

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

Interim Final

Date of Report January 8, 2019

Auditor Information

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Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: November 4-5, 2018

Agency Information

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

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Marwan Saba	Title: PREA Coordinator/Compliance Manager
Email: msaba@cccscorp.com	Telephone: 406-491-0245
PREA Coordinator Reports to: CEO	Number of Compliance Managers who report to the PREA Coordinator 9

Facility Information

Name of Facility: Connections Corrections Program -East (Butte)			
Physical Address: 111 West Broadway, Butte,MT 59701			
Mailing Address (if different than above): Same as Above			
Telephone Number:			
The Facility Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		
Facility Mission: See Report Narrative			
Facility Website with PREA Information: www.cccscorp.com			
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Director

Name: Dave Boyd	Title: Acting Program Administrator
Email: dboyd@cccscorp.com	Telephone: 406-377-6001 ext 327

Facility PREA Compliance Manager

Name: Joe Berger	Title: Case Manager/PREA Compliance Manager
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Email: jberger@cccscorp.com		Telephone: 406-782-6626	
Facility Health Service Administrator			
Name: NA		Title: NA	
Email: NA		Telephone: NA	
Facility Characteristics			
Designated Facility Capacity: 62		Current Population of Facility: 54	
Number of residents admitted to facility during the past 12 months			319
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			8
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			264
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			271
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults Average age is 28	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			60-90 DAYS
Facility Security Level:			Alternative Secure
Resident Custody Levels:			Community based/Minimum Sec
Number of staff currently employed by the facility who may have contact with residents:			32
Number of staff hired by the facility during the past 12 months who may have contact with residents:			2
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings: 1		Number of Single Cell Housing Units: 1 room	
Number of Multiple Occupancy Cell Housing Units:		23 rooms	
Number of Open Bay/Dorm Housing Units:		1 room	

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):	
18 cameras throughout building.	
Medical	
Type of Medical Facility:	Ambulatory care. Nurse Station- 1 full time Registered Nurse, 1 Part-time Registered Nurse
Forensic sexual assault medical exams are conducted at:	St. James Community Hospital
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	27
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Connections Corrections Program East (CCP-E) was conducted November 4-5, 2018, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

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

According to the CCP-E Organizational Chart, the CTS also serves as the Administrator (operational management) at CCP-E. Accordingly, throughout this report, the CTS is substituted as the Administrator of the facility.

In addition to the above, offender participants in the CCP-E program are known as family members. Accordingly, the family member terminology is reflected throughout this report.

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

The auditor met with the CCP-E Clinical Treatment Supervisor (CTS), CCCS PREA Coordinator (CCCS PC), CCP-E Chief of Security (COS), and CCP-E PREA Compliance Manager (PCM) at 8:00AM on Sunday, November 4, 2018. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 9:45AM, the auditor toured the entire facility with the CTS, CCCS PC, COS, and PCM.

It is noted the rated capacity of CCP-E is 62 family members and the institutional count on November 4, 2018 was 56 family members.

During the on-site audit, the auditor was provided an office from which to review documents and facilitate confidential interviews with staff and family members. The auditor randomly selected (from a family member roster provided by the CTS) 17 family members for on-site interviews pursuant to the Resident Interview Questionnaire. Interviewees represented all floors and wings of the facility.

According to the CTS and PCM, there were no family member(s), confined in the facility at the time of the on-site audit, who were Limited English Proficient (LEP), who reported sexual victimization during

screening, transgender/intersex family members, lesbian/gay/bisexual family members, physically handicapped, mental health cases, visual or hearing impaired, or who reported a sexual abuse. Accordingly, such interviews were not conducted.

It is noted the 17 random family member interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to family members for reporting sexual abuse and sexual harassment. Overall, random family member interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random family members advised they had received training by CCP-E staff, as well as, information gleaned pursuant to previous PREA training within State prisons, jails, other CCCS facilities, and transitional centers.

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

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

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

The Contract Administrator interview was not conducted as CCP-E does not employ staff in that capacity.

It is noted CCCS is the umbrella company for CCP-E.

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

Disabled (1- low functioning)

The auditor reviewed 11 Staff Training records, 11 family member files, 10 staff HR files, 1 PREA investigative file, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On November 4, 2018, the auditor and the CCCS PC proceeded to the CCP-E entry area (1st Floor) where we were greeted by the CTS, COS, and PCM. The opening meeting, as previously described, was conducted in this area.

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

The facility is comprised of two floors and two wings. Staff offices are primarily confined to the 1st and 3rd floors while family member housing is confined to East and West Wings. Family member rooms are primarily located off long hallways. Family member room doors are all equipped with windows while bathroom doors are solid. There is a bubble (equivalent of a Mini-Control Center/Staff Work Room) in the East Wing.

Showers and toilet areas are adequately shielded to ensure non-viewing of genitalia by opposite gender staff.

Pursuant to the auditor's review of several different cameras, as well as camera angles, in the Bubble, he found no concerns with respect to family member privacy. Family members have sufficient protection from potential voyeurism.

Video surveillance is plentiful and strategically located throughout the facility. Eighteen cameras are monitored inside the facility while two are monitored outside. The auditor's on-site observation of camera positioning and his review of facility schematics confirms cradle to grave coverage throughout the facility. The auditor noted no potential blind spots.

DVD camera review and storage systems are available in the CTS and COS offices, as well as, the Bubble. Accordingly, there are ample locations for monitoring.

Cameras are adequate and strategically positioned in hallways, capturing ingress and egress to and from family member rooms, as well as, bathrooms. Similarly, cameras are positioned in Day Rooms and Break Rooms. The auditor learned staff doors must be open when family members are in offices.

The auditor identified a family member telephone wherein collect calls to Safe Space can be made to report sexual abuse/harassment incidents to an outside entity. Safe Space is discussed in depth throughout the standards narratives. As mentioned in the narratives, posters are available advertising sexual abuse reporting telephone numbers, inclusive of this telephone area.

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

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

An On-site Audit Closeout meeting was facilitated on November 5, 2018 with the CCCS Director, Chemical Dependency Programs, CTS, CCCS PC, COS, and PCM. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the COS and PCM for their diligence in terms of ensuring prompt reporting of interviewees.

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

Facility Characteristics

The Connections Corrections Program (CCP) is a comprehensive, community-based correctional program designed to serve the unique needs of the Montana correctional population who are chemically dependent. The program provides family members with a full-range of treatment services, focusing not only on the chemical dependency issue of each individual but also the underlying behavioral and dysfunctional thinking patterns which contribute to or sustain chemical use and result in criminal behavior.

Community, Counseling, and Correctional Services, Inc. (CCCS) in partnership with the Montana Department of Corrections (MDOC), opened CCP in March 1998 in response to the growing segment of the Montana correctional population who are chemically dependent. At that time, CCP had a 30-bed capacity. CCP has been expanded to include 52 state beds in Butte having a consistent waiting list of 100 to 150 offenders.

CCP is based on the intensive outpatient model and is structured to meet the individual needs of family members for a period of up to 60 days.

CCP provides family members with the education and insight into their disease and maladaptive behaviors so they may integrate these skills and information into their daily lives. Through this process, and intensive programming, we have established the following program goals:

Promote public safety by offering a milieu of programs and services for adult male offenders in or entering local communities;

Provide programs and services that assist eligible offenders with their transition from prison into the community;

Provide an alternative to prison for those offenders who do not pose a significant threat to public safety and whose correctional programming and treatment needs could be best served by community placement;

Provide an alternative to probation for those offenders who do not pose a significant threat to public safety and who require greater programming structure and monitoring than can be offered through probation;

Meet the supervision and control needs of adult offenders in a community-based correctional setting;

Establish and maintain a continuum of programming through formal and informal links to other human service and correctional agencies.

The CCP-E Mission Statement is as follows:

The Connections Corrections Program is a highly structured, sixty (60) day cognitive-behavioral based Intensive Residential Treatment Center, that incorporates addiction counseling, thinking errors

counseling, cognitive principles and restructuring, victimization counseling, anger management counseling, in conjunction with a strong emphasis in relapse prevention for the criminal offender.

The CCCS Mission Statement is as follows:

CCCS is a team of individuals dedicated to meeting the human service needs of youths and adults to promote healthy living through treatment, training, and supervision

Summary of Audit Findings

Number of Standards Exceeded: 3 115.231, 115.273, 115.286

115.231- Employees who may have contact with family members 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, 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).

115.273- CCP-E PREA Policy 3.10 entitled Investigations, pages 2 and 3, section II(F)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations.

In view of the above, the auditor finds CCP-E exceeds standard expectations as 115.273(a) requires such notification in response to sexual abuse allegations.

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

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

The auditor's review of the single May 11, 2018 sexual harassment investigation reveals the victim was notified, in writing, of the investigative disposition on May 11, 2018. Notification was facilitated by the PCM.

115.286- 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 prescribes the conduct of SART reviews for both sexual assault and sexual harassment investigations. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incidents. Accordingly, the auditor finds CCP-E exceeds standard expectations.

The auditor's review of the afore-referenced SART report reveals a timely review was conducted (investigation completed on May 11, 2018 and SART conducted on May 22, 2018). The SART team

was comprised of the requisite members as identified in policy. The review was comprehensive in terms of the requisite considerations. In view of the above, the auditor finds substantial compliance with 115.286.

It is noted a mock SART was conducted on February 1, 2018 in response to a mock scenario. The investigation was conducted on January 30, 2018. The auditor finds the mock SART is commensurate with 115.286(a). The mere conduct of the mock SART is indicative of the level of commitment to PREA compliance with 115.286. Additionally, the same exceeds the expectations of 115.286(a).

Number of Standards Met: 36

Number of Standards Not Met: 0

Summary of Corrective Action (if any) NA

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 Clinical Treatment Supervisor (CTS) 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 CTS 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 CTS further 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. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of family members.

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

Pursuant to the PAQ, the CTS self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The CTS reports the CCCS PREA Coordinator (CCCS PC) is in the agency's organizational structure and the auditor verified the same pursuant to review of the CCCS Organizational Chart. The CTS also self reports a PREA Compliance Manager (PCM) is assigned at CCP-E. The auditor's review of the CCP-E Organizational Chart reveals the CCP-E PCM is in the facility's organizational structure. Additionally, the CTS self reports he has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at CCP-E.

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.

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 OR the response to 115.212(a)-1 is "NO".) Yes No NA

115.212 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the CTS self reports the agency has not entered into or renewed a contract for confinement of residents since the last PREA audit. Pursuant to memorandums dated May 9, 2018, June 20, 2017, and September 2, 2018, the CTS self reports CCP-E does not contract with other agencies for the confinement of family members. Accordingly, it has been determined 115.212(a), (b), and (c) are not applicable to CCP-E.

In view of the above, 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 agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? Yes No

- Does the agency ensure that each facility’s staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility’s staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? X Yes No

115.213 (b)

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

115.213 (c)

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

Auditor Overall Compliance Determination

- 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 CTS self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect family members against sexual abuse. The CTS self reports the average daily number of family members since the last PREA audit is 53 and the average daily number of family members on which the staffing plan is predicated is 52.

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

The auditor's review of the 2017 and 2018 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 CTS asserts there is a staffing plan at CCP-E. She further asserts there are adequate staffing levels to protect family members 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, consistent staff tours 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.

The staffing plan is documented and electronically maintained by the CTS and Chief of Security (COS).

The CTS asserts 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 (family member 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, as previously referenced, staff generally keep office doors open when family members are in the same.
- b. Questions considered center on whether there is adequate staff to monitor programs, especially volunteer programs, etc.; has there been an increase in violent family members, gang members? An increase in mental health cases may warrant staffing increase considerations.
- c. In regard to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, Sexual Abuse Review Teams (SART) reviews are evaluated to determine common times and locations of incident(s), staffing at the time of the incident(s), and camera positioning/adequacy of camera coverage to determine if staffing increases /camera surveillance increases are warranted, among other factors.
- d. There are no other relevant factors at this time.

In regard to monitoring for compliance with the plan, the CTS asserts the staffing plan is monitored daily by the security supervisors and COS. The COS also facilitates a monthly roster review.

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

- a. Physical plant- Are there any blind spots? Are staff actively supervising and monitoring? Is there sufficient staff and video surveillance to cover the entire building? Security supervisors facilitate "unannounced sexual safety rounds". Has there been any findings as a result? Can video monitoring effectively augment the number of staff to enhance coverage?

b. Composition of the family member population- The facility is comprised of all male minimum security family members and accordingly, there are no co-educational concerns. Resident ethnicity and customs are considered. Initial sexual victimization and abusiveness screenings and reassessments are closely monitored to ensure proper housing assignments.

c. Prevalence of substantiated and unsubstantiated incidents of sexual abuse- There are minimal incidents of sexual abuse/harassment at CCP-E. However, knowledge and assessment of incident locations and fact patterns factor into staffing requests, creation of family member schedules, reallocation of staff resources, and video monitoring placements.

d. Any other relevant factors- Annual reporting and comparisons against facilities similarly situated may be used as a bench mark to establish staffing/video surveillance proposals at CCP-E.

Pursuant to the PAQ, the CTS self reports 115.213(b) is NA as there are no deviations from the staffing plan. The CTS self reports, pursuant to memorandum dated September 2, 2018, CCP-E does not deviate from the staffing plan. However, one CCP-E Staff Deviation Form dated January 30, 2018 is included in the PAQ materials. The same encompasses male staff escorting a family member to the Court House.

CCP-E Policy 3.1, page 7 section IV(A)(6) addresses 115.213(b).

Pursuant to interview, the CTS asserts all instances of non-compliance with the staffing plan would be documented. This occurs pursuant to completion of a Deviation Report. Explanations for non-compliance are included in the Deviation Reports. The auditor's review and observation of the same confirms the CTS' statement.

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

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

CCP-E PREA Policy 3.1, page 7, section IV(A)(7) addresses 115.13(c).

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

The auditor did review a Staffing Plan Review and Staffing Plan Update dated 2018. 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?
X Yes No

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 CTS 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 CTS further self reports 0 strip or cross-gender visual body cavity searches of family members were conducted at CCP-E during the last 12 months.

CCP-E Policy 3.1 entitled PREA General Requirements, page 7, section IV(A)(8) and Policy 3.2 entitled LGBTI, Gender Identity and Gender Expression, Housing, Programs, and Searches, page 6, section IV(C) (2) addresses 115.215(a). Additionally, page 7, section IV(A)(9)(a)(ii) addresses 115.215(a). This policy stipulates no strip searches or body cavity searches will be conducted unless prior authorization of the CEO and in his/her absence, their respective designee, is obtained. If a strip search should be deemed a necessity by the CEO or designee, typically it will be performed only by a staff member of the same sex as the family member; however, the CEO or designee may authorize an opposite gender staff member in the case of a transgender or intersex family member.

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

Pursuant to the PAQ, the CTS self reports the facility does not house female family members. In the past 12 months, no female pat-down searches were conducted by male staff. The auditor's observation reveals female family members are not housed at CCP-E.

CCP-E Policy 3.1 entitled PREA General Requirements, page 7, section IV(A)(9) addresses 115.215(b).

The random sample of staff and female family member interviews were not conducted relative to the subject-matter of 115.215(b) as females are not housed at CCP-E.

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

CCP-E PREA Policy 3.1 entitled PREA General Requirements, page 7, section IV(A)(9) addresses 115.215(c).

Pursuant to the PAQ, the CTS self reports the facility has implemented policies and procedures enabling family members 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 CTS further self reports policies and procedures require staff of the opposite gender to announce their presence when entering a family member housing unit.

CCP-E PREA Policy 3.1 entitled PREA General Requirements, page 8, section IV(A)(10 and 11) addresses 115.215(d).

All 17 random family member interviewees assert female staff announce their presence when entering housing units wherein opposite gender family members are housed. All 17 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 12 random staff interviewees assert female staff announce their presence when entering a housing unit that houses family members of the opposite gender. Additionally, opposite gender family members 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 announcement of their presence when entering housing units wherein opposite gender family members are housed. Additionally, during the facility tour, the auditor found no evidence of privacy concerns. Pursuant to the PAQ, the CTS self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex family member for the sole purpose of determining the family member's genital status. According to the CTS, no such searches were facilitated during the last 12 months. The auditor found no evidence in relevant logs contradicting the same.

CCP-E PREA Policy 3.1 entitled PREA General Requirements, page 10, section IV(A)(11)(a)(iii) addresses 115.215(e).

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

According to the CTS and PCM, no transgender/intersex family members were housed at CCP-E during the on-site audit. Accordingly, the corresponding interview could not be conducted.

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

CCP-E PREA Policy 3.1 entitled PREA General Requirements, page 8, section IV(A)(12) addresses 115.215(f).

The auditor's review of thirty-three 2017 Staff Developmental and Training Record Forms reveals staff completed the In-Service Gender Responsive training, 33 staff completed the 2018 Gender Responsive training, and 33 staff completed the 2018 Cross-Gender Pat Search and Searches of transgender/intersex family members In-Service training. Searching transgender/intersex family members in a professional and respectful manner is addressed in the cross-gender pat search class.

The auditor's review of staff training materials relative to this topic reveals adequate information for staff to effectively perform their jobs in this regard.

All 12 random staff interviewees assert they received training regarding cross-gender pat down searches and searches of transgender/intersex family members in a professional and respectful manner. Ten of the 12 interviewees advise they received the training during 2018 while two interviewees assert they received the training one year ago.

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 CTS self reports the agency has established procedures to provide disabled family members 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, page 2, section II(A)(1)(b) addresses 115.216(a). This policy stipulates CCP-E shall provide family member education in formats accessible to all family members, which will include written material and viewing the video "What You Need to Know". These formats shall be accessible to all family members including those who are limited English proficient by providing interpreters who speak the same language, deaf, visually impaired, or otherwise disabled, as well as, family members who have limited reading skills. This shall be done by reading the information to the family member.

Additionally, CCP-E PREA Policy 3.3 entitled Intake/Screening, page 2, section II(A)(1)(e and f) stipulates family members will be offered a copy of the PREA handbook and note the family member's acceptance/denial of the handbook in the family member's progress notes. Family members shall sign the Family Member PREA Handbook/PREA Acknowledgment form, verifying they have been given this information. Pages 2 and 3, section II(A)(2)(a-c) also address 115.216(a).

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

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

The disabled family member interviewee (low functioning) asserts sexual abuse and harassment information was provided in a manner he could understand. According to the PCM, there are no LEP family members at CCP-E. Similarly, there are no other family members with disabilities.

Pursuant to the PAQ, the CTS self reports the agency has established procedures to provide family members 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/harassment.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 3, section II(A)(3) addresses 115.216(b). This policy stipulates CCP-E shall take reasonable steps to ensure meaningful access to all efforts to prevent, detect, and respond to sexual abuse/harassment to family members who are limited English proficient, including interpreters, where a list of interpreters can be provided from the program administrator, who are capable of interpreting effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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

The CTS advises pursuant to PAQ memorandums, CCP-E has not provided an interpreter during this audit period.

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

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

Eight of 12 random staff assert the agency does allow the use of family member interpreters, family member readers, or other types of family member assistants to assist disabled family members or family members with Limited English Proficiency (LEP) when making an allegation of sexual abuse/harassment. Four interviewees cite the threat of further injury or a life or death situation and two interviewees assert immediate risk to the family member's safety, as reasons to implement this procedure. One interviewee cites the Good Samaritan Doctrine as a basis for implementation of the procedure. All 12 interviewees assert, to the best of their knowledge, this protocol has not been implemented at CCP-E.

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)? 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? 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? 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)? 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? 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? Yes No

115.217 (b)

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

115.217 (c)

- Before hiring new employees, who may have contact with residents, does the agency: Perform a criminal background records check? 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? 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? Yes No

115.217 (e)

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

115.217 (f)

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

115.217 (g)

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

115.217 (h)

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

Auditor Overall Compliance Determination

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

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

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

c. 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).

This information is secured pursuant to the applicant's/promotion candidate's/contractor's completion of a Disclosure of PREA Employment Standards Violation form. The form reflects the three questions, as well as, a question regarding sexual harassment. Additionally, the affirmative duty to report caveat and failure to provide honest responses and failing to provide information regarding the three questions, are clearly included in the same. Individuals sign and date the same while a witness counter-signs and dates.

Of note, these documents are closely scrutinized to detect affirmative responses. If an affirmative response is detected, follow-up with the signee is necessary to resolve findings.

Five of the ten random staff HR files reviewed by the auditor reveal the above questions were asked during the application phase. One additional promotion file reveals the questions were asked during the promotion process.

Of note, only two of the 10 files pertained to staff hired within the last 12 months. One applicant is an employee transfer from another CCCS facility and there was no evidence in the file to substantiate the requisite questions were asked during application. Finally, three staff were hired prior to implementation of PREA.

Additionally, the auditor's review of the respective criminal background record checks (either initial or 5-year re-investigation) associated with these staff reveals non-existence of positive findings regarding the subject-matter of the three questions. As reflected in the narrative for 115.232, there are no contractors CCP-E.

The auditor finds CCCS and CCP-E substantially compliant with 115.217(a).

Pursuant to the PAQ, the CTS 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 family members.

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

The auditor's random review of employee HR files as referenced in the narrative for 115.217(a) reveals prior institutional employer(s) in two cases and there is evidence a CCCS Reference Check Form was forwarded to the previous institutional employer prior to the employee's selection, in both cases. The auditor's review of the form clearly reveals the requisite question regarding sexual harassment is asked. The previous institutional employer, in one case, did not respond to the PREA questions articulated in the form and in the other case, the applicant previously worked for CCCS and, as such, selecting officials have first hand knowledge of the prospective employee through document reviews and communication with prior supervising CCCS officials.

Of note, there is no method to validate the accuracy of staff's statement on the Disclosure of PREA Employment Standards Violation form absent submission of a prior institutional employer reference check to and receipt of a response to the form, from the recipient.

In view of the above, the auditor finds CCP-E compliant with 115.217(b).

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 residents.

Pursuant to the PAQ, the CTS self reports agency policy requires that before it hires any new employees who may have contact with family members, it a. conducts criminal background record checks and b. consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The CTS further self reports in the past 12 months, two staff who may have contact with residents have had criminal background record checks. The CTS reports this equates to 100% of staff hired, who may have contact with family members, who have had criminal background record checks.

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

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

Six of six applicable staff hires during the audit period were subjected to a criminal background records check prior to their entry on duty date. Four of the randomly selected staff files pertain to staff hired prior to the implementation of PREA standards.

A discussion regarding the conduct of previous institutional employer reference checks is addressed in the narrative for 115.217(b).

As previously indicated, there are no contractors on board at CCP-E.

Pursuant to the PAQ, the CTS self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The CTS further self reports, in the past 12 months, there were 0 contracts for services where criminal background record checks were conducted.

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

Pursuant to the PAQ, the CTS 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 family members 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 family members. 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 random review of the three staff files (relative to employees hired prior to 2013) reveals re-investigations were completed in 2015 and 2017 for the promotion.

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

As previously mentioned throughout this narrative, the three questions noted in 115.217(a) are asked pursuant to the application and during interviews. 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 2018. This form is individually executed by staff in conjunction with the performance appraisal process.

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

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

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

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses both 115.217(f) and (g). The auditor's review of 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 afore-mentioned standard provisions for 2018.

It is noted the auditor did render findings during previous PREA audits of CCCS facilities in reference to 115.217(f) and the same is now corrected commensurate with the 2018 performance appraisal period. The afore-mentioned document is executed annually, in conjunction with the performance appraisal process. The auditor finds CCP-E substantially compliant with 115.217(f) and (g).

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

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

In view of the above, the auditor finds 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 CTS 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 3.8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).

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

During her interview, the CTS reaffirmed there has been no substantial expansion or modification to the facility since the last PREA audit.

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

CCP-E PREA Policy 3.8 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 family members from incidents of sexual abuse. The agency considers line of sight, blind spots, potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision. Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns, are considered. Contractor(s) often assist in evaluation of blind spots, etc.

The CTS 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 family members' protection from sexual abuse.

The auditor's review of an e-mail dated April 12, 2016 from the CCCS PC to the CCCS CEO details the strategic placement of additional cameras within the institution.

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 evidentiarily or medically appropriate? X Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? X Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.221 (d)

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

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 CTS self reports the facility is responsible for conducting administrative sexual abuse investigations (including family member-on-family member sexual abuse or staff sexual misconduct). The CTS 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, section II(E)(i) 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 family member alleges sexual abuse. It is noted 10 of the 12 interviewees assert the first step requires separation of the victim and perpetrator, eight of the 12 interviewees assert the second step requires securing the crime scene, and eight of the 12 interviewees assert they request the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence.

In regard to who is responsible for conducting administrative investigations, six random staff interviewees accurately assert the COS facilitates the same. Eleven interviewees accurately assert Butte Silver-Bow Police Department (BSB LEA) facilitates criminal investigations.

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

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

Pursuant to the PAQ, the CTS self reports the facility offers to all family members who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANE Nurse Examiners. When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations.

All of the above is clearly articulated in an MOU with St. James Healthcare. According to the CTS, no forensic medical examinations were conducted during the past 12 months. The auditor's review of a letter dated March 5, 2018 from the Director of Emergency/Trauma Services at St. James Healthcare specifically addresses the subject-matter of 115.221(c) and provision of SAFE/SANE services. The letter, in question, is detailed in regard to all services provided.

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

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

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

Pursuant to the PAQ, the CTS 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 CTS 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, page 9, section II(E)(iv) 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 CTS and PCM advise no residents who reported a sexual abuse were confined at the facility during the on-site audit and accordingly, such interview could not be conducted.

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

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

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.

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

CCP-E PREA Policy 3.4 entitled Reporting, page 9, section II(E)(vi) 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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).] 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 CTS self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including family member-on-family member and staff sexual misconduct). In the past 12 months, zero allegations of sexual abuse and sexual harassment were received.

CCP-E PREA Policy 3.4 entitled Reporting, page 3, section II(A)(11) addresses 115.222(a).

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

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

Pursuant to the PAQ, the CTS 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 CTS 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 2, section II(A)(12) 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 afore-mentioned MOU with BSB LEA is available on the same.

The auditor's review of the afore-mentioned 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

- 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 CTS self reports the agency trains all employees who may have contact with family members on:

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

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

The auditor's review of numerous Staff Development and Training Forms associated with staff across all facility disciplines reveals staff complete a PREA policy review and an in-depth PREA refresher class on an annual basis. The auditor's review of 150 plus 2016 through 2018 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 2016-2018 reveals PREA is included in the curriculum for that particular training.

The auditor's review of 11 random staff training files reveals the requisite topics were addressed, minimally, during 2018.

Pursuant to the PAQ, the CTS self reports training is tailored to the gender of the family members at the facility. All employees who are reassigned from other facilities receive PREA training unique to the male gender family member population at CCP-E.

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

Pursuant to review of the Power Point training slides, the auditor has determined that the training is tailored to male family member populations. Additionally, the CCP-E PCM self reports 0 staff transferred from opposite gender facilities during the last 24 months.

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

Pursuant to the PAQ, the CTS self reports 32 staff, who may have contact with family members, were trained or retrained in PREA requirements. This equates to 100% of staff. Between trainings, staff are expected to review policies periodically. All staff receive PREA Orientation training within two days of hire. Employees who may have contact with family members 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, 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 CTS self reports the agency documents that employees, who may have contact with family members, 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).

The auditor finds CCP-E substantially compliant with 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? 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)? Yes No

115.232 (c)

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

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the CTS self reports volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention, detection, and response. The PA further self reports 27 volunteers provide services at CCP-E.

The CCCS PC advises 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 volunteer interviewee asserts he has been trained in his responsibilities regarding sexual abuse/harassment prevention, detection, and response, per agency policy and procedure. Specifically, a face-to-face document review with the PCM was conducted two years ago. Last year, another policy review was facilitated.

The auditor's review of 30 CCCS PREA Acknowledgment Forms (dated in 2017 and 2018) 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 CTS 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 family members. The CTS further self reports volunteers and contractors, who have contact with family members, have 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, pages 2, section II(F) addresses 115.232(b).

According to the volunteer interviewee, volunteer training included the zero tolerance policy and practice for sexual abuse/harassment and reporting incidents of sexual abuse/harassment, minimally. The interviewee further asserts he has been notified of the agency's zero tolerance policy on sexual abuse and sexual harassment, as well as, informed about how to report such incidents.

Pursuant to the PAQ, the CTS 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).

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? 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*)

- 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 CTS self reports family members 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 CTS self reports 319 CCP-E family members were provided requisite information at Intake during the last 12 months. Reportedly, this equates to 100% of the family members admitted to CCP-E during the last 12 months.

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

The staff who facilitates Intake interviewee asserts he does provide family members with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, he provides a PREA pamphlet and PREA Handbook (included in the PREA packet) to family members.

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

Fifteen of the 17 random family member interviewees assert when they first arrived at CCP-E, they received information about the facility's rules against sexual abuse/harassment. One interviewee asserts he received the information within one to two days of arrival and the other interviewee asserts he received requisite information one day following arrival. All 17 interviewees assert they received a PREA packet (comprised of the PREA Handbook and pamphlet).

All 17 interviewees assert when they arrived at CCP-E, they were told about:

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

All 17 interviewees assert this information was provided during Intake and/or Orientation. Three interviewees assert Orientation was conducted at Intake and fourteen interviewees assert Orientation was conducted within one week of Intake.

The auditor's review of 11 random family member files reveals dissemination of the PREA packet at Intake in all cases. Provision of PREA Orientation occurred within one week in all 11 cases.

The auditor's review of seven 2016 and five 2017 Family Member Receipts for the CCP-E PREA Handbook reveals substantial compliance with provision of the requisite information at Intake. The auditor's review of 181 2018 CCP-E Family Member Orientation PREA Acknowledgment Forms and five 2017 forms reveals substantial compliance with provision of Orientation materials.

The auditor's review of the CCP-E PREA Handbook reveals the same provides substantial information to each family member regarding all key components identified in 115.233(a).

Pursuant to the PAQ, the CTS self reports the facility provides family members who are transferred from a different community confinement facility with refresher information as referenced above. The CTS further self reports eight family members were transferred to CCP-E from a different community confinement facility

within the last 12 months and all have received refresher training. Family members 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 asserts the family member is immediately briefed regarding their rights pursuant to PREA. Provision of information is a pre-requisite to room placement.

All 17 random family member interviewees assert they were transferred to CCP-E from other facilities, many of which are operated by CCCS. As reflected in the narrative for 115.233(a), all random family member interviewees were provided complete PREA education upon Intake and Orientation at CCP-E.

Pursuant to the PAQ, the CTS self reports family member PREA education is available in accessible formats for all family members including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to family members 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). This policy stipulates CCP-E shall provide family member education in formats accessible to all family members, which will include written material and viewing the video "What You Need to Know". These formats shall be accessible to all family members including those who are limited English proficient by providing interpreters who speak the same language, deaf, visually impaired, or otherwise disabled as well as family members who have limited reading skills. This shall be done by reading the information to the family member.

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

Pursuant to the PAQ, the CTS self reports the agency maintains documentation of family member 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).

Requisite documentation is addressed above in the narrative for 115.233(a).

Pursuant to the PAQ, the CTS self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, family member 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 PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report. Examples of two family member 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 have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] X Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the CTS 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 investigators, PREA Manager, and Program Administrator have received training in conducting such investigations in confinement settings through the National Institute of Corrections (NIC) learning website, particularly PREA and any Department of Corrections or Federal Bureau of Prisons (FBOP) trainings for investigators they may provide. Even though the PREA Manager, and Program Administrator may not participate in an initial sexual abuse or sexual harassment investigation, completion of the Specialized Investigator training is key in understanding and supporting the SART process.

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

The course addressed legalities and trauma which accompany sexual abuse investigations. Medical consideration(s), 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 Certificate for a previous CCP-E COS-PREA investigator, previous CTS, current CTS, PCM, and a Staff Development and Training Record Form for the current COS 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).

The investigative interviewee asserts training topics included:

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

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

Pursuant to the PAQ, the CTS self reports the agency maintains documentation showing that investigators have completed requisite training. The CTS self reports the agency maintains documentation showing three 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? X Yes No

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

115.235 (b)

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

115.235 (c)

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

115.235 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the CTS self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The CTS further self reports that two Medical/Mental Health practitioners (100%) who work regularly at the facility received the 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 NIC video and on-line training. The three hour on-line NIC training did cover the following topics:

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

The auditor's review of two NIC Certificates for the course entitled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and one NIC Certificate for the course entitled Behavioral Health Care for Sexual Assault Victims reveals substantial compliance with 115.235(a).

Pursuant to the PAQ, the CTS self reports facility medical staff do not conduct forensic examinations. Accordingly, the auditor finds 115.235(b) to be not applicable to CCP-E.

Pursuant to the PAQ, the CTS 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).

The auditor's random review of one of the medical practitioner training files reveals he has received requisite training as required pursuant to 115.231(a) during 2018.

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 CTS 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 family members.

CCP-E PREA Policy 3.3 entitled Intake/Screening, pages 3 and 4, section II(B) addresses 115.241(a). This policy stipulates family members are screened through the CCP-E screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other family members or sexually abusive toward other family members. Security staff meets with the family member within twenty-four (24) hours and completes the medical and mental health screening instrument. Housing and program

assignments are made accordingly on a case-by-case basis by the Admission and Intake Supervisor, Security Coordinator, and Case Manager.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee asserts he does screen family members upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other family members. Screening is conducted immediately subsequent to photographing the family member, pat search, and the conduct of urinalysis. All 17 random family member interviewees assert 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 the 17 interviewees assert these questions were asked at Intake. One interviewee asserts he doesn't recall when the questions were asked. One interviewee asserts the questions were asked within one week of Intake while five assert the questions were asked within a couple days of Intake.

The auditor's review of 11 random family member files reveals reveals all initial victimization/abusiveness screening was conducted on the date of arrival at CCP-E, in accordance with governing policy.

Pursuant to the PAQ, the CTS self reports sexual victimization/abusiveness screening shall ordinarily take place within 72 hours of arrival at the facility. The CTS self reports that during the last 12 months, 271 family members 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 family members, within 72 hours of their entry into the facility. This equates to 100% of family members 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 auditor's cursory review of five Initial PREA Assessments (forms entitled CCP-E Initial PREA Assessment/Reassessment) for CCP-E family members (2017) reveals timely completion of all Initial Assessments in accordance with policy and each Initial Assessment was reviewed by the PCM. The auditor's cursory review of fourteen 2018 Initial Assessments reveals timely completion of the same in accordance with policy however, in one case, the PCM did not review the screening.

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

Pursuant to the PAQ, the CTS 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)(1) addresses 115.241(c).

The auditor finds the screening instrument is objective.

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

- 1) Whether the family member has a mental, physical, or developmental disability;
- 2) The age of the family member;
- 3) The physical build of the family member;
- 4) Whether the family member has previously been incarcerated;
- 5) Whether the family member's criminal history is exclusively nonviolent;
- 6) Whether the family member has prior convictions for sex offenses against an adult or child;

- 7) Whether the family member is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- 8) Whether the family member has previously experienced sexual victimization; and
- 9) The family member'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). This policy stipulates the objective PREA screening instrument shall assess the family member's risk of sexual victimization through information pertaining to:

Whether the family member has a mental, physical, or developmental disability;

The age of the family member;

The physical build of the family member;

Whether the family member has previously been incarcerated;

Whether the family member's criminal history is exclusively nonviolent;

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

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

Whether the family member has previously experienced sexual victimization; and

The family member's own perception of vulnerability.

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

The staff who perform screening for risk of victimization and age, weight, disciplinary record at other institutions relative to sexual abusiveness/violence, gang member affiliation, LGBTI status.

The interviewee asserts each family member is taken into an office next to the Urinalysis Room and a confidential interview is conducted behind closed doors, utilizing the afore-mentioned screening tool.

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

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

Pursuant to the PAQ, the CTS self reports the policy requires the facility reassess each family member's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the family member's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The CTS self reports that during the last 12 months, 264 family members 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 family members, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of family members 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 4, section II(B)(3) addresses 115.241(f).

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

Five of the 17 random family member interviewees assert a reassessment was conducted within 30 days following initial assessment. Eight interviewees assert they were not reassessed and four assert they do not recall whether they were reassessed.

The auditor's review of 11 random family member files reveals timely and comprehensive reassessments with respect to four family members. Reassessments are detailed in terms of new information and analysis. Ten of the reviewed files pertained to random family member interviewees.

The auditor notes the 30-day threshold for the conduct of reassessments had not yet transpired in seven of the 11 cases.

Pursuant to the PAQ, the CTS self reports the policy requires that a family member'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 family member's risk of sexual victimization or abusiveness.

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

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

There has been no such reassessments during the last 12 months.

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

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(6) addresses 115.241(h).

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

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

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

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

According to the PCM, the agency has outlined who should have access to a resident's risk assessment within the facility in order to protect sensitive information from exploitation. The information flows from the initial screener (Client Technician- CT) to the shift supervisor to the PCM. The document is then securely filed.

The staff responsible for initial risk screening interviewee substantiates the statement of the PCM as he asserts the assessment is forwarded to his supervisor only. He does not share any information with other staff.

Standard 115.242: Use of screening information

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

115.242 (a)

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

115.242 (b)

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

115.242 (c)

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

115.242 (d)

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

115.242 (e)

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

115.242 (f)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the CTS 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 family members 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, page 5, section II(C)(b) addresses 115.242(a).

The auditor's review of two days of Room Assessments reveals substantial compliance with 115.242(a). Each room is identified, initial family member assessment and reassessment dates, and the mechanics of room assignments are identified in accordance with each family member's victimization, aggressor, or unrestricted status. The auditor's cursory review of the documents 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 from Known Victims (KVs) and Potential Victims (PVs) in terms of housing assignments. The classifications are housed with family members who score as Unrestricted or family members who are similarly situated.

The staff responsible for initial risk screening asserts PVs and KVs are separated from PAs and KAs in terms of housing. This parallels the statement made by the PCM.

Pursuant to the PAQ, the CTS self reports the facility makes individualized determinations about how to ensure the safety of each family member.

CCP-E PREA Policy 3.3 entitled Intake/Screening, page 5, section II(C)(c) addresses 115.242(b).

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

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

CCP-E PREA Policy 3.3 entitled Intake/Screening, pages 5 and 6, sections II(C)(d) addresses 115.242(c).

The PCM asserts the management team and screener assess whether the transgender/intersex family member can safely be housed in the room. Additionally, how does the transgender/intersex family member feel about the assignment? Transgender/intersex family members are not housed in special wings or units, etc.

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

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

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

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

The PCM asserts transgender/intersex family members are given the opportunity to shower separately from other family members. They would shower at a different time than the rest of the population. A staff member would be posted outside the shower area to ensure no other family members shower, etc. at the same time.

The staff responsible for initial risk screening asserts transgender/intersex family members are given the opportunity to shower separately from other family members. They would shower in the shower located on the West side of the building, just down from the Bubble. Staff would monitor the shower, ensuring no other family members enter the same at the time.

The auditor, CTS, COS, and PCM discussed transgender/intersex family member showers during the tour. The auditor is satisfied with the plan to accommodate such showers.

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

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

The PCM asserts family members are designated to CCP-E by MDOC following Screening Committee approval. The COS reviews housing assignments on a routine basis to prevent such housing situations.

The CTS advises the auditor that no LGBTI family members were housed at CCP-E during the on-site audit. Accordingly, such interviews were not conducted.
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*)
- 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 CTS self reports the agency has established procedures allowing for multiple internal ways for family members to report privately to agency officials about:

Sexual abuse or sexual harassment;
Retaliation by other family members 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 CCP-E Handbook reveals significant information regarding reporting options. Pages 4 and 5 of this resource clearly provide necessary information for family members to be educated regarding reporting options as required pursuant to the totality of 115.251.

Eleven random staff interviewees cited at least two reporting options for family members. The last interviewee cited one option for reporting. Options cited were verbal report to staff, written report, anonymous report, third-party report, contact the Hotline, and submission of an Emergency Grievance.

All 17 random family member interviewees cited at least two reporting options regarding sexual abuse/harassment incidents, etc. Options cited were report to staff, submission of a kite (written report) to staff, third-party report, submission of an Emergency Grievance, anonymous report, contact Police, contact Hotline, and report to family. When questioned whether there is someone who does not work at the facility to whom they could report sexual abuse/harassment incidents, sixteen of 17 interviewees assert they would use the Hotline or contact family/friends.

At least two family member interviewees assert telephone numbers for Safe Space (Hotline) and BSB LEA are captured in posters located adjacent to family member telephones. 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 CTS self reports the agency provides at least one way for family members to report abuse or 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). Additionally, the PREA Handbook, page 4 addresses 115.251(b).

The PCM asserts the PREA Hotline (MOU with Safe Space) and contact with Western Montana Mental Health or BSB LEA provide methods for family members 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 family member reports of sexual abuse/harassment to agency officials that allow the family member to remain anonymous upon request. Pursuant to the MOU, Safe Space staff contact the CTS immediately upon receipt of the report. The CCCS PC also reports Safe Space staff contact him regarding any such reports.

Sixteen of 17 random family member interviewees assert they are allowed to make a report without having to give their name.

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

All 12 random staff interviewees assert a family member who alleges sexual abuse can do so verbally, in writing, anonymously, and from third parties. They document such reports immediately.

Eleven of 17 random family member interviewees assert they can make reports of sexual abuse/harassment either in person, or in writing. Additionally, they assert someone else can make a report for them so the victim does not need to be named.

Pursuant to the PAQ, the CTS self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of family members. 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 12 random staff interviewees cited at least two methods in which they can privately report sexual abuse/harassment of family members. Reporting methods cited include telephonic report to supervisor, forward e-mail to supervisor/CTS/COS/PCM, third party report, forward memorandum to the afore-mentioned staff, in-person report to any of the afore-mentioned management staff, anonymous written report to any of the afore-mentioned management staff, and contact the Hotline.

In view of the above, the auditor finds 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 NA

115.252 (b)

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) X 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.) X Yes No NA

115.252 (c)

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

115.252 (d)

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

115.252 (e)

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

- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)
X Yes No NA

115.252 (f)

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

115.252 (g)

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

Auditor Overall Compliance Determination

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

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

CCP-E PREA Policy 3.4 entitled Reporting, pages 3 and 4, section II(A)(13), in entirety, addresses 115.252(a).

Pursuant to the PAQ, the CTS self reports agency policy or procedure allows a family member to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The CTS further relates agency policy does not require a family member 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, page 3, section II(A)(13)(i-iv), addresses 115.252(b).

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

Pursuant to the PAQ, the CTS self reports agency policy and procedure allows a family member to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The CTS further self reports agency policy and procedure requires that a family member 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)(13)(v)(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 CTS self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The CTS further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged. The CTS further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged.

CCP-E PREA Policy 3.4 entitled Reporting, page 4, section II(A)(13)(vi)(1-4), addresses 115.252(d).

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

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

CCP-E PREA Policy 3.4 entitled Reporting, page 8, section II(D)(2 and 3) addresses 115.252(e).

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

Pursuant to the PAQ, the CTS self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a family member is subject to a substantial risk of imminent sexual abuse. The CTS further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the past 12 months. The CTS 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 3, section II(A)(13)(v)(1 and 2) addresses 115.252(f).

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

CCP-E PREA Policy 3.4 entitled Reporting, page 3, section II(A)(13)(v)(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 CTS self reports the facility provides family members with access to outside victim advocates for emotional support services related to sexual abuse by:

Giving family members mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations;
Enabling reasonable communication between family members 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)(a-c) addresses 115.253(a).

Page 7 of the PREA Handbook addresses 115.253(a) in terms of mandatory reporting. Page 4 also address 115.253(a).

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

Thirteen of 17 random family member interviewees assert there are services available outside the facility for dealing with sexual abuse, if needed. Five interviewees cited at least one service ranging from VAs to Safe Space, MH assistance, and counseling. Of note, CCP-E maintains an MOU with Safe Space as noted in the PREA Handbook. Several interviewees, some of whom could not cite any of the services, noted they can find the information regarding services from review of the PREA Handbook and information posted in hallways.

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

Thirteen interviewees assert they can talk with people from these services at any time, while other responses included specific time frames, when they departed CCP-E, or they didn't know.

Given the information provided in this narrative, the auditor is satisfied that all requisite information is readily available to family members. As previously articulated, several interviewees are aware of locations and resources 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 family member telephones. The CCP-E PREA Handbook clearly reflects such calls are toll free and addresses mandatory reporting mandates for professionals working within the afore-mentioned organizations.

Pursuant to the PAQ, the CTS self reports the facility informs family members, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The CTS further self reports the facility informs family members, 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)(b) addresses 115.253(b).

Fifteen of 17 random family member 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 while seven interviewees assert the conversations could not be listened to or told to someone else. These interviewees assert such conversations could be listened to or shared with someone else as the result of Mandatory Reporting information and obligatory reporting.

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

Pursuant to the PAQ, the CTS self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide family members with emotional support services related to sexual abuse. The CTS 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 CTS self reports the facility provides a method to receive third-party reports of family member 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 PREA Coordinator who, in turn, disseminates the same to each facility. All telephone calls are taken by the CTS or CCP-E PCM at the facility. If the PREA Coordinator is contacted, he will immediately contact the CTS. Emails are another source of receiving third party reports and they are delivered to the CTS immediately. According to the CTS, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. The CTS further self reports the facility distributes third-party reporting information to family members so they can provide the same to third-party reporters.

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

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

In view of the above, the auditor finds CCP-E substantially compliant with 115.254.

OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT
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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 CTS 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 family members 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) and ii) addresses 115.261(a).

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

Pursuant to the PAQ, the CTS 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 6, section II(C)(3) addresses 115.261(b).

CCP-E PREA Policy 3.4 entitled Reporting, page 6, section II(C)(5) addresses 115.261(c).

Both medical and mental health staff interviewees assert that at the initiation of services to a family member, they disclose the limitations of confidentiality and their duty to report and documentation of the same is

accomplished in the progress notes. 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 CTS or COS, and alternatively to the security supervisor.

CCP-E PREA Policy 3.4 entitled Reporting, page 6, section II(C)(4) addresses 115.261(d).

The CTS asserts no family members under the age of 18 are housed at CCP-E. If a vulnerable adult is the subject victim of an allegation of sexual abuse, contact is made with MDOC or Health and Human Services (HHS). The PCM's response to notifications regarding alleged juvenile and vulnerable adult victims of sexual abuse parallels that of the CTS in terms of juveniles however, he asserts law enforcement would be contacted with respect to vulnerable adults and they make further notification(s).

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

The CTS 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 CTS receives a report, she passes the information to the COS (facility sexual abuse/harassment investigator).

The auditor's review of the lone sexual harassment allegation and investigation conducted during the last year reveals compliance with all provisions of 115.261(e).

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

CCP-E PREA Policy 3.4 entitled Reporting, page 3, section II(a)(7) addresses 115.262(a). This policy stipulates in the event that sexually abusive or assaultive behaviors are alleged, threatened, or have occurred, staff will take immediate action to intervene and ensure the safety of all persons involved. Staff will immediately document all reports and notify their Shift Supervisor, who will then consult the Program Administrator for guidance.

This 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 family member 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 family member sexual abuse is brought to her attention, the CTS personally interviews the family member and places him in a safe place (minimally, a room in the vicinity of the Bubble). 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 12 random staff interviewees assert they would immediately remove the potential victim from the danger zone. Four interviewees assert they would place him in a room near the Bubble for effective monitoring while further direction is sought.

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? X Yes No

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 CTS self reports the agency has a policy requiring that, upon receiving an allegation a family member 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 CTS further self reports in the past 12 months, the facility received one allegation that a family member was sexually abused while confined at another facility. Pursuant to follow-up, the auditor learned CCP-E staff received no allegations of family member sexual abuse while he was confined at another facility. Rather, the CTS received a courtesy notification from another CCCS facility regarding a pending arrival and an alleged incident that had been reported at that facility. Accordingly, notification by the CTS was not necessary pursuant to 115.263.

The adjusted number is addressed in a memorandum dated September 10, 2018 from the CTS.

CCP-E PREA Policy 3.4 entitled Reporting, pages 7 and 8, section II(C)(12) addresses 115.263(a).

Pursuant to the PAQ, the CTS 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, pages 7 and 8, section II(C)(12) addresses 115.263(b). This policy stipulates such notification will be accomplished within 24 hours of the time staff become aware of the allegation.

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

Pursuant to the PAQ, the CTS self reports facility policy requires allegations received from other facilities/agencies (regarding incidents allegedly arising at CCP-E) are investigated in accordance with PREA standards. The CTS further self reports in the past 12 months, there were 0 allegations of sexual abuse received by the facility from other facilities.

CCP-E PREA Policy 3.4 entitled Reporting, pages 7 and 8, section II(C)(12) addresses 115.263(d).

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

The CTS 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 CTS 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. 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 substantially compliant with 115.263.

Standard 115.264: Staff first responder duties

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

115.264 (a)

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

115.264 (b)

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

Auditor Overall Compliance Determination

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

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

- 1) Separate the alleged victim and abuser;
- 2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;

- 3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request 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
- 4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.

The CTS self reports 1 alleged incident of sexual abuse occurred at CCP-E during the last 12 months. Upon further conversation with the CTS, the auditor learned no sexual abuse investigations were conducted at CCP-E during the last 12 months.

CCP-E PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(a).

With respect to first responder duties, all 12 random staff interviewees (eight security and four non-security first responders) were asked to articulate what the same would look like.

It is noted 10 of the 12 interviewees assert the first step requires separation of the victim and perpetrator, eight of the 12 interviewees assert the second step requires securing the crime scene, and eight of the 12 interviewees assert they request the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence.

The auditor notes all interviewees were in possession of a laminated card reflecting first responder duties and responsibilities as articulated in 115.264(a).

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

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

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

The CTS further self reports that of the allegations of sexual abuse within the past 12 months, there were 0 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(a) (1-10) addresses 115.264(b).

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

In view of the above, the auditor finds 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? 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 CTS 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 1-9 addresses 115.265(a).

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

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

According to the CTS, 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.

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

While 115.266 is technically not applicable to CCP-E, the facility is substantially compliant as there are no deviations from the 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? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? X Yes No

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? X Yes No

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 CTS self reports the agency has a policy to protect all family members and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other family members or staff. According to the CTS, she, the COS, or the CCP-E PCM are the designated Retaliation Monitors at CCP-E. The CTS monitors potential family member or staff victims of retaliation with the COS also facilitating this task, if needed. The PCM is the alternate.

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). This policy stipulates staff, volunteers, contractors, and family members who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc. Alternative protection against retaliation may include moving a family member to another housing unit or to another detention facility, removal of alleged staff from that facility if deemed necessary by the Program Administrator, or removal of alleged staff from contact with victims.

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

The CTS was also interviewed as the staff member charged with monitoring retaliation. In regard to the role she plays in preventing retaliation against family members and staff who report sexual abuse/harassment or who cooperate with sexual abuse/harassment investigations, she handles both staff and family member retaliation monitoring. Following a report of sexual abuse, she initiates retaliation monitoring for a minimum of 90 days. She meets with the victim weekly for the first two weeks. If all is well, 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 CTS self reports the facility monitors the conduct or treatment of family members or staff who reported sexual abuse and of family members who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The CTS 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 CTS 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 CTS asserts she looks for the following to detect possible retaliation against a family member; 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 family members until departure.

It is noted PAQ memorandums reflect no sexual abuse cases have presented at CCP-E during this audit period. With respect to the sexual harassment case, the perpetrator was reportedly removed from the facility.

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

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.

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

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).] 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 CTS 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. Dependent upon the circumstances, he generally reports to the facility during non-regular business hours.

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

Pursuant to review of the single sexual harassment 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 the NIC Certificate for a previous CCP-E Security Coordinator (PREA investigator), previous CTS, current CTS, PCM, and a Staff Development and Training Record Form for the current COS reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting.

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

The course addressed legalities and trauma which accompany sexual abuse investigations. Medical consideration(s), 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.

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

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

- Review first responder reports (fifteen minutes).
- Check crime scene, video, and photograph crime scene (15-45 minutes).
- Review victim and perpetrator files (ten minutes).
- Talk with victim regarding medical and mental health treatment (five minutes).
- Interview victim for general overview (30-60 minutes).
- Contact BSB LEA, if criminal (10 minutes).
- Interview staff witnesses (15-30 minutes).

In addition to the above, the investigative process includes assessment of victim/witness/perpetrator credibility, the integrity of the physical and circumstantial evidence, and writing the administrative report. In regard to direct and circumstantial evidence the interviewee would be responsible for collecting, he asserts he would ensure the crime scene is secured and supervised pending the arrival of investigators, if criminal. He would personally secure video footage, written reports, interview notes, and file material(s).

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

The investigative interviewee asserts when it is determined a prosecutable crime may have taken place, he does not conduct compelled interviews. Specifically, the matter falls under the purview of BSB LEA. The afore-mentioned policy clearly reflects CCP-E staff do not conduct 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 harassment investigation addressed throughout this report reflects assessment as to why the investigator believed the victim. The alleged perpetrator clearly admitted to his role in the incident, consistent with the meat of the victim's allegation, thereby substantiating the victim's allegation.

The investigative interviewee asserts all evidence is credible until proven otherwise. He further asserts that under no circumstances would a family member 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, page 1, 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/family

member witness statements to identify 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. He documents the Who? What? When? Where? and Why? of the incident. He further documents analysis of evidence reliability/witness credibility. Findings regarding staff culpability would also be documented. Finally, he writes a conclusion and recommendations, if applicable.

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

Pursuant to the PAQ, the CTS self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During this audit period, 0 investigations were referred for prosecution.

According to the 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.

Pursuant to the PAQ, the CTS 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).

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

The investigative staff interviewee asserts he continues with administrative 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, he continues with the investigation when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

According to the CTS, the COS contacts law enforcement by email, telephone, or face to face. In the COS' absence, the CTS facilitates contact. Contact is accomplished on a weekly basis to remain informed about the progress of the investigation. The PCM essentially substantiates the statement of the CTS regarding weekly contact and follow-up. The investigative staff interviewee asserts he serves as a liaison 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? 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 CTS 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 2, section II(E) addresses 115.272(a).

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

The auditor's review of the single sexual harassment 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? Yes No

115.273 (b)

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

115.273 (c)

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

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? 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

- 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 CTS self reports the agency has a policy requiring that any family member 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 CTS self reports 1 criminal and/or administrative investigation of sexual harassment was conducted at CCP-E during the last 12 months. The auditor notes he has determined there has been no sexual abuse incidents or allegations at CCP-E during the last 12 months.

CCP-E PREA Policy 3.10 entitled Investigations, pages 2 and 3, section II(F)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations.

In view of the above, the auditor finds CCP-E exceeds standard expectations as 115.273(a) requires such notification in response to sexual abuse allegations.

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

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

The auditor's review of the single May 11, 2018 sexual harassment investigation reveals the victim was notified, in writing, of the investigative disposition on May 11, 2018. Notification was facilitated by the PCM.

Pursuant to the PAQ, the CTS self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the family member of the outcome of the investigation. The CTS further self reports 0 criminal investigations have been completed by BSB LEA.

CCP-E PREA Policy 3.10 entitled Investigations, page 3, section II(F)(2) addresses 115.273(b).

Pursuant to the PAQ, the CTS self reports that following a family member'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 family member'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 family member at CCP-E during the last 12 months.

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

Pursuant to the PAQ, the CTS self reports following a family member's allegation he has been sexually abused by another family member 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 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 II(H)(1 and 2) addresses 115.273(d).

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

Pursuant to the PAQ, the CTS 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.

CCP-E PREA Policy 3.10 entitled Investigations, page 3, section II(I) 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 CTS 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 4, section II(H) addresses 115.276(a).

Pursuant to the PAQ, the CTS self reports in the past 12 months, 0 facility staff members are alleged to have violated agency sexual abuse or sexual harassment policies.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(1) addresses 115.276(b).

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

Pursuant to the PAQ, the CTS 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 CTS further self reports that in the past 12 months, 0 staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(2) addresses 115.276(c).

Pursuant to the PAQ, the CTS 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 CTS further self reports during the last 12 months, 0 facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

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

Standard 115.277: Corrective action for contractors and volunteers

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

115.277 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? X Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? X Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? X Yes No

115.277 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? X Yes No

Auditor Overall Compliance Determination

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

In response to any violation of agency sexual abuse/harassment policies by a contractor or volunteer, contact between the contractor/volunteer and family members 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.

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 CTS self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with family members in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

CCP-E PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(2) addresses 115.277(b).

In response to any violation of agency sexual abuse/harassment policies by a contractor or volunteer, contact between the contractor/volunteer and family members 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? X Yes No

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the CTS self reports family members are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the family member engaged in family member-on-family member sexual abuse. The CTS also self reports family members are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for family member-on-family member sexual abuse. In the past 12 months, there was one administrative finding of family member-on-family member sexual harassment that 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 10 of the CCP-E PREA Handbook reflects Prohibited Acts of which offenders may be administratively charged pursuant to 115.278(a), related to sexual abuse/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 CTS, CCP-E staff write the disciplinary report and MDOC completes the administrative family member disciplinary hearing. MDOC can revoke CCP-E program participation as a sanction. The sanction could be 30-days at START and then return to CCP-E or CCP-W.

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 CTS 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 family member 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, she 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 residents in the event of a sexual abuse scenario. Should these services be provided pursuant to such circumstances, a family member's participation is generally not required as a condition of access to programming or other benefits.

Pursuant to the PAQ, the CTS self reports the agency disciplines family members 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 CTS 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 CTS self reports the agency prohibits all sexual activity between family members. The CTS 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?
 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? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? 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? 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?
 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 CTS self reports family member victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The CTS 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 family member victims of sexual abuse receive immediate, timely, and unimpeded access to emergency medical treatment and crisis intervention services. The mental health staff interviewee asserts she provides empathy and support on each occasion of sexual abuse, if on-site. Additionally, the nature and scope of services are determined according to the practitioner's professional judgment.

The auditor's review of the PREA Response Checklist- Medical Response Form captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials.

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

The auditor notes there were no incidents wherein notification of medical/mental health practitioners was necessitated, during the last 18 months.

Pursuant to the PAQ, the CTS self reports family member 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 St. James Hospital.

The auditor notes the previously mentioned MOU with St. James Hospital addresses the requirements of 115.282(c). These issues are addressed as part of the SAFE/SANE examination.

Pursuant to the PAQ, the CTS 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, page 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.) 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.) 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 CTS self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all family members who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

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 harassment investigation did not include medical intervention given the fact pattern of the incident. The family member declined mental health follow-up.

The auditor is advised by the CTS and PCM zero family members reported sexual victimization, during Intake initial screening.

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. This occurs pursuant to a visual assessment and vitals check. He recommends transfer to a hospital, if appropriate. He also provides comfort care. Steps are documented in the Progress Notes.

The mental health staff interviewee asserts she provides empathy and support on each occasion of sexual abuse, if she is on-site.

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

Pursuant to the PAQ, the CTS notes 115.283(e) is not applicable to CCP-E as the facility is designated as all male. The auditor has confirmed the same and accordingly, the auditor finds 115.283(e) to be not applicable to CCP-E.

Pursuant to the PAQ, the CTS self reports family member 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 in the narrative for 115.282.

Pursuant to the PAQ, the CTS 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 CTS self reports the facility attempts to conduct a mental health evaluation of all known family member-on-family member 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 family member-on-family member abusers, inclusive of offering treatment, if appropriate, would occur. During the last 36 months, no family member-on-family member abusers have been housed at CCP-E.

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? 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 CTS self reports the facility conducts a Sexual Abuse Review Team (SART) review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The CTS further self reports in the past 12 months, 1 administrative sexual harassment 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 prescribes the conduct of SART reviews for both sexual assault and sexual harassment investigations. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incidents. Accordingly, the auditor finds CCP-E exceeds standard expectations.

The auditor's review of the afore-referenced SART report reveals a timely review was conducted (investigation completed on May 11, 2018 and SART conducted on May 22, 2018). The SART team was comprised of the requisite members as identified in policy. The review was comprehensive in terms of the requisite considerations. In view of the above, the auditor finds substantial compliance with 115.286.

It is noted a mock SART was conducted on February 1, 2018 in response to a mock scenario. The investigation was conducted on January 30, 2018. The auditor finds the mock SART is commensurate with 115.286(a). The mere conduct of the mock SART is indicative of the level of commitment to PREA compliance with 115.286. Additionally, the same exceeds the expectations of 115.286(a).

Pursuant to the PAQ, the CTS 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 CTS further self reports in the past 12 months, one administrative sexual harassment 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 CTS 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 CTS asserts the facility has a sexual abuse incident review team (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 CTS 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 CTS asserts the SART team uses the review to assess policy modification needs, staff training needs, submission of additional staffing requests, and submission of additional camera surveillance requests.

The review team considers the following:

- a. Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
- b. Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification/status/or perceived status, gang affiliation, or motivated/caused by other group dynamics at the facility;
- c. Examine the area in the facility where the incident allegedly occurred to assess physical barriers in the area that may enable abuse;
- d. Assess the adequacy of staffing levels in that area during different shifts; and
- e. Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts the facility conducts SART reviews and a report of findings from the reviews, including any determinations regarding the issues noted in the CTS' statement/any recommendations for improvement, are noted in the same. He writes the reports and no trends have been noted. When recommendations and proposed changes are noted in the report, he shares the same with the CTS. If the recommendation is a training issue, he addresses the same. If additional staffing or cameras are required, the request is routed through Corporate.

The COS' response parallels the CTS' response regarding questions required in the Incident Review Team Questionnaire.

Pursuant to the PAQ, the CTS 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).

While there were no recommendations articulated in the afore-mentioned SART report, staff use the scenario during family member Intake and Orientation to illustrate sexual harassment as the result of what one says.

In view of the above, the auditor finds CCP-E substantially compliant with 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 CTS 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 CTS 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-k) addresses 115.287(a)/(c).

The auditor's review of PREA Data 2016 and 2017 spread sheets reveals substantial compliance with 115.87(a)/(c). The 2018 spreadsheet has not yet been completed.

Pursuant to the PAQ, the CTS 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 CTS 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).

As previously referenced throughout this report, 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) to be not-applicable to CCP-E.

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

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 CTS 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:

- a. Identifying problem areas;
- b. Taking corrective action on an ongoing basis; and
- c. Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

The auditor's review of the 2016 and 2017 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. He 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 CTS' 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 CCCS PC generates the annual report based on review of relevant data and any corrective actions.

Pursuant to the PAQ, the CTS 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 CTS self reports the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

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

Pursuant to the PAQ, the CTS 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 CTS further asserts the agency indicates the nature of material redacted.

The PCM asserts personal identifiers are typically redacted from the annual report. Information that constitutes a threat to the security and good order of the facility may also be redacted. The CCCS PC handles any Annual Report redactions.

In view of the above, the auditor finds 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?
 Yes No

115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? Yes No

115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? Yes No

115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? Yes No

Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the CTS 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 CTS 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:

1. He 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 CTS' Office.
3. The agency does take corrective action on an ongoing basis based on the information gleaned from the data.

Pursuant to the PAQ, the CTS 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 CTS 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 CTS 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 4, section II(C)(4) addresses 115.289(d).

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.*) Yes No

115.401 (b)

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

115.401 (h)

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

115.401 (i)

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

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

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

Auditor Overall Compliance Determination

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

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

CCP-E staff were very facilitative in terms of prompt completion and provision of PAQ information. Interviews and on-site document reviews were conducted in an expeditious fashion, primarily as the result of staff's efforts to ensure multiple staff and family members could be interviewed one after the other.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) 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*)

The auditor's cursory review of the CCCS website reveals previous reports completed by the auditor are properly posted on the website or directions regarding review of the same are noted.

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

January 8, 2019

Auditor Signature

Date

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

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