditor finds CCP-E substantially compliant with 115.211.

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

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

115.212 (a)

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

115.212 (b)

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract for confinement of residents designated to CCP-E since the last PREA audit. Pursuant to memorandums dated December 2, 2019, December 14, 2020, and September 22, 2021, the PA self reports CCP-E does not contract with other agencies for the confinement of residents. Accordingly, it has been determined 115.212(a) and (b) are not applicable to CCP-E.

In view of the above and the fact there are no deviations from standard, the auditor finds CCP-E substantially compliant with 115.212.

Standard 115.213: Supervision and monitoring

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

115.213 (a)

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

115.213 (b)

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

115.213 (c)

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

- In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns? 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

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

Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect clients against sexual abuse. The PA self reports the average daily number of clients since the last PREA audit is 51.5 and the average daily number of clients on which the staffing plan is predicated is 62.

CCP-E Policy 3.1 entitled PREA General Requirements, page 7, section V(B)(5)(a-d) addresses 115.213(a).

The auditor's review of the 2019, 2020, and 2021 CCP-E Staffing Plans reveals the facility meets standard expectations. All four of the requisite community confinement facility issues are considered during development and documentation of the initial staffing plan. All staffing plans are extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services, as an absolute last resort.

The PA asserts there is a staffing plan at CCP-E and the same is based on full capacity. Two staff are assigned to each shift (minimally) with one posted in main control (mc) and one rover. This is commensurate with the contract.

She further asserts there is adequate staffing levels to protect clients against sexual abuse. Pursuant to the staffing plan, the staff schedule is evaluated to determine if there is an adequate number of staff to cover all activities and each housing wing at the same time. Direct supervision is not employed at CCP-E however, frequent staff rounds are made throughout the relatively small physical plant. Administrative staff consider whether adequate rounds can be made with the current staffing structure.

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 with 18 cameras monitored.

The staffing plan is documented and electronically maintained for review by administrative staff only (PA, PCM, and chief of security (cos)).

The PA and PCM assert that when assessing adequate staffing levels and the need for video monitoring, the facility considers the following in terms of staffing plan construction:

a. The CCP-E building is comprised of three floors. The considerable length of hallways (rooms generally positioned on hallways) are a consideration. Can staff effectively cover the physical plant and is video monitoring sufficient to address blind spots?

As previously mentioned, housing units are arranged in linear fashion. Staff office locations are a consideration in terms of supervision and camera positioning as some offices are located in corners. Windows in staff offices are essential and were observed by the auditor to be in place. Additionally, staff generally keep office doors open when residents are in the same.

Of note, the PA asserts that if staff are overloaded with tasks, mandatory overtime (ot) may be used to fill vacant posts. Additionally, there may be a necessity to use treatment staff to supplement coverage.

b. The client population is primarily comprised of caucasian and Native American clients. Minimal hispanics and blacks are housed at CCP-E. No known validated gang members are housed at CCP-E, primarily as the result of security concerns. No acute cognitively impaired clients are housed at CCP-E as program participants must be stable enough to complete the program. Finally, the LGBTI population presents no concerns.

c. Two substantiated sexual abuse/harassment cases presented during the last three years. Sexual Abuse Response Team (SARTs) reviews are closely reviewed and monitored to diagnose patterns that may require staffing realignment or additional positions.

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 monitored daily by the behavioral coordinator (bc). The bc also facilitates a monthly roster review. If vacancies occur, the administrative duty officer (ado) may have to mandatorily assign staff, reassign staff from other disciplines, or temporarily work the post until alternative arrangements can be made.

Pursuant to the PAQ, the PA self reports 115.213(b) is NA as there are no deviations from the staffing plan. Pursuant to a memorandum dated December 18, 2019, CCP-E experienced no deviations from the staffing plan during the last 12 months. Pursuant to a CCP-E Deviation Form dated October 20, 2020, all programming was terminated from September 8, 2020 through October 19, 2020 in view of COVID protocols and accordingly, most treatment staff were reassigned to security duties in times of staff shortages. The auditor's review of five 2021 Deviation Forms addresses staff shortages on Graveyard Shift and staff augmentation (programs staff) to cover the same.

CCP-E Policy 3.1, page 8 section V(B)(6) addresses 115.213(b).

Pursuant to interview, the PA asserts zero instances of non-compliance from the staffing plan occurred during the last 12 months as all critical positions were filled. However, all strategies employed to ensure compliance are documented on Deviation Forms.

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; and
The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

CCP-E PREA Policy 3.1, page 8, section V(B)(7) addresses 115.13(c).

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

The auditor did review Staffing Plan Reviews and Staffing Plan Updates dated 2019, 2020, and 2021. The same are commensurate with the standard.

In view of the above, the auditor finds CCP-E substantially compliant with 115.213.

Standard 115.215: Limits to cross-gender viewing and searches

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

115.215 (a)

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

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? 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 CCP-E. The PA further self reports 0 strip or cross-gender visual body cavity searches of clients were conducted at CCP-E during the last 12 months.

CCP-E Policy 3.1 entitled PREA General Requirements, page 8, section V(B)(8) and Policy 3.2 entitled LGBTI, Gender Classification, page 4, section IV(C)(6) addresses 115.215(a). Additionally, CCP-E Policy 3.1 entitled PREA General Requirements, page 8, section V(B)(9)(a) and (10) 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, the 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 client however, the CEO or designee may authorize an opposite gender staff member in the case of a transgender or intersex client.

The non-medical staff who may be involved in cross-gender strip or visual searches, asserts no opposite gender strip searches are conducted at CCP-E. However, in the event a client secreted a weapon in his rectum, the same would constitute a basis for conducting such a search.

Throughout the audit process, the auditor did not discover any evidence to the contrary regarding 115.215(a) requirements.

Pursuant to the PAQ, the PA self reports the facility does not house female clients. In the last 12 months, no female client pat-down searches were conducted by male staff. As previously reflected above, the auditor validated that female clients are not housed at CCP-E.

CCP-E Policy 3.1 entitled PREA General Requirements, page 8, section V(B)(9) addresses 115.215(b).

The random sample of staff and female client interviews were not conducted as female clients are not housed at CCP-E.

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

CCP-E PREA Policy 3.1 entitled PREA General Requirements, page 8, section V(B)(9) addresses 115.215(c). The auditor's review of the Exigent Circumstances Log reveals no evidence of cross-gender strip searches and cross-gender pat-down searches of female clients during the audit period. Similarly, pursuant to three memorandums dated 2019, 2020, and 2021, zero female clients are housed at CCP-E and cross-gender pat searches were not conducted throughout the audit period.

Pursuant to the PAQ, the PA self reports the facility has implemented policies and procedures that enable clients 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 client housing unit.

CCP-E PREA Policy 3.1 entitled PREA General Requirements, page 9, section V(B)(11 and 12) addresses 115.215(d).

Ten of 11 random client interviewees assert female staff announce their presence when entering housing units wherein opposite gender clients are housed. All 11 interviewees assert they are never naked in full view of female staff (not including medical staff such as doctors, nurses) when toileting, showering, or changing clothes.

All 11 random staff interviewees assert female staff announce their presence when entering a housing unit that houses clients of the opposite gender. Additionally, opposite gender clients 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 clients are housed. Additionally, during the facility tour, the auditor found no evidence of privacy concerns.

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

CCP-E PREA Policy 3.1 entitled PREA General Requirements, pages 8 and 9, section V(B)(10)(b) addresses 115.215(e).

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

According to the PA and PCM, no transgender/intersex clients were housed at CCP-E during the on-site audit. Accordingly, the corresponding interview(s) could not be conducted.

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 clients in a professional and respectful manner, consistent with security needs.

CCP-E PREA Policy 3.1 entitled PREA General Requirements, page 9, section V(B)(10)(c) addresses 115.215(f).

The auditor's review of five 2020 and five 2021 Staff Development and Training Record Forms reveals staff completed the In-Service Cross-Gender Pat Search and Searches of transgender/intersex clients In-Service training. Searching transgender/intersex clients in a professional and respectful manner is addressed in the search class.

The auditor's on-site review of five of six random staff training files reveals five staff received requisite Annual Refresher Training (PREA ART) during the last 24 months, where applicable. With respect to three other files, staff were hired during 2021 and accordingly, PREA ART is not yet due. With respect to two of the three files regarding 2021 hires, requisite documentation validates completion of pre-service training.

The auditor notes that searches of transgender/intersex clients training is provided during pre-service and in-service training. In view of the above, the auditor finds CCP-E substantially compliant with 115.215(f).

All 11 random staff interviewees assert they received training regarding cross-gender pat down searches and searches of transgender/intersex clients in a professional and respectful manner. Ten of the 12 interviewees advise they received the training during 2020 and/or 2021 while two interviewees assert they have not received the training since pre-service training.

In view of the above, the auditor finds CCP-E 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*)
- 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 to provide disabled clients 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.

CCP-E PREA Policy 3.3 entitled Intake/Screening, pages 2 and 3, section II(A)(2) and (4) addresses 115.216(a). Additionally, CCP-E PREA Policy 3.3 entitled Intake/Screening, page 2, section II(A)(1)(e and f) stipulates clients will be offered a copy of the PREA Handbook and note the client's acceptance/denial of the handbook in the client's progress notes. Clients shall sign the Client PREA Handbook/PREA Acknowledgment form, verifying they have been given this information.

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

The auditor's review of the large print CCP-E PREA Handbook also serves as evidence of CCCS efforts to comply with 115.216(a).

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

The PA and PCM advise that zero clients at CCP-E presented with disabilities or limited English proficiency. Accordingly, this specialty interview was not conducted.

The auditor notes that clients who are low hearing or deaf can read the PREA Handbook while staff can read relevant portions of the PREA Handbook to clients who are blind or low reading.

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 3, section II(A)(3) addresses 115.216(b).

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

The PA advises pursuant to PAQ memorandums CCP-E has not provided any interpreter services during this audit period.

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

CCP-E Policy 3.3 entitled Intake/Screening, page 3, section II(A)(4) addresses 115.216(c).

Ten of 11 random staff interviewees assert the agency does allow the use of client interpreters, client readers, or other types of client assistants to assist disabled clients or clients with Limited English Proficiency (LEP) when making an allegation of sexual abuse/harassment. The same can be implemented where an extended delay in obtaining an effective interpreter could compromise the client's safety or impede the investigation into the victim's allegations. None of the 12 interviewees state this practice has been used during the last 12 months.

In view of the above, the auditor finds CCP-E substantially compliant with 115.216.

Standard 115.217: Hiring and promotion decisions

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

115.217 (a)

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

115.217 (b)

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

115.217 (c)

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

115.217 (d)

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

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) 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 clients and prohibits enlisting the services of any contractor who may have contact with clients who:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility juvenile facility, or other institution;

Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or

Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

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

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

Five applicable (pertinent to staff hired during the audit period) random staff Human Resource (HR) files reviewed by the auditor reveal the above questions were asked during the application phase. Two additional promotion files reveal the questions were asked during the promotion process.

Of note, three additional files pertained to staff hired prior to 2015 and accordingly, they were subject to review during prior audits or the hires were pre-PREA.

Additionally, the auditor's review of the respective criminal background record checks (either initial or 5-year re-investigations) 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 at CCP-E.

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 clients.

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 no evidence of prior institutional employers in any of the 10 cases. Accordingly, validation of employee certifications, as described in the narrative for 115.217(a), regarding sexual harassment could not be made.

The Human Resources (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 clients.

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

Conducts criminal background record checks; and

Consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The PA further self reports in the last 12 months, five staff who may have contact with clients have had criminal background record checks. This equates to 100% of staff hired who may have contact with clients who have had criminal background record checks.

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

The HR interviewee 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 clients and all employees who may have contact with clients, who are considered for promotions. The same procedure applies to contractors who may have contact with clients.

Five of six applicable staff hires during the audit period were subjected to a criminal background records check either prior to or in close proximity to their entry on duty date. Three additional randomly selected staff files pertain to staff hired prior to the implementation of PREA standards.

There are no contractors on board at CCP-E.

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 clients. The PA further self reports, in the last 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 that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with clients or that a system is in place for otherwise capturing such information for current employees.

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

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

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

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

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

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 CCP-E, given the ramifications of 115.217(d) and (e).

The auditor's review of three of the four random staff files (relative to employees hired prior to 2015) reveals re-investigations were completed in 2015, 2018, 2020, and 2021.

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 standard 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. A detailed explanation of the process is reflected in the narrative for 115.217(a) above. The auditor's review of 10 random staff HR files reveals current Disclosure of PREA Employment Standards Violation forms were completed for 2021.

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

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

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

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses both 115.217(f) and (g). The auditor's random review of completed documents (relative to the auditor's randomly selected HR files referenced throughout the narrative for 115.217) validates these forms were completed in conjunction with both of the aforementioned standard provisions for 2021.

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

The CCCS PC asserts zero 115.217(h) requests for information regarding staff applying for employment with another institutional employer have been received.

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 CCP-E 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.

CCP-E Policy 15.8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).

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

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

Pursuant to the PAQ, the PA self reports the facility has not installed or updated monitoring technology since the last PREA audit.

CCP-E 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 clients from incidents of sexual abuse. The agency considers line of sight, blind spots, and potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision. Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.

The PA asserts when installing or updating monitoring technology, such as a video monitoring systems or electronic surveillance, the facility does consider using such technology to enhance client's protection from sexual abuse. The interviewee asserts zero updates have been facilitated during this audit period however, a new hard drive was installed to replace a non-functioning device. Additionally, one camera was repositioned to offset a hallway blind spot.

The auditor's review of memorandums dated 2019, 2020, and 2021 substantiates the fact 115.218 modifications have not been effected at CCP-E during the last 36 months.

In view of the above, the auditor finds CCP-E substantially compliant with 115.218.

RESPONSIVE PLANNING

Standard 115.221: Evidence protocol and forensic medical examinations

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

115.221 (a)

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

115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X Yes No NA

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

115.221 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate? X Yes No

- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X Yes No

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

- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 client-on-client 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.

CCP-E PREA Policy 3.4 entitled Reporting, page 8, sections II(E)(1 and 2) 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. Eight of the 12 interviewees correctly identified all four 115.264(a) first responder steps. Problematic steps encompassed requesting that the victim and ensuring that the perpetrator do not destroy physical evidence.

In regard to who is responsible for conducting administrative investigations, 10 random staff interviewees accurately assert the behavioral coordinator (bc) and/or the CCCS PC facilitate the same. All 12 interviewees accurately assert the Butte Silver-Bow Police Department (BSB LEA) facilitates criminal investigations.

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

The CCCS PC asserts that BSB LEA facilitates an investigation upon receipt of a sexual abuse allegation. They immediately alert the PA, CCCS PC, or PCM following receipt of a report via their telephone line.

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

Pursuant to the PAQ, the PA self reports the facility offers to all clients who experience sexual abuse, access to a forensic medical examination. 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, zero forensic medical examinations were conducted during the last 12 months.

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

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(E)(3) addresses 115.221(c).

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

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

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

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

CCP-E PREA Policy 3.4 entitled Reporting, pages 8 and 9, section II(E)(4) 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 CCP-E 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.

The CCP-E PA and PCM advised that no clients who reported a sexual abuse were confined at the facility during the on-site audit and accordingly, such interview(s) could not be conducted.

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.

CCP-E PREA Policy 3.4 entitled Reporting, page 9, section II(E)(5) addresses 115.221(e).

The auditor's review of Staff Development and Training Record Forms relative to one staff member reveals she completed specialty victim advocacy training on September 21, 22 and 26, 2021.

The CCP-E 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. In addition to the aforementioned Safe Space MOU, a behavioral supervisor (bs) is appropriately trained as a VA. Safe Space VAs accompany the client, upon request, during forensic examinations and investigatory interviews. Accordingly, the auditor finds CCP-E substantially compliant with 115.221(h).

As reflected throughout this narrative, the CCCS PC and bc facilitate administrative investigations. BSB LEA investigators facilitate criminal investigations pursuant to a carefully scripted MOU.

CCP-E PREA Policy 3.4 entitled Reporting, page 9, sections II(E)(6 and 7) 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 CCP-E substantially compliant with 115.221.

Standard 115.222: Policies to ensure referrals of allegations for investigations

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

115.222 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? 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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).) X Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including client-on-client and staff sexual misconduct). In the last 12 months, one allegation of sexual abuse was received and the administrative investigation was completed.

CCP-E PREA Policy 3.4 entitled Reporting, page 3, section II(A)(13) 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 client 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.

CCP-E PREA Policy 3.4 entitled Reporting, page 3, section II(A)(14) 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. BSB LEA facilitates criminal sexual abuse/harassment investigations.

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

The auditor's review of the aforementioned MOU describes the responsibilities of both CCP-E investigative staff and the investigative agency.

In view of the above, the auditor finds CCP-E substantially compliant with 115.222.

TRAINING AND EDUCATION

Standard 115.231: Employee training

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

115.231 (a)

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

115.231 (b)

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

115.231 (c)

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

115.231 (d)

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

Auditor Overall Compliance Determination

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

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

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

CCP-E PREA Policy 3.6 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.

Eleven of 11 random staff interviewees assert they received Pre-Service and/or In-Service PREA training regarding the above topics. Of note, nearly all interviewees state 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 2019 through 2021 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 Pre-Service Orientation Training Schedules spanning 2019-2021 reveals PREA is included in the curriculum for that particular training.

The auditor's review of 10 random staff training files reveals the requisite topics were addressed, minimally, during 2020 and 2021. The auditor notes one exception to this finding.

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

Pursuant to the PAQ, the PA self reports training is tailored to the gender of the clients housed at the facility. All employees who are reassigned from other facilities receive PREA training unique to the male gender client population at CCP-E.

CCP-E PREA Policy 3.6 entitled Training, page 2, section II(B) addresses 115.231(b).

The auditor's review of two Staff Development and Training Record Forms dated June 14 and 16, 2021 reveals substantial compliance with 115.231(b). The documents encompass provision of Orientation training to a staff member who transferred from another CCCS facility.

Pursuant to the auditor's review of the Power Point training slides, the auditor has determined that the training is tailored to the male client population housed at CCP-E.

Pursuant to the PAQ, the PA self reports 27 staff, who may have contact with clients, were trained or retrained in PREA requirements. This equates to 100% of staff.

Between trainings, staff complete PREA Annual Refresher Training (ART). With the exception of the aforementioned COVID-19 variable, all staff receive PREA Orientation training within two days of hire.

Employees who may have contact with clients receive PREA training on an annual basis.

CCP-E PREA Policy 3.6 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, the auditor finds that CCP-E 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).

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

CCP-E PREA Policy 3.6 entitled Training, page 2, section II(D) addresses 115.231(d).

In view of the above, the auditor finds CCP-E exceeds standard expectations with respect to 115.231.

Standard 115.232: Volunteer and contractor training

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

115.232 (a)

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

115.232 (b)

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

115.232 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with clients 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 zero contractors and volunteers have provided services at CCP-E during the last 24 months in view of COVID-19 constraints.

The CCCS PC has advised there are no contractors at CCP-E.

CCP-E PREA Policy 3.6 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.

The auditor's review of six CCCS PREA Acknowledgment Forms (dated in 2019) 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 clients. The PA further self reports volunteers, who have contact with clients, have minimally been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CCP-E PREA Policy 3.6 entitled Training, page 2, section II(F) addresses 115.232(b).

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

CCP-E PREA Policy 3.6 entitled Training, page 2, section II(G) addresses 115.232(c).

In view of the above, the auditor finds CCP-E 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 clients 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 172 CCP-E clients were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the clients admitted to CCP-E during the last 12 months.

CCP-E PREA Policy 3.3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(a)(1-4) addresses 115.233(a).

The staff who facilitates intake interviewee asserts she does provide clients with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/sexual harassment, at intake. Specifically, she provides a PREA pamphlet and the CCP-E PREA Handbook (included in the PREA packet) to clients. Generally, she also provides the PREA video at the same time.

In addition to provision of the PREA packet, as referenced above, the interviewee asserts the PREA video is presented, as well as, PREA Orientation.

All 11 random client interviewees assert when they first arrived at CCP-E, they received information about the facility's rules against sexual abuse/harassment. All 11 interviewees assert they received a PREA packet (comprised of the CCP-E PREA Handbook and pamphlet), as well as, the PREA video.

Six of 11 interviewees assert that within seven days of arrival at CCP-E, they were told about:

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

All 11 interviewees assert this information was provided during intake and/or orientation. Three interviewees assert orientation was conducted at intake, five interviewees assert orientation was conducted within one week of intake and two interviewees assert orientation was conducted within one week of intake.

The auditor's review of 11 random resident files reveals dissemination of the PREA packet at intake in all cases. Provision of PREA Orientation occurred within one week in seven cases and orientation was delayed in one case as the result of COVID quarantine procedures.

The auditor's review of five 2019, five 2020, and five 2021 Resident Receipts for the CCP-E PREA Handbook and CCP-E Client Orientation PREA Acknowledgment forms reveals substantial compliance with provision of the requisite information at intake.

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

Since CCP-E effected appropriate steps to address this matter prior to the on-site audit, the auditor finds no basis for a non-compliance finding. However, the auditor requires the PCM to submit to him a roster of clients admitted to the facility between the date of issuance of this interim report and June 13, 2022. The auditor will randomly select a sampling of names and the PCM will forward to the auditor corresponding Resident Receipts for the CCP-E PREA Handbook and CCP-E Client Orientation PREA Acknowledgment forms. Additionally, the PCM will either facilitate a town hall meeting for existing clients or post an informational memorandum, advising clients of the new 115.251(b) reporting procedures. A copy of the town hall meeting notes or, in the alternative, the memorandum will be forwarded to the auditor for inclusion in the audit file.

Pursuant to the PAQ, the PA self reports the facility provides clients who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports 78 clients were transferred to CCP-E from a different community confinement facility within the last 12 months and all have received refresher training. Clients receive the same PREA information when they transfer from one facility to another facility.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 2, section II(A)(1)(d) addresses 115.233(b).

The intake staff interviewee states the the client is immediately briefed regarding their rights pursuant to PREA. Provision of information is a pre-requisite to room placement. A more in-depth overview is provided during orientation (within seven days of arrival). Additionally, posters are hung on the walls.

All 11 random client interviewees assert they were transferred to CCP-E from other facilities (jails, prisons, or community confinement centers), some of which are operated by CCCS. As reflected in the narrative for 115.233(a), all random client interviewees were provided complete PREA education upon intake and orientation at CCP-E.

The auditor's review of Client Orientation PREA Acknowledgment Forms and Receipt of CCP-E PREA Handbook Receipts for four clients who were received from other facilities reveals substantial compliance with 115.233(b). All of these clients were received at CCP-E from other facilities during the last 12 months.

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 2, section II(A)(1)(b) addresses 115.233(c).

Client 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 client participation in PREA education sessions.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 2, section II(A)(1)(f) addresses 115.233(d).

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, client handbooks, or other written formats.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 2, section II(A)(1)(c) addresses 115.233(e).

A discussion regarding the CCP-E PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report. Examples of two amended client 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 CCP-E substantially compliant with 115.233.

Standard 115.234: Specialized training: Investigations

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

115.234 (a)

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

X Yes No NA

115.234 (b)

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

administrative or criminal sexual abuse investigations. See 115.221(a).)

X Yes No NA

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

CCP-E Policy 3.6 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, CCP-E shall ensure that, to the extent CCP-E itself conducts the initial sexual abuse investigations, its investigator(s), PCM, and PA 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 PCM and PA may not participate in an initial sexual abuse or sexual harassment investigation, completion of the specialized investigator training is key in understanding and supporting the SART process.

The administrative investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in confinement settings. He completed the on-line National Institute of Corrections (NIC) training which is specifically tailored to conducting sexual abuse investigations in confinement settings.

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

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

The course was a three hour on-line NIC course.

The auditor's review of the NIC certificates for the current CCP-E bc (PREA investigator), current CCCS PC, previous PCM, and Staff Development and Training Record Forms for the current bc and PCM reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting.

CCP-E Policy 3.6 entitled Training, page 3, section II(I)(2) addresses 115.234(b).

All investigative staff interviewees assert training topics included:

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

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

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

CCP-E Policy 3.6 entitled Training, page 3, section II(I)(3) addresses 115.234(c).

In view of the above, the auditor finds CCP-E substantially compliant with 115.234.

Standard 115.235: Specialized training: Medical and mental health care

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

115.235 (a)

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

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

CCP-E Policy 3.5 entitled Medical and Mental Health, page 3, section III(A)(1-4) addresses 115.235(a).

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

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

The auditor's review of July 18, 2018 and September 30, 2021 Staff Development and Record Forms reveals that the one CCP-E medical staff practitioner completed the PRC PREA Medical and Mental Health Care Standards course. The mental health provider completed the same course on September 1, 2021. Of note, the mental health practitioner recently assumed his duties at CCP-E.

Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations. During the course of the audit process, the auditor validated this assertion. Accordingly, the auditor finds 115.235(b) not applicable to CCP-E.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.

CCP-E Policy 3.5 entitled Medical and Mental Health, page 3, section III(B) addresses 115.235(c).

At the time of the on-site audit, the CCP-E mental health staff member had recently commenced employment at CCP-E and was therefore not due for PREA In-Service training. However, the auditor was not provided any evidence that he had completed his PREA Pre-Service training. In regard to the medical staff employee, he last completed PREA In-Service training on January 8, 2020 and he had not yet completed the 2021 PREA In-Service training. Of note, the same was not due at the time of the on-site audit.

In view of the above, the auditor finds CCP-E non-compliant with 115.235(d) and accordingly, a 180-day corrective action period is imposed, concluding on June 13, 2022.

To demonstrate compliance with 115.235(d), the PCM will ensure the mental health staff member completes PREA Pre-Service training and requisite document(s) are finalized. The PCM will subsequently forward a copy of the Staff Development and Record Form to the auditor for inclusion in the file.

As the PCM is relatively new to the position, the CCCS PC will provide training to the PCM regarding 115.235(d) training requirements. Upon completion of the training, the CCCS PC will forward to the auditor a copy of the lesson plan, as well as, a copy of the completed Staff Development and Record Form.

February 3, 2022 Update:

Pursuant to the auditor's review of an Employee Orientation Training schedule document dated December 17, 2021, CCP-E is now compliant with 115.235(d). The same applies to the mental health practitioner mentioned above. Clearly, PREA was addressed during the training and the auditor's review of the training materials used during this training is addressed in the narrative for 115.231.

The auditor's review of the PRC Compliance Manager training syllabus and the current PCM's and newly appointed PCM's 2021 and 2022 certifications of completion of this training reveal substantial compliance with 115.235(d). Additionally, the auditor's review of training documentation related to one newly hired staff member (non-medical, mental health) reveals substantial compliance with 115.235(d).

In view of the above, the auditor finds CCP-E substantially compliant with 115.235.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.241: Screening for risk of victimization and abusiveness

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

115.241 (a)

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

115.241 (b)

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

115.241 (c)

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

115.241 (d)

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

115.241 (e)

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

115.241 (f)

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

115.241 (g)

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

115.241 (h)

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

115.241 (i)

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

Auditor Overall Compliance Determination

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

Does Not Meet Standard (*Requires Corrective Action*)

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, pages 3 and 4, section II(B) addresses 115.241(a).

The staff who performs screening for risk of sexual victimization and abusiveness interviewee asserts she does screen clients upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other clients. The same is accomplished during intake.

Ten of 11 random client interviewees state that upon arrival at CCP-E, 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. Ten of 11 interviewees state these questions were asked at intake.

The auditor's review of three 2019, 2020, and 2021 initial victimization/abusiveness screening instruments reveals all initial victimization/abusiveness screenings were conducted on the date of arrival at CCP-E and in accordance with governing policy. Additionally, the auditor's on-site review of 11 random client files reveals all initial victimization/abusiveness screenings were conducted on the date of arrival at CCP-E and in accordance with governing policy.

Pursuant to the PAQ, the PA self reports initial screening shall ordinarily take place within 72 hours of arrival at the facility. The PA self reports that during the last 12 months, 133 clients 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 clients, within 72 hours of their entry into the facility. This equates to 100% of clients admitted to the facility during the last 12 months, for 72 hours or more.

The relevant policy citation is reflected in the narrative for 115.241(a).

The staff who performs screening for risk of victimization and abusiveness interviewee asserts she screens clients for risk of victimization or risk of sexually abusing other clients within 24 hours of arrival at the facility, generally at intake.

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(2)(a-j) addresses 115.241(c).

The auditor finds the screening instrument is objective. Points are assessed to determine propensity towards sexual victimization or sexual abusiveness. Minimally, relevant 115.241(d and e) questions are addressed, as well as, others.

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

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

Whether the client has a mental, physical, or developmental disability;
The age of the client;
The physical build of the client;

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(1)(a-i) addresses 115.241(d).

The staff who performs screening for risk of victimization and abusiveness states that history of sexual abuse, age, history of violence, history of domestic violence, gang membership, history of restraining orders, history of sexual misconduct in a confinement setting, and whether this is the first incarceration are some of the variables considered in the assessment process.

The interviewee asserts such interviews are conducted in a specific room behind closed doors. The interview is facilitated one-on-one and the interviewer reads the Disclaimer form to the client. Screening tool questions are likewise read to the client. The interviewer reviews the pre-arrival information and applies the same to the screening process.

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

CCP-E Policy 3.3 entitled Intake/Screening, page 4, section II(B)(3) addresses 115.241(e).

Pursuant to the PAQ, the PA self reports the policy requires that the facility reassess each client's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the client's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA further self reports that during the last 12 months, 130 clients 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 clients, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of clients who meet the above 30-day criteria and who arrived within the last 12 months.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(4) addresses 115.241(f).

The PCM (interviewee) conducts all risk level reassessments. During her interview, she stated reassessments are conducted within 30 days of the initial assessment. She maintains a spread sheet with due dates for each reassessment. Additionally, she reviews the Housing Assessment Tool weekly to track due dates.

Five of the 11 random client interviewees assert a reassessment was conducted within 30 days following initial assessment. Five interviewees responded they were not reassessed in a timely manner and one states he does not recall whether he was reassessed.

The auditor's review of 11 random client files reveals that 10 reassessments were completed in a timely and comprehensive manner. Of note, the auditor determined that timely and comprehensive reassessments were applicable to the aforementioned six client interviewees who responded in the negative as to completion of reassessment in their particular cases.

The auditor's review of three 2019, 2020, and 2021 30-day reassessment victimization/abusiveness screening instruments reveals all initial victimization/abusiveness screenings were conducted within 30-days of the date of arrival at CCP-E and in accordance with governing policy. The auditor notes that the process

is effective given the fact that in one case, the reassessment resulted in a room change in view of PREA concerns.

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(5) addresses 115.241(g).

According to the PCM, client's risk levels are reassessed, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the client's risk of sexual victimization or abusiveness. If an incident occurred, both victim and perpetrator would be reassessed. She tracks the need for reassessments under such circumstances.

No such reassessments have been facilitated during the last 12 months.

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

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(7) addresses 115.241(h).

The auditor notes each client is issued a Disclaimer which addresses failure to provide responses to the questions identified in 115.241(h). The document clearly delineates that the client will not be disciplined for failure or refusal to respond to the questions. Both the client and a staff witness sign and date this document.

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

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(8) addresses 115.241(i).

According to the PCM (same interviewee as the staff responsible for risk screening), the agency has outlined who should have access to a client's risk assessment within the facility in order to protect sensitive information from exploitation. The PCM and the PA are the only staff with both physical and electronic access to assessments and reassessments.

In view of the above, the auditor finds CCP-E substantially compliant with 115.241.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

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

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

Auditor Overall Compliance Determination

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

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, pages 5 and 6, section II(C)(2) addresses 115.242(a).

The auditor's random and cursory review of one 2019, one 2020, and one 2021 Room Assessment spread sheet reveals substantial compliance with 115.242(a). Each room is identified, initial client assessment and reassessment dates are noted, and the mechanics of room assignments are identified in accordance with each client'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. Known Aggressors (KAs) and Potential Aggressors (PAs) are separated by room from Known Victims (KVs) and Potential Victims (PVs) in terms of housing assignments. Clients with these classifications can be housed with clients who score as Unrestricted or clients who are similarly situated.

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(3) 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 or intersex clients in the facility on a case-by-case basis.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(4) addresses 115.242(c).

The PCM asserts the management team (PCM, bc, and shift supervisor) make room assignments, assessing whether the transgender/intersex client can safely be housed in the room. Transgender/intersex clients are not housed in special wings or units, etc., but rather dispersed throughout the facility.

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

The PA and PCM state zero transgender/intersex clients were housed at CCP-E during the on-site audit. Accordingly, such interview(s) could not be conducted.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(6) addresses 115.242(d).

The PCM asserts a transgender/intersex client's own views with respect to his/her own safety are given serious consideration in placement and programming assignments.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(9) addresses 115.242(e).

The PCM asserts transgender/intersex clients are given the opportunity to shower separately from other clients. They would shower at a different time than the rest of the population. Main Control staff monitor the shower area to ensure no other clients shower, etc. at the same time. Staff stakeholders would be advised of the scheduled shower time.

CCP-E PREA Policy 3.3 entitled Intake/Screening, pages 6 and 7, section II(C)(10) 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 clients.

The PCM asserts clients are designated to CCP-E by MDOC following Screening Committee approval. The bc reviews housing assignments on a routine basis to prevent such housing situations. The Housing Assessment Tool is used to facilitate tracking.

In view of the above, the auditor finds CCP-E 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 clients to report privately to agency officials about:

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

CCP-E PREA Policy 3.4 entitled Reporting, pages 1 and 2, section II(A)(1-6) addresses 115.251(a).

The auditor's review of the amended CCP-E Handbook reveals significant information regarding reporting options. Pages 4 and 5 of this resource clearly provide necessary information for clients to be educated regarding reporting options as required pursuant to the totality of 115.251.

The auditor's review of the amended CCP-E PREA Handbook and amended PREA posters reveals substantial compliance with 115.233 and 115.251(b). During the pre-audit review, the auditor determined that the previous CCP-E PREA Handbook included Safe Space as a 115.251(b) reporting source and the same was contradictory to 115.251(b) requirements, as articulated in a corresponding FAQ. Pursuant to a recently signed but previously developed MOU between CCCS and Boyd Andrews Community Services, new 115.251(b) reporting requirements have been established and accordingly, posters and the CCP-E PREA Handbook were in the process of modification to address the same. Additionally, the telephone number, minimally, to BSB LEA has been added.

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

Since CCP-E effected appropriate steps to address this matter prior to the on-site audit, the auditor finds no basis for a non-compliance finding. However, the auditor requires the PCM to submit to him a roster of clients admitted to the facility between the date of issuance of this interim report and June 13, 2022. The auditor will randomly select a sampling of names and the PCM will forward to the auditor corresponding Resident Receipts for the CCP-E PREA Handbook and CCP-E Client Orientation PREA Acknowledgment forms. Additionally, the PCM will either facilitate a town hall meeting for existing clients or post an informational memorandum, advising them of the new 115.251(b) reporting procedures. A copy of the town hall meeting notes or, in the alternative, the memorandum will be forwarded to the auditor for inclusion in the audit file.

Eleven of 11 random staff interviewees cited at least one reporting option for clients. Options cited were verbal report to staff, written report, anonymous report, third-party report, contact the Boyd Andrews Hotline, contact BSB LEA, and submit an Emergency Grievance.

All 11 random client interviewees cited at least two reporting options and the same were as follows; contact MDOC, verbal report to staff, submit a kite (written report) to staff, third-party report, submit an Emergency Grievance, anonymous report, contact BSB LEA, contact Boyd Andrews Hotline, and report to family.

At least two client interviewees assert telephone numbers for Boyd Andrews Community Services and BSB LEA are captured in posters. The auditor noted this condition to be accurate during the facility tour. The posters are also addressed in the CCP-E PREA Handbook.

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

CCP-E PREA Policy 3.4 entitled Reporting, pages 1 and 2, section II(A)(4-6) addresses 115.251(b).

The PCM asserts the BSB LEA and contact with Boyd Andrews Community Services constitute methods for clients 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 client reports of sexual abuse/harassment to agency officials that allow the client to remain anonymous upon request. Pursuant to the MOU between CCCS and Boyd Andrews Community Services, the Helena Pre-Release Center (HPRC) PA contacts the CCP-E PA immediately upon receipt of the report. The CCCS PC also reports the HPRC PA contacts him regarding any such reports.

All 11 random client interviewees assert they are allowed to make a report without having to give their name.

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.

CCP-E PREA Policy 3.4 entitled Reporting, pages 1 and 2, section II(A)(1, 7, and 8) addresses 115.251(c).

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

All 11 random staff interviewees assert a client who alleges sexual abuse can do so verbally, in writing, anonymously, and from third parties. They document such reports immediately.

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

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of clients. 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.

CCP-E PREA Policy 3.4 entitled Reporting, page 2, section II(A)(3-5) addresses 115.251(d).

All 11 random staff interviewees cited at least two methods in which they can privately report sexual abuse/harassment of clients. Reporting methods cited include telephonic report to supervisor, forward e-mail to supervisor/PA/bc/PCM, third party report, forward memorandum to the aforementioned staff, in-person report to any of the aforementioned management staff, anonymous written report to any of the aforementioned management staff, and contact Boyd Andrews Community Services.

In view of the above, the auditor finds CCP-E substantially compliant with 115.251.

Standard 115.252: Exhaustion of administrative remedies

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

115.252 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of

explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.252 (b)

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

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
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 client grievances regarding sexual abuse.

CCP-E PREA Policy 3.4 entitled Reporting, pages 3 and 4, section II(A)(15), in entirety, addresses 115.252(a).

Pursuant to the PAQ, the PA self reports agency policy or procedure allows a client 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 client to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

CCP-E PREA Policy 3.4 entitled Reporting, pages 3 and 4, section II(A)(15)(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 client 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 require that a client grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

CCP-E PREA Policy 3.4 entitled Reporting, page 4, section II(A)(15)(e)(5), addresses 115.252(c). The PREA Handbook, page 5, section entitled Grievance Procedure, section b(2) addresses 115.252(c).

Pursuant to the PAQ, the PA self reports agency policy and procedure require 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 zero grievances were filed within the last 12 months wherein sexual abuse was alleged.

The auditor's review of one alleged "staff voyeurism" allegation filed as an emergency grievance reveals the moving party was transferred to another facility on an unrelated matter on the date on which the incident allegedly occurred. The investigation commenced and concluded four days later at the new designation with a finding of "unfounded". The auditor finds the fact pattern of the "Emergency Grievance" did not meet the definition of the same.

The PA asserts the agency always notifies the resident, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

CCP-E PREA Policy 3.4 entitled Reporting, page 5, section II(A)(15)(f)(1-4), addresses 115.252(d).

The PA and PCM advised the auditor that at the time of the on-site audit, zero clients who reported a sexual abuse at CCP-E were housed at the facility. Accordingly, such interview could not be conducted.

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

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(D)(3 and 4) addresses 115.252(e).

The PA asserts there has not been any instances wherein clients 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 a client is subject to a substantial risk of imminent sexual abuse. The PA further self reports the agency policy and procedure for emergency grievances alleging substantial risk of

imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the last 12 months. The PA asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

CCP-E PREA Policy 3.4 entitled Reporting, page 4, section II(A)(15)(e)(1 and 2) addresses 115.252(f).

The auditor's review of the PAQ information reveals one client filed what he described as an emergency grievance [described above in the narrative for 115.252(c)]. Upon the auditor's review of the same, he finds the alleged fact pattern does not constitute an emergency grievance. There is no identified substantial risk of imminent sexual abuse. Accordingly, the auditor has determined that 115.252(f) is not applicable to the grievance.

The auditor notes that the grievance is dated July 9, 2021 and the client was notified of the investigative outcome on July 23, 2021. The disposition relative to this grievance consisted of a 115.273(a) notification.

The auditor finds no cause for a finding based on any 115.252 violation(s). Accordingly, the auditor finds no deviation from policy or standard. The auditor does recommend however, that in cases such as this one, a response be attached to the actual grievance document.

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

CCP-E PREA Policy 3.4 entitled Reporting, page 4, section II(A)(15)(e)(3) addresses 115.252(g).

In view of the above, the auditor finds CCP-E substantially compliant with 115.252.

Standard 115.253: Resident access to outside confidential support services

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

115.253 (a)

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

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

115.253 (b)

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

115.253 (c)

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

Auditor Overall Compliance Determination

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

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

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

CCP-E PREA Policy 3.5 entitled Medical and Mental Health, page 2, section II(B)(1-3) addresses 115.253(a). Page 7 of the PREA Handbook addresses 115.253(a) in terms of mandatory reporting. Page 4 also addresses 115.253(a).

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

Eight of 11 random client interviewees assert there are services available outside the facility for dealing with sexual abuse, if needed. Four interviewees cited at least one service ranging from therapists to MH assistance and counseling. Of note, CCP-E maintains the MOU with Safe Space as noted in the PREA Handbook. Six interviewees note they can find the information regarding services from review of the PREA Handbook and information posted in hallways.

Six interviewees assert mailing addresses and telephone numbers for these outside services are readily available to them. Seven interviewees assert telephone calls are free to the service(s). Nine interviewees assert they can talk with people from these services at any time.

Given the information provided in this narrative, the auditor is satisfied that all requisite information is readily available to clients. As previously articulated, several interviewees are aware of locations for any needed information.

During the facility tour, the auditor observed telephone listings for Safe Space, RAININ, Western Montana Mental Health, etc. As reflected in policy, posters were positioned near client telephones. The CCP-E PREA Handbook clearly reflects such calls are toll free and addresses mandatory reporting mandates for professionals working within the aforementioned organizations.

Pursuant to the PAQ, the PA self reports the facility informs clients 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 clients prior to giving them access to outside support services, of the mandatory reporting

rule 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.

CCP-E PREA Policy 3.5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b).

Nine of 11 random client interviewees assert what they say to people from the services cited in 115.253(a) remains private. Four interviewees assert such conversations could be told to or listened to by someone else. These interviewees assert such conversations could be listened to or shared with someone else as the result of mandatory reporting information (e.g. information regarding criminal act(s) being perpetrated at CCP-E or in the community or self-injurious behavior).

As previously addressed in 115.253(a), requisite information is readily available to clients and has been provided to them in various formats.

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 clients 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 CCP-E 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 client 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 CCP-E 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 distributes third-party reporting information to clients so they can provide the same to third-party reporters.

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(D)(1 and 2) addresses 115.254(a). This policy stipulates CCCS, Inc. has posted a method for third-party reporting and the reporting forms are on the corporate website at www.cccscorp.com.

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

In view of the above, the auditor finds CCP-E 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 clients or staff who reported such an incident; or
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

CCP-E PREA Policy 3.4 entitled Reporting, page 6, section II(C)(1) addresses 115.261(a).

All 11 random staff interviewees state they are required to immediately report the following to the shift supervisor, treatment coordinator, bc, PCM, or PA:

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 clients or staff who reported such an incident; or
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

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.

CCP-E PREA Policy 3.4 entitled Reporting, page 7, section II(C)(3) addresses 115.261(b).

CCP-E PREA Policy 3.4 entitled Reporting, page 7, section II(C)(5) 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 and documentation of the same is maintained. The client signs the Informed Consent and Client's rights form at intake. This requirement is policy, code of ethics, practice, 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. Both assert such report(s) are directed to the PA or bc, and alternatively to the security supervisor.

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

CCP-E PREA Policy 3.4 entitled Reporting, page 7, section II(C)(4) addresses 115.261(d).

The PA and PCM assert zero residents under the age of 18 are housed at CCP-E. Few, if any, vulnerable adults are/have been housed at CCP-E. If a vulnerable adult is the subject victim of an allegation of sexual abuse, contact is made with the Department of Public Health and Human Services (DPHHS).

CCP-E PREA Policy 3.4 entitled Reporting, page 7, section II(C)(6) 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, she passes the information to the CCCS PC and he schedules the investigation(s).

The auditor's review of the lone sexual abuse allegation and investigation conducted during the last year reveals substantial compliance with 115.261(e). The investigation was thorough, facilitated in a timely manner, and deemed to be "unfounded" based on the evidence.

In view of the above, the auditor finds CCP-E 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 client is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the client (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the last 12 months, there was zero times the facility determined that a client was subject to substantial risk of imminent sexual abuse.

CCP-E PREA Policy 3.4 entitled Reporting, page , section II(a)(9) addresses 115.262(a).

This provision is also addressed in slides 40 and 41 of the CCP-E 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.

If an allegation of imminent client sexual abuse is brought to her attention, the PA personally interviews the client and places him in a safe place minimally, a room in the vicinity of the [Bubble(Main Control)], increasing safety checks. She could move the potential perpetrator to the CCP-West (CCP-W) facility. There is a reciprocal agreement between CCP-E and CCP-W regarding housing under such circumstances. CCP-W is another CCCS facility.

All 11 random staff interviewees state they would immediately remove the potential victim from the danger zone.

In view of the above, the auditor finds CCP-E 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? Yes X 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 client 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 PA further self reports in the last 12 months, the facility received zero allegation(s) that a client was sexually abused while confined at another facility. Pursuant to review of PAQ materials, the auditor notes that during initial classification on June 24, 2020, one incoming client reported being sexually abused at another facility during August, 2017. The PA subsequently reported the client's allegation via email to the Warden at the other facility on June 29, 2020.

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(C)(10) addresses 115.263(a).

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.

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(C)(10) addresses 115.263(b).

As reflected in the narrative for 115.263(a), the 2020 report of sexual abuse at another facility was transmitted to the Warden at the other facility within five days of the report. The auditor's review of the subject client's initial sexual victimization/aggressor assessment reveals the same was completed on June 24, 2020 and he reported the alleged sexual abuse at that time. In a separate email from the CCP-E PA to the CCCS PC dated June 26, 2020, she advises that the since the client was ambiguous regarding the allegations, the CCCS PC wanted to interview him for the purpose of identifying information to forward to the affected administrator. That interview occurred on June 29, 2020 and the PA's email to the affected administrator hence occurred on the same date. In view of the above, the auditor finds sufficient evidence validating 115.263(b) compliance.

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

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(C)(10) addresses 115.263(c).

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 last 12 months, there were zero allegations of sexual abuse (that allegedly occurred at CCP-E) received by the facility from other facilities.

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(C)(10) addresses 115.263(d).

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

The PA opens an investigation regarding the same. To the best of the Agency Head's knowledge, no such allegations have been received at CCP-E.

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 CCP-E, a full-scale investigation is immediately initiated. She contacts the CCCS PC to schedule the same. There are no examples of such reports being received at CCP-E during the audit period.

In view of the above, the auditor finds CCP-E compliant with 115.263.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

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

The PA self reports zero alleged incidents of sexual abuse occurred at CCP-E during the last 12 months. Upon further review of PAQ materials, the auditor noted one incident of alleged staff voyeurism was reported during the audit period.

The fact pattern as articulated in the investigation and validated pursuant to video review, etc. did not allow for implementation of 115.264(a) first responder duties, with a few exceptions. The alleged victim was moved to another facility for unrelated reasons.

CCP-E PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(B)(1)(a-j) addresses 115.264(a).

All 12 of the random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. It is noted eight of the 12 interviewees correctly identified all four 115.264(a) first responder steps. Problematic steps encompassed requesting that the victim and ensuring that the perpetrator do not destroy physical evidence.

The PA and PCM assert zero clients who reported a sexual abuse interviewees were housed at CCP-E at the time of the on-site audit.

In addition to the above, the non-security staff 1st responder interviewee correctly identified the four 115.264(a) steps.

The auditor's review of the CCP-E Sexual Assault and Initial Response and Containment Checklist and MDOC Sexual Assault and Containment Checklist reveals the same contain the appropriate provision requirements.

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

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

The PA further self reports that of the allegations of sexual abuse within the last 12 months, there were zero times that a first responder was a non-security staff member.

CCP-E PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(B)(1)(a-j) addresses 115.264(a).

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

In view of the above, the auditor finds CCP-E 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*)
- 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.

CCP-E PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1-13 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 CCP-E Sexual Assault Initial Response and Containment Checklist 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 CCP-E Coordinated Response to PREA Incidents document serves as an excellent guideline for staff as they perform sexual abuse related duties.

According to the PA, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Policy 3.11 scripts detailed responses for all staff stakeholders. Checklists are included. This plan is addressed annually in a training format.

In view of the above, the auditor finds CCP-E 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? Yes No

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

Does Not Meet Standard (*Requires Corrective Action*)

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 115.66 is technically not applicable to CCP-E, 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 CCP-E.

In view of the above, the auditor finds CCP-E 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? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? Yes No

115.267 (b)

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

115.267 (c)

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? 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*)

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 clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff. According to the PA, she or the PCM are the designated retaliation monitors at CCP-E. The PA monitors potential or staff victims of retaliation and the PCM monitors potential or client victims.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(1) addresses 115.267(a).

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(2) addresses 115.267(b).

According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of clients and staff from retaliation for sexual abuse/harassment allegations, we allow staff and clients 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, she initiates retaliation monitoring. As a protective measure, she may move the alleged victim closer to the Bubble and would remove the predator from the facility. She could also offer mental health and victim assistance counseling. With respect to staff, placement on another shift, implementation of retaliation monitoring with routine check-ins, offering Employee Assistance Program (EAP), and placement at another CCCS facility are a few of the available strategies.

The PA was also interviewed as the staff member charged with monitoring retaliation. In regard to the role she plays in preventing retaliation against clients and staff who report sexual abuse/harassment or who cooperate with sexual abuse/harassment investigations, she handles both staff and client retaliation monitoring, if applicable, in a very similar manner. Following a report of sexual abuse/harassment, she initiates retaliation monitoring for a minimum of 90 days. She meets with the victim weekly for the first two weeks and bi-weekly until the end of the second months. If all is well after that, she meets with them monthly, documenting findings. Retaliation monitoring may be extended based on her decision and professional judgment. Any check-ins would likewise be documented.

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of clients or staff who report sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by clients 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.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a-c) addresses 115.267(c).

The PA asserts she looks for the following to detect possible retaliation against a client; behavioral changes, changes in programming habits, isolation, increase in sick call requests, increase in neediness, hygiene deterioration, and withdrawal. In regard to staff, she looks for the following;

increase in sick leave usage, isolation, withdrawal, hiding in office, and increase in shift change requests.

If there is concern that potential retaliation might occur, she will monitor the client until the threat is gone. However, monitoring is maintained for a minimum of 90 days.

The auditor notes that the one 2021 allegation and subsequent investigation were determined to be unfounded. Accordingly, retaliation monitoring was not required pursuant to 115.267(f).

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a) addresses 115.267(d).

In regard to 115.267(e), 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 CCP-E substantially compliant with 115.267.

INVESTIGATIONS

Standard 115.271: Criminal and administrative agency investigations

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

115.271 (a)

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

115.271 (b)

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

115.271 (c)

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

115.271 (d)

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

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

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

CCP-E PREA Policy 3.10 entitled Investigations, page 1, section I addresses 115.271(a).

The investigative staff interviewee asserts investigations are generally initiated immediately upon notification of the allegation. Dependent upon the circumstances, he generally reports to the facility during non-regular business hours. The on-site supervisor generally initiates sexual harassment investigations and the investigator subsequently follows up. The CCCS PC is included in the notification circle.

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

Pursuant to the auditor's review of the single sexual abuse (alleged staff voyeurism) investigation conducted within the last 12 months, the auditor finds the same to have been initiated in a timely, thorough, and objective manner. The CCCS PC reports no other sexual abuse/harassment investigations were conducted at CCP-E during this reporting period.

CCP-E PREA Policy 3.10 entitled Investigations, page 1, section II(A) addresses 115.271(b).

The auditor's review of PREA sexual abuse/harassment credentials and training certifications is addressed in the narrative for 115.234.

As reflected in the narrative for 115.234, the administrative and criminal investigative interviewees assert they did receive training specific to conducting sexual abuse investigations in confinement settings. They completed the on-line National Institute of Corrections (NIC) training which is specifically tailored to conducting sexual abuse investigations in confinement settings and Academy training, workshops, and conferences, respectively.

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

The course was a three hour on-line NIC course. The investigative staff interviewee clearly addressed the same in the narrative for 115.234.

CCP-E PREA Policy 3.10 entitled Investigations, page 2, section II(C)(3) addresses 115.271(c).

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

Review first responder reports (five minutes);
Threshold questioning of victim (10-15 minutes);
Offer mental health assistance (five minutes);
Ensure staff are with victim (five minutes);
Interview witnesses (15 minutes per witness);
Review video (up to two hours);
Review victim and perpetrator files (fifteen minutes);
Re-interviews of victim and witness(es) (15 minutes to two hours);
Perpetrator interview (15 minutes to two hours); and
Write report (two hours plus).

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

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

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

CCP-E PREA Policy 3.10 entitled Investigations, page 2, section II(B) addresses 115.271(d).

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

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

CCP-E PREA Policy 3.10 entitled Investigations, page 2, section II(C)(4) and (5) addresses 115.271(e).

The auditor's review of the single sexual abuse (alleged staff voyeurism) investigation addressed throughout this report reflects assessment as to why the investigator believed or did not believe the victim and other interviewees. All evidence discovered refuted the statement of the alleged victim.

The administrative and criminal investigative interviewees assert all evidence is credible until proven otherwise. The interviewees assess the weight of the evidence based on whether more evidence substantiates the incident occurred than not. They further assert that under no circumstances would a resident, who alleges sexual abuse, be required to submit to a polygraph examination or truth-telling device, as a condition for proceeding with an investigation.

CCP-E PREA Policy 3.10 entitled Investigations, pages 1 and 2, section II(A)(1)(a) and (b) addresses 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 suspect statements against staff/resident witness statements to determine inconsistencies. The totality of evidence is assessed. 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.

The administrative report contains the following:

Narrative regarding allegations and establishment of timeline;
Victim and witness statements;
Circumstantial evidence assessment;
Credibility assessments;
Perpetrator's statement;
Summary; and
Recommendation(s).

The auditor's review of the aforementioned administrative investigation reveals substantial compliance with 115.271(g). The investigative report, as written, is thorough and addresses all components of 115.271.

The administrative and criminal investigative interviewees assert criminal investigations are documented. The criminal report essentially mirrors the administrative investigation report, with the exception that physical evidence and credibility of the same is articulated in the criminal report and recommendations are not included in the criminal report.

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

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

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

CCP-E PREA Policy 3.10 entitled Investigations, page 2, section II(D) addresses 115.271(i).

The auditor has not identified any deviation(s) from 115.271(i) requirements.

CCP-E PREA Policy 3.10 entitled Investigations, page 1, section I(B) addresses 115.271(i).

The administrative and criminal investigative interviewee assert they continue with administrative and criminal investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. HR is actively involved in such investigations of staff sexual misconduct. Similarly, they continue 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.

According to the PA, CCP-E enjoys a great rapport with BSB LEA investigators. The PA contacts law enforcement by email on a weekly basis. The PA ensures the CCCS PC, bc, and PCM are in the informational loop. The PCM essentially substantiates the statement of the PA regarding weekly contact and follow-up.

The investigative staff interviewee asserts he serves as a liaison and facilitator with outside agencies conducting sexual abuse investigations at CCP-E.

In view of the above, the auditor finds CCP-E substantially compliant with 115.271.

Standard 115.272: Evidentiary standard for administrative investigations

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

115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? 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 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.

CCP-E PREA Policy 3.10 entitled Investigations, page 3, section II(E) addresses 115.272(a).

According to the administrative investigative staff interviewee, preponderance of evidence is the administrative standard required for substantiation of an allegation in an investigation. Preponderance is best described as 51%. In other words, it is more likely, than not, that the incident occurred. He assesses the consistency of the evidence to determine if the standard of evidence has been met.

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

The auditor's review of the single sexual abuse (voyeurism) investigation conducted during this audit period reveals compliance with both policy and standard in regard to the standard of evidence.

In view of the above, the auditor finds CCP-E substantially compliant with 115.272.

Standard 115.273: Reporting to residents

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

115.273 (a)

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

115.273 (b)

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) 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? X 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 client 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 further self reports zero criminal and/or administrative investigations of sexual abuse were conducted at CCP-E during the last 12 months.

The auditor notes, as previously mentioned throughout this report, that he has determined one CCP-E sexual abuse incident or allegation was investigated during the last 12 months. Pursuant to the auditor's review, a 115.273(a) notification was provided to the victim.

CCP-E PREA Policy 3.10 entitled Investigations, page 3, section III(A) addresses 115.273(a).

The PA asserts she and/or the bc notifies a client who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PA or bc makes the notification, in writing, or alternatively, proof of notification would be documented.

The investigative staff interviewee asserts either he or the PA generally makes requisite 115.273(a) notifications to the victim of an alleged sexual abuse/harassment incident. Notifications are made verbally and in writing.

The auditor's review of the July 13, 2021 sexual abuse investigation and written notification reveals the victim was notified of the investigative disposition (unfounded) on July 23, 2021.

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 client of the outcome of the investigation. The PA further self reports zero criminal investigations have been completed by BSB LEA during the last 12 months.

CCP-E PREA Policy 3.10 entitled Investigations, page 3, section III(B) addresses 115.273(b).

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

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

The staff member is no longer employed at the facility;

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

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

There has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a client at CCP-E during the last 12 months.

CCP-E PREA Policy 3.10 entitled Investigations, page 3, sections III(C)(1-4) addresses 115.273(c).

The auditor notes that the allegation of sexual abuse mentioned throughout this report was determined to be "unfounded."

Pursuant to the PAQ, the PA self reports following a client's allegation he has been sexually abused by another client at CCP-E, 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.

CCP-E PREA Policy 3.10 entitled Investigations, page 3, section III(D)(1 and 2) addresses 115.273(d).

The auditor notes there were no client-on-client incidents of sexual abuse/harassment at CCP-E during the last 12 months.

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

CCP-E PREA Policy 3.10 entitled Investigations, page 3, section III(E) addresses 115.273(e).

In view of the above, the auditor finds CCP-E substantially compliant with 115.273.

DISCIPLINE

Standard 115.276: Disciplinary sanctions for staff

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

115.276 (a)

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

115.276 (b)

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

115.276 (c)

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

115.276 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H) addresses 115.276(a).

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

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(1) addresses 115.276(b).

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

Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, 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, zero facility staff members have been reported to law enforcement authorities or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.276(d).

In view of the above, the auditor finds CCP-E 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*)
- 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 clients. According to the PA, in the last 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies. In view of COVID constraints, contractors and volunteers have not provided any services at CCP-E.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, 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 clients in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

In response to any violation of agency sexual abuse/harassment policies by a contractor or volunteer, contact between the contractor/volunteer and clients is disallowed. Specifically, contractor/volunteer access to the facility would be restricted. The CCCS PC and HR would be contacted, as well as BSB LEA, if the matter pointed towards criminal implications.

In view of the above, the auditor finds CCP-E 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? Yes No

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the client engaged in client-on-client sexual abuse. The PA also self reports clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for client-on-client sexual abuse. In the last 12 months, zero administrative or criminal findings of client-on-client sexual abuse occurred at the facility.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) addresses 115.278(a). Page 9 of the CCP-E PREA Handbook reflects Prohibited Acts of which clients may be administratively charged pursuant to 115.278(a), related to sexual abuse and sexual harassment.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).

According to the PA, CCP-E staff write the disciplinary report and MDOC staff complete the administrative disciplinary hearing. MDOC staff can revoke CCP-E program participation as a sanction. The sanction could be 30-days at START and then return to CCP-E.

MDOC staff are responsible for disability or mental health assessment associated with the same. MDOC staff make all administrative disciplinary findings.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, 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 client to participate in such interventions as a condition of access to programming or other benefits.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(2 and 3) addresses 115.278(d).

According to the mental health interviewee, CCP-E does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for sexual abuse. If outside the scope of the practitioner's responsibilities, he would refer the matter to local MH providers. Services are generally extended to sexual abuse victims.

The facility does consider whether to offer these services to offending clients in the event of a sexual abuse scenario. Should these services be provided pursuant to such circumstances, a resident's participation is not required as a condition of access to programming or other benefits.

Pursuant to the PAQ, the PA self reports the agency disciplines clients for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.278(e).

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.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between clients. The PA further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).

In view of the above, the auditor finds CCP-E substantially compliant with 115.278.

MEDICAL AND MENTAL CARE

Standard 115.282: Access to emergency medical and mental health services

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

115.282 (a)

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

115.282 (b)

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

115.282 (c)

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

115.282 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports client 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.

CCP-E PREA Policy 3.5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(a).

The medical and mental health staff interviewees assert client victims of sexual abuse receive immediate, timely, and unimpeded access to emergency medical treatment and crisis intervention services. Additionally, the nature and scope of services are determined according to the practitioner's professional judgment.

The auditor's review of the PREA Medical 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 notes that page 7, section entitled Seek Medical Health, of the CCP-E PREA Handbook provides a narrative to assist clients regarding the forensic and evidence collection process. The same is intended to aid the client regarding the need to preserve physical evidence and those events he may encounter throughout the forensic examination process.

An analysis of security staff and non-security staff first responder's statements regarding first responder duties is captured in the narrative for 115.264.

Pursuant to the PAQ, the PA self reports client 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.

CCP-E Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(d) 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/SANE Nurses provide information at a designated local hospital.

The auditor notes the previously mentioned MOU with a designated local hospital addresses the requirements of 115.282(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.

CCP-E Policy 3.5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(c) addresses 115.282(d).

In view of the above, the auditor finds CCP-E substantially compliant with 115.282.

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

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

115.283 (a)

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

115.283 (b)

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

115.283 (c)

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

115.283 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No X NA

115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No X 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*)
- 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 offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. In addition to the above, the auditor received no evidence of clients who may have reported institutional sexual victimization during the initial sexual victimization assessment.

CCP-E Policy 3.5 entitled Medical and Mental Health, page 2, section II(C)(a) addresses 115.283(a).

The auditor notes the single sexual abuse investigation did not include medical intervention given the fact pattern of the incident and investigative findings. The allegations were "unfounded" and there is no evidence of physical contact between victim and perpetrator. Additionally, the auditor received no evidence regarding clients who may have reported institutional sexual victimization during the initial sexual victimization assessment.

CCP-E Policy 3.5 entitled Medical and Mental Health, page 2, section II(C)(a) addresses 115.283(b).

The medical staff interviewee asserts he first assesses any life threatening injuries, rendering first aid as indicated. He takes vitals, if indicated, and facilitates a clothed observation to assess wounds, bruises, etc. He recommends transfer to a hospital, if appropriate. He also provides comfort care, documenting steps in the Progress Notes.

The mental health staff interviewee asserts he provides empathy and support on each occasion of sexual abuse, if he is on-site. He facilitates a preliminary assessment and identifies services, offering the same, if appropriate.

CCP-E Policy 3.5 entitled Medical and Mental Health, page 2, section II(C)(b) addresses 115.283(c).

The 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 notes 115.283(d) and (e) are not applicable to CCP-E as the facility is designated as all male. The auditor has confirmed the same. Accordingly, the auditor finds 115.283(d) and (e) not applicable to CCP-E.

Pursuant to the PAQ, the PA self reports client victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

CCP-E Policy 3.5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(c) addresses 115.283(f).

The auditor notes such testing is included in the SAFE/SANE examination previously referenced.

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.

CCP-E Policy 3.5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(a-d) addresses 115.283(g).

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known client-on-client abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental health practitioners.

CCP-E Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(e) addresses 115.283(h).

The mental health staff interviewee asserts such mental health evaluations of all known client-on-client abusers, inclusive of offering treatment if appropriate, would occur.

In view of the above, the auditor finds CCP-E substantially compliant with 115.283.

DATA COLLECTION AND REVIEW

Standard 115.286: Sexual abuse incident reviews

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

115.286 (a)

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

115.286 (b)

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

115.286 (c)

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

115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X Yes No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X Yes No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X Yes No

115.286 (e)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, one administrative sexual abuse investigation was facilitated at CCP-E.

CCP-E Policy 3.7 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. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds CCP-E exceeds 115.286(a) standard expectations.

As previously mentioned, the 2021 sexual abuse (alleged staff voyeurism) was determined to be "Unfounded." A mock sexual harassment fact pattern and SART report was completed during 2021 and the auditor's review of the same reveals substantial compliance with 115.286.

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the last 12 months, one administrative sexual abuse investigation was facilitated at CCP-E.

CCP-E Policy 3.7 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.

CCP-E Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(c) addresses 115.286(c).

The PA asserts the facility has a SART. She further asserts the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical/mental health practitioners.

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.

CCP-E Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(d) addresses 115.286(d).

The PA asserts that staffing, training, potential policy changes, and camera/staffing needs are assessed pursuant to the SART process. The following issues are considered during the SART review:

Whether the allegations or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification/status/or perceived status/gang affiliation, or was motivated or otherwise caused by other groups or dynamics at the facility;
Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assess the adequacy of staffing levels in that area during different shifts;
Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
Prepare a report of its findings, including but not limited to determinations made pursuant to paragraphs (d) (1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA Coordinator.

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 and proposed changes are noted in the report, she shares the same with the PA. If the recommendation is a training issue, she can address the same. If additional staffing or cameras are required, the request is routed through Corporate.

The bc's response parallels the information provided by the PA in regard to the issues addressed during the SART.

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

CCP-E Policy 3.7 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 CCP-E exceeds expectations with respect to 115.286.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PA further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CCP-E Policy 3.7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) addresses 115.287(a)(c).

The auditor's review of PREA Data 2019 and 2020 spread sheets reveals substantial compliance with 115.87(a)(c). The 2021 spreadsheet has not yet been completed.

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

CCP-E Policy 3.7 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.

CCP-E Policy 3.7 entitled Data Collection, Aggregation, and Review, page 3, section II(A)(3) addresses 115.287(d).

The auditor has learned neither CCCS nor CCP-E 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) not-applicable to CCP-E.

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

In view of the above, the auditor finds CCP-E substantially compliant with 115.287.

Standard 115.288: Data review for corrective action

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

115.288 (a)

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

115.288 (b)

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

115.288 (c)

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

115.288 (d)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the PA self reports the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, including:

Identifying problem areas;

Taking corrective action on an ongoing basis; and

Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

The auditor's review of the 2018, 2019, and 2020 CCP-E Annual Reports and CCCS Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse. The reports are approved by the Agency Head and the same are posted on the CCCS website. The reports reveal no redactions pursuant to 115.288(d).

The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.

The PCM asserts the agency compiles an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The annual report is compiled with the following in mind:

1. She asserts Incident Reports and SART reviews are electronically submitted to the CCCS PC. These documents, in addition to camera reviews, and other documentary resources are reviewed to generate information for the annual report;
2. Data is maintained in the PCM's Office, as well as, the PCM's Office;
3. The agency does take corrective action on an ongoing basis based on the information gleaned from the data.

The PCM further asserts the PA generates the annual report based on review of relevant data and any corrective actions.

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 affirms that 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 the redacted material.

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 CCP-E 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?
X 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? X Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X 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? 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 ensures that incident-based and aggregate data are securely retained.

CCP-E Policy 3.7 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 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. The annual report is compiled with the following in mind:

She asserts Incident Reports and SART reviews are electronically submitted to the CCCS PC. These documents, in addition to camera reviews, and other documentary resources are reviewed to generate information for the annual report;
Data is maintained in the PCM's Office, as well as, the PA's Office;
The agency does take corrective action on an ongoing basis based on the information gleaned from the data;

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.

CCP-E Policy 3.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(2) addresses 115.289(b).

Pursuant to the auditor's review of the CCP-E 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.

CCP-E Policy 3.7 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.

CCP-E Policy 3.7 entitled Data Collection, Aggregation, and Review, page 3, section II(A)(4) addresses 115.289(d).

The auditor has not identified any 115.289(d) deviation(s).

In view of the above, the auditor finds CCP-E substantially compliant with 115.289.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

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

115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) X Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No X NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No X NA

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? X Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

Facility staff were very attentive to the auditor's needs with respect to the totality of the audit process. Information was provided in a timely manner, etc. Staff and resident interviews were coordinated to ensure the auditor was able to facilitate all interviews in an efficient manner, aside from any exceptions noted.

Standard 115.403: Audit contents and findings

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

115.403 (f)

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

Auditor Overall Compliance Determination

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

NA

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

February 10, 2022

Auditor Signature

Date

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

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.
PREA Audit Report, V7
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