

PAINTED CANYON COUNSELING and CONSULTING

June 6, 2016

Mike Thatcher
Chief Executive Officer
Community, Counseling, and Correctional Services, Inc.
471 E. Mercury Street
Butte, MT 59701

Mr. Thatcher:

Please accept my congratulations on the successful PREA audit of Corrections Connections-East! You and your staff are to be commended for the outstanding work being done throughout your agency on behalf of your residents and their families.

I conducted the on-site audit in April, 2016 and submitted my initial findings approximately two weeks after the audit.

Marwan Saba, Meg Murphy, Linda Rogers, Joe Berger, Ray Hoffenbacker, and CCP-E staff have worked diligently prior to, and since receiving the Interim Report to meet the Corrective Action Plans for compliance. I have received, reviewed and approved the final pieces of documentation necessary to verify compliance with one hundred percent of the applicable Community Confinement PREA Standards.

As you are aware, CCP-E is required to post the Final Audit Summary Report on your agency website. I am mailing hard copies of these documents in addition to the provided electronic copies to make it easier to post on your website.

Once again, thank you for the opportunity to serve as your PREA auditor. The work your agency has completed to improve the sexual safety of residents is a standard for all to emulate. Through these improvements, you improve resident safety, as a whole, and positively impact society.

Sincerely,



Loree Ivanets
DOJ Certified PREA Auditor

MAILING ADDRESS

PHONE

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**PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES**

Date of report: June 6, 2016

Auditor Information			
Auditor name: Loree Ivanets			
Address: 507 4 th Avenue West			
Email: olivanets@gmail.com			
Telephone number: 701-290-1596			
Date of facility visit: April 23, April 24, and April 25, 2016			
Facility Information			
Facility name: Connections Corrections Program East (CCP-E)			
Facility physical address: 111 West Broadway Street, Butte, MT 59701			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (406)-782-6266			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Dave Boyd			
Number of staff assigned to the facility in the last 12 months: 38			
Designed facility capacity: 62			
Current population of facility: 54			
Facility security levels/inmate custody levels: Alternative Secure			
Age range of the population: 18-80			
Name of PREA Compliance Manager: Joe Berger		Title: CCP-E PREA Manager	
Email address: jberger@cccscorp.com		Telephone number: (406)-782-6266	
Agency Information			
Name of agency: Community, Counseling, and Correctional Services, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 471 East Mercury Street, Butte, MT 59701			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (406)-782-0417			
Agency Chief Executive Officer			
Name: Mike Thatcher		Title: Chief Executive Officer	
Email address: mthatcher@cccscorp.com		Telephone number: 406-491-0245	
Agency-Wide PREA Coordinator			
Name: Marwan Saba		Title: CCCS, Inc. PREA Coordinator	
Email address: msaba@cccscorp.com;		Telephone number: (406)-491-0245	

AUDIT FINDINGS

NARRATIVE

The Community, Counseling, and Correctional Services/ Connections Corrections Program East originally contracted with the auditor in early March, of 2016 to conduct the on-site PREA audit in April, 2016. The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA Auditor.

Six weeks in advance of the audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit and provided residents and staff with the auditor's contact information. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations.

The CCCS, Inc. PREA Coordinator, Marwan Saba, and the auditor communicated numerous times via telephone or email to discuss the audit, expectations and needs during the on-site. Mr. Saba, and CCP-E PREA Manager, Joe Berger completed the Pre-Audit Questionnaire and provided a large volume of proof-documents ahead of the on-site audit. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency and facility policies, facility procedures, program documents, and other relevant documentation and materials.

The PREA Audit of the Connections Corrections Program East was conducted in part on April 23, fully on April 24, and once again in part on April 25, 2016. The auditor wishes to extend sincere appreciation to Mike Thatcher, Chief Executive Officer of Community, Counseling, and Correctional Services and his staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor. The auditor also wishes to compliment Marwan Saba and Joe Berger for their work in organizing the audit files that were provided to the auditor prior to the on-site audit. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit.

Upon arrival to the Connections Corrections Program East on April 24, 2016, the auditor met with the facility leadership which included Dave Boyd, Director of CCCS, Inc. Treatment Programs, Marwan Saba, CCCS, Inc. PREA Coordinator, Linda Rogers, CCP-E Program Director, Ray Hoffenbacker, Security Coordinator, Joe Berger, CCP-E PREA Manager, and Terry Byrne, Shift Supervisor. The auditor explained the audit process and expectations for the audit. The auditor was given a thorough tour of the facility after the in-brief meeting. Lori Verell, Corporate Food Service Director had given the auditor a complete tour of the kitchen and cafeteria on April 23, 2016, the day prior to CCP-E's on-site tour, as the kitchen and dining areas are shared between two facilities. While on tour, the auditor was permitted access to all areas of the facility.

At the close of the on-site tour, the auditor began the interviews and review of proof documentation. The Daily Count on April 24, 2016 was 52 residents. Those interviewed were selected, by the auditor, from a list of all the residents in the facility who consented to speak with the auditor. In addition, residents who were identified as being in a designated group (i.e., disabled, gay, etc.) were also interviewed. A total of ten residents were interviewed, and eleven staff were randomly selected as well as nine other identified specialized staff were interviewed, including the Director of CCCS, Inc. Treatment Programs, CCCS, Inc. PREA Coordinator, Director of Human Resources, CCP-E PREA Manager, Investigators, First Responders, Medical and Mental health professionals, Staff who Screen for Risk, and Case Managers. The auditor was impressed by how knowledgeable the staff was about PREA, first response, evidence collection, etc. A phone interview with the Director of Safe Space was conducted on April 6, 2016, as well as two volunteer interviews completed on April 19 and April 29, 2016.

The auditor conducted an exit debrief at the CCCS, Inc. corporate office on April 25, 2016. While the auditor could not give the facility a final ruling/finding, as there was a large amount of proof documentation

interviews to review, the auditor did discuss areas in depth that had been identified as ‘not meeting standards’ during the on-site audit. The auditor did give an overview of the audit and thanked the staff for their hard work and commitment toward compliance with the Prison Rape Elimination Act.

Post on-site audit, the auditor reviewed the additional proof documents secured while on-site and began to triangulate the evidence for compliance with the PREA Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

Community, Counseling, and Correctional Services, Inc. (CCCS) in partnership the Montana Department of Corrections (MDOC), opened CCP-E in March, 1998 in response to the growing segment of the Montana correctional population who are chemically dependent. At that time, CCP-E had a 30-bed capacity. CCP-E has expanded to include 62 beds in Butte having a consistent waiting list of 100 to 150 offenders. With an average daily population of 54 residents in 2015, the population at the time of the audit was 54 male residents.

The Community Counseling & Correctional Services 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.

Located in a multi-level building constructed in 1898 in the historic section of Butte, MT, the program provides male clients with a full-range of treatment services focusing not only on the chemical dependency issue of each resident, but also the underlying behavioral and dysfunctional thinking patterns which contribute to or sustain chemical use and result in criminal behavior.

The street level of Connections Corrections Program East (CCP-E) is a kitchen and dining room shared by CCP-E, and another community confinement facility. This area has 12 cameras which were installed in 2012. The kitchen and dining room has a separate street level entrance off of West Broadway Street.

Entering through a secure door under surveillance camera, also off of West Broadway Street, and up a small stairway, one arrives on the first level of Connections Corrections Program East (CCP-E).

The first floor consists of Administrative Offices, the Nurse's Office and separate Medical Exam area, the UA bathroom, and the only dorm area in the building. The dormitory area has room for 9 residents, and boasts a spacious dayroom and 2 private restrooms and showers. Although this is dorm setting, random resident interviews indicated this is a preferred living area because of space and privacy.

A stairway leads to the second floor, which consists of an East and West Wing. There are 23 housing areas between the East and West Wing; (17) 2 man rooms, (3) 4 man rooms, and (2) 3 man rooms. The Client Technician office, where surveillance cameras are monitored, is positioned next to the stairway leading downstairs to the first floor. There is a large group room on the far east area of the second floor. The auditor observed the showers in the facilities, which are all separate showers. This is a strength of the facility as all showers are individual, one-person curtained shower stalls in groups of three or six stalls. CCP-E has a fully equipped handicap accessible bathroom with a shower.

At the time of the on-site audit the CCP-E building had 10 cameras; 2 surveying the outside of the building. CCP-E's program philosophy and expectations are that human interaction and supervision is more valuable than relying on cameras for resident observation. As a result of staffing plan review, 8 more cameras are currently being installed throughout the 3 levels of CCP-E.

Clinician and case management offices, as well as group rooms make up the third floor. The locked emergency grievance box is also located under camera on the third floor.

The building is staff secure to residents who are not permitted to leave the program without authorization. Doors are alarmed.

The Connections Corrections Program Mission Statement is as follows: The Connections Correction Program is a 60-90 day, intensive, cognitive-behavioral based addictions treatment community assisting Clients (Offenders) to develop those skills necessary to create pro-social change, reduce anti-social thinking, criminal behavior patterns, and the negative effects of chemical addictions while integrating more fully into society. It should be noted for clarification of the reader, the residents of CCP-E are referred to interchangeably as residents and Family Members throughout the content of this report because of the modified Therapeutic Community Model.

CCP-E is based on the intensive outpatient model, and is structured to meet the individual needs of Family Members (residents). The dynamics of the modified Therapeutic Community Model compliment and support the culture change required to institutionalize the intent of the standards of the Prison Rape Elimination Act.

SUMMARY OF AUDIT FINDINGS

The Interim Report was provided May 10, 2015, to Connections Corrections - East reporting 01 exceed standard; 33 met standards; 03 not met standards; and 02 not applicable. On June 6, 2016, all corrective action had been completed. The summary of the Final Audit findings for Connections Corrections - East is listed as follows:

Number of standards exceeded: 1

Number of standards met: 36

Number of standards not met: 0

Number of standards not applicable: 2

Standard 115.211 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East, Policy and Procedures Manual, Policy 3-1; entitled “PREA General Requirements” was reviewed by the auditor. The policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy also includes the agency’s approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The policy further includes definitions for prohibited behaviors regarding sexual harassment and sexual abuse along with sanctions for those found to have participated in prohibited behaviors.

PREA posters and signage were observed throughout the facility during the on-site tour. CCCS, Inc. has posted a declaration of Zero Tolerance of sexual abuse and sexual harassment on the Community, Counseling, and Correctional Services, Inc. website at www.cccscorp.com.

The Facility PREA Manager, reports to the Agency PREA Coordinator. The Agency PREA Coordinator reports to Mike Thatcher, Chief Executive Officer of CCCS, Inc. The PREA Manager also provides case management to approximately 30 residents. The PREA Manager feels he has sufficient time, support, and authority to carry out his PREA duties. The Agency PREA Coordinator oversees all compliance efforts of 10 CCCS, Inc. facilities. He also affirmed sufficient time, support, and authority in regards to PREA implementation.

The positions and hierarchy of the Agency PREA Coordinator, and Facility PREA Manager are represented on the CCCS, Inc, Agency Organizational Chart, as well as the CCP-E Facility Organizational Chart, and are addressed in Policy 3-1.

A random selection of staff, and residents, the Agency PREA Coordinator, Agency Head (designee), Facility PREA Manager, and Program Director interviewed were all familiar with the agency and facility’s zero-tolerance policy.

Standard 115.212 Contracting with other entities for the confinement of residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable

N/A CCP-E does not contract for the confinement of its residents with private agencies.

Standard 115.213 Supervision and monitoring

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East, Policy and Procedures Manual, Policy 3-1; Prison Rape Elimination Act chapter addresses Staffing Plans.

The facility has a staffing plan that is reviewed annually, and approved at the agency level. The facility makes its best efforts to comply on a regular basis with the staffing plan for adequate levels of staffing and video monitoring to protect residents against sexual abuse and sexual harassment. Upon review of the Staffing Plan, it was determined CCP-E’s 2015-2016 Staffing Plan meets the following elements as required: 1) the physical layout of the facility, 2) the composition of the resident population, 3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 4) any other relevant factors. There have been no reports of sexual abuse or sexual harassment at CCP-E.

The 2016 CCP-E staffing plan included 11 components required according to Prison and Jail PREA Standards, as opposed to the 4 components mandated according to Community Confinement PREA Standards; therefore, exceeding this subset of Standard 115.213.

CCP-E is a small facility with an average of 38 staff to 54 residents.

There have been no deviations to the staffing plan, and staff supervisors are instructed to document deviations and descriptions of circumstances in their briefing notes. These briefing notes are provided to the Security Coordinator, Program Director, and PREA Manager for review.

The facility Program Director, Security Coordinator, and PREA Manager review the staffing plan on an annual basis to determine if adjustments should be made in the staffing for the facility, deployment of monitoring technology and the allocation of resources to commit to the staffing plan to ensure compliance with the staffing plan. The auditor was provided documented communication regarding staffing plan review in July, 2015 from the Facility PREA Manager.

An email authored in 2016 by the CEO, and forwarded by the Agency PREA Coordinator indicated the CEO of CCCS, Inc. authorized CCP-E to add additional surveillance cameras which had been requested for 2016. The Program Director had consulted with the Security Coordinator, and PREA Manager, and requested 7 additional cameras in writing to include ingress and egress into all primary corridors throughout the facility.

The auditor was provided with physical plant schematics of CCP-E in addition to the current camera locations within the facility, which included the directional view of cameras, and a sample of the surveillance camera footage. During the on-site tour, while walking through the physical plant, the auditor observed placement of the 10 current cameras and staffing posts of client technicians (security staff). Client technicians carry hand held radios to ensure immediate communication.

In order to support a determination of compliance, the following people were interviewed; Agency Head (designee), Program Director, Agency PREA Coordinator, Facility PREA Manager, Security Coordinator, Shift Supervisors.

During the on-site audit, the auditor was provided unannounced rounds logs, conducted by shift supervisors and administration. The tours are completed at least once per shift. The rounds are conducted unannounced and staff is prohibited from alerting other staff when the rounds are being completed. The auditor received historical sheets dating back to January, 2016.

Even though this is not a PREA Standard of Community Confinement Facilities, Shift Supervisors, and higher-level staff members were interviewed and stated they are required to conduct an unannounced round each shift.

Although CCP-E acknowledges the need for surveillance cameras, staff is expected to continue to roam about the facility and interact with residents. CCP-E's diligent efforts to engage residents while attempting to ensure safety for their residents is demonstrated in part by conducting consistent, unannounced rounds. This is the second subset of Standard 115.213 exceeded by CCP-E; therefore exceeding the requirements of compliance for Standard 115.213.

Standard 115.215 Limits to cross-gender viewing and searches

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Corrections Connections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-1 governs cross-gender strip searches by nonmedical staff and cross-gender visual body cavity searches by nonmedical staff without exigent circumstances. Employees may not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The auditor observed the Exigent Circumstance Log where all pat down or unclothed searches are documented. There have been no cross-gender strip searches or visual cavity searches.

The auditor observed the private bathroom used to collect urine analyses, and the medical exam room; both rooms may be used for strip searches, which prevent cross-gender observation. Same sex staff members would conduct all strip searches absent exigent circumstances.

Interviews with non-medical staff (involved in cross-gender strip of visual searches) supported compliance with CCP-E's policy.

In addressing 115.215 (b), CCP-E does not house female residents.

A random sample of staff and residents were interviewed at the facility. None of the staff or residents indicated they had been involved or had knowledge of any cross-gender strip searches or body cavity searches being conducted at the facility.

Staff of the opposite gender announces their presence when entering a resident housing area. The policy also allows residents sufficient privacy to meet the requirements of this standard.

A random sample of staff and residents were interviewed to determine compliance with this provision. None of the residents interviewed indicated they had ever been viewed unclothed by a staff member of the opposite gender. All residents stated staff of the opposite gender announce their presence before entering resident-housing areas, and are assured privacy while showering and dressing.

During the on-site tour, the auditor observed staff announcing themselves when entering housing units that housed residents of the opposite gender. Touring staff initially announced on behalf of the auditor. The auditor further observed posters throughout CCP-E stating opposite gender staff worked in the facility 24/7.

CCCS, Inc., Corrections Connections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-1 states:

1. Staff will document any cross-gender strip searches and cross-gender visual body cavity searches, and documents all cross-gender pat-down searches on the exigent circumstances log. Strip searches, and body cavity searches are strictly prohibited, except:
 - a. Exigent Circumstances
 - i. Security staff will be trained on cross gender pat searches and will only perform these searches under emergency/exigent circumstances.
 - ii. No strip searches or body cavity searches will be conducted unless prior authorization of the CEO and in his/her absence, their respective designee, is obtained. If a strip search should be deemed a necessity by the CEO or designee, typically it will be performed only by a staff member of the same sex as the resident; however, the CEO or designee may authorize an opposite gender staff member in the case of a transgender or intersex Family Member.
 - iii. The facility shall not search or physically examine any Family Member, including transgender and intersex Family Members for the sole purpose of determining the Family Member's genital status. If staff cannot determine the biological sex of a resident, the staff shall ask medical personal for resident verification of the sex of the genitalia. Medical Staff must conduct this inquiry in private and in a professional manner to preserve confidentiality in order to avoid subjecting the Family Member to abuse or ridicule.
 - iv. The facility will maintain a log of exigent circumstances resulting in deviance from 115.215 which will be kept in the administrator's office.

2. CCP-East enables Family Members 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 housing checks.
3. Opposite gender staff will announce their presence on the floor and prior to entering any living area, bathroom, or shower room.
 - i. Signage stating CPC-East is staffed with female and male staff 24 hours per day will be posted in conspicuous areas for Family Member awareness.
4. CCP-East will train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex Family Members in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs in the event such search is deemed necessary.

a. Transgender and intersex Family Members will have the option to complete a Search and Pronoun Preference Form, allowing them to choose the gender of staff; (including medical practitioners) they are most comfortable with conducting clothed and unclothed body searches, and their preferred pronoun in accordance with their current gender identity. Every effort will be made by CCP-East to meet the transgender or intersex Family Member's preferences, and will document if not able to. Security supervisory staff will review the documentation.

A random selection of staff was interviewed for consideration of compliance. There were no transgender or intersex residents available during the on-site audit to interview. Staff is familiar with the policy against searching transgender or intersex residents solely to determine their genital status.

The Moss Group Guidance in Cross-gender and Transgender Pat Searches Training Curricula for staff members and the training logs for this training were reviewed. In addition, CCCS, Inc./CCP-E Policy 3-2, "LGBTI Gender Identity and Gender Expression, Housing, Programs and Searches" amplifies agency protocol regarding searches of LGBTI residents.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered:

A random selection of staff members was interviewed to determine that staff had completed the necessary training. Several staff members were asked to describe how they would conduct a cross-gender pat down search. The techniques presented were in compliance with acceptable methodology. Training records indicate all current CCP-E staff has completed Cross-gender Pat Search training.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Corrections Connections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-1 states interpretation services will be made available, and a contract with CTS Language Link was reviewed by the auditor. Policy 3-1 states CCP-E will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of First Responder duties or the investigation of the resident's allegations.

A larger print, bolded version of the Family Member PREA Handbook, which is issued at the time of intake, is available for visually-impaired residents.

All Intake Staff interviewed indicate they read through the Family Member PREA Handbook at the time of intake, whether or not the residents have a visual impairment.

A random selection of staff, residents, and the Agency Head (designee) were interviewed for compliance. The auditor was unable to locate any limited English proficient residents, but did interview a resident challenged with some intellectual and processing disabilities. The resident stated that staff explained the PREA Education component to him so he understood PREA and how to report an incident. This was verified by this resident's case manager. The case manager shared her strategy of revisiting issues and repeating information with this resident because of his memory and retention issues.

Staff interviews confirmed that even though residents are expected to help each other within the culture of a therapeutic community, resident interpreters are not used in any PREA related translations, and has CTS Language Link available to them as needed.

Standard 115.217 Hiring and promotion decisions

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Community, Counseling, and Correctional Services, Inc. Employment Policy Number 1.3.1.12; Employee, Contractors and Volunteers Clearance Check prohibits the hiring, and promotion of staff or enlisting the services of contractors, and volunteers who have contact with residents who have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution or have been convicted of engaging or attempting to engage in sexual activity in the community. The agency looks for any involvement in sexual abuse or attempts to engage in sexual activity by force, overt or implied threats of force or coercion. The agency also seeks any information regarding civil or administratively adjudicated incidents of sexual activity.

Administrative HR Staff and Agency PREA Coordinator were interviewed regarding compliance with this provision.

Subsequently, employee and volunteer documents were reviewed for compliance to ensure the necessary background checks were completed at hiring/contracting/retention.

Review of employee HR documents confirmed that background criminal records checks are conducted for all

staff prior to having contact with inmates. The facility also attempts 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 or sexual harassment.

Community, Counseling, and Correctional Services, Inc. PREA Policy 1.3.5.12 states CCCS, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer who may have contact with residents.

Interviews with Administrative HR Staff and Agency PREA Coordinator both indicated contractors must undergo a criminal records background check prior to entering the facility to conduct any work.

Background checks of all volunteers are conducted prior to them having any contact with inmates.

The auditor reviewed a list of staff/contractors/volunteers who work in the facility. The agency maintains a list of each employee/contractor/volunteer who works in the facility with their hire date, and the last date the criminal records background check was completed.

Agency policy indicates that staff, contractors and volunteers will complete a criminal records background check at least once every five years, or prior to promotion. The interview of the CCCS, Inc. Director of Human Resources supports all staff, contractors and volunteers rotate on a computerized system which ensures background check updates every five years.

Applicants and employees who have contact with residents are asked about prior misconduct described in paragraph (a) of Standard 115.217 in written applications or in interviews for hiring or promotion. CCCS, Inc. also inquires directly to determine if staff or applicants have had any previous misconduct with residents. Staff, contractors and volunteers have an affirmative duty to disclose any misconduct. Interviews with Administrative HR Staff indicate compliance. The auditor also reviewed HR documents for compliance. All documents reviewed indicated compliance.

Agency PREA policy, 1.3.5.12 states, "Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination of employment, or volunteer privileges and contracts."

Interview with CCCS, Inc. Director of Human Resources supports material omissions regarding misconduct or the provision of materially false information is grounds for termination.

Agency PREA policy 1.3.5.12 states, "Unless prohibited by law, CCCS, Inc. shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work."

Auditor interviewed the CCCS, Inc. Director of Human Resources to determine the facility does 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, providing a release of information is presented.

Contract agencies of Montana Department of Corrections are mandated to use the Montana Department of Justice to provide the service of completing background checks for CCCS, Inc. employee, volunteers, and contractors. The Montana Department of Justice completes a background check entitled, "Montana Public Criminal History Record". This background check is limited only to documented criminal history in the State of MT, and severely limits the scope of gathering critical information for purposes of resident safety and security. While this is not a shortcoming of CCCS, Inc. it was strongly recommended other options for completion of national criminal background checks be expediently explored. CCCS, Inc. is in the process of negotiating with Butte Silver Bow Law Enforcement to finalize an agreement to complete CCCS, Inc.'s employee, contractor and volunteer background checks.

There have been no Administrative PREA Investigations at CCP-E. The CCCS, Inc. Director of Human Resources has had extensive training in the area of sexual harassment, and has completed some specialized Human Resource training regarding PREA. The CCCS, Inc. Director of Human Resources is directly involved in

Administrative PREA Investigations at times. As recommended the CCCS, Inc. Director of Human Resources completed the Specialized Training for PREA Investigators, and Human Resources and Administrative Investigations located on the National PREA Resource Center's website on 5/23/2016.

Documentation, Interviews, and Other Evidence Reviewed:

Completed Pre-Audit Questionnaire submitted by CCP-E
CCCS, Inc. Application for Employment
Interview Response Rating Form
Promotion Checklist and Questions Relative to PREA
Suspension Template Letter
CCCS, Inc. Reference Checking Form
Documentation of criminal record background checks of CCP-E employees hired or promoted in the last 12 months
Documentation of criminal record background checks of CCP-E volunteers who might have contact with residents
Documentation of criminal record background checks of current CCP-E employees at five-year intervals
Harassment and PREA Employee Investigation Checklist
Synopsis of HR Training Related to PREA Investigations
Interviews of CCCS, Inc. Director of Human Resources, and Agency PREA Coordinator

Standard 115.218 Upgrades to facilities and technologies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., and CCP-E reports no acquisitions of new facilities, substantial expansions, modifications or retrofitting of the current CCP-E building. The CCP-E building was built in 1898.

The agency and facility leadership considers a variety of factors when upgrading technology including primarily sight line, blind spots, and inaccessible areas. Interviews with agency and facility leadership indicate placement of cameras is discussed frequently to enhance safety for residents, and staff.

The kitchen/dining room area on the street level of CCP-E upgraded in 2012 by adding 12 cameras. During the on-site audit, there were 10 cameras strategically placed in the hallways, entrances/exits from the building, and most common areas within the 3 levels of the CCP-E building. At that time, there were also 2 cameras positioned to capture the scope of outside of the building.

Cameras are not placed in sleeping areas, shower, restroom areas, or medical exam room per agency and facility policy. Video cameras are monitored 24/7 in the client technician central offices.

An email authored in 2016 by the CEO, and forwarded to the Program Director of CCP-E by the Agency PREA Coordinator indicated the CEO of CCCS, Inc. authorized CCP-E to add additional surveillance cameras which had been requested, and were in the process of being added during the time of the on-site audit. The Program Director had consulted with the Security Coordinator, and PREA Manager, and requested 7 additional cameras in writing to shore up camera coverage and address some identified blind spots throughout the facility. The auditor viewed the blind spots identified by staff during the on-site audit. The auditor reviewed emails regarding camera coverage between the Agency PREA Coordinator, CEO of CCCS, Inc., and Program Director of CCP-E.

Post on-site audit, the auditor was informed CCP-E was approved to add 1 more surveillance camera, which became a total of 8 cameras added to the existing 10 cameras. The auditor supports CCP-E's efforts to install cameras, as this should produce excellent electronic coverage.

An email dated May 20, 2016 directed to the Agency PREA Coordinator from the Chief Information Officer confirmed the installation of the 8 cameras is slower than anticipated as the total cabling and DVR system is in the process of being updated and replaced.

Policies, Documentation, Interviews, and Other Evidence Reviewed:

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-8

Completed Pre-Audit Questionnaire submitted by CCP-E

Facility Schematic Map including Placement and Directional View of Cameras

Emails from CEO to Agency PREA Coordinator in 2016

Emails from Agency PREA Coordinator and Program Director in 2016

Memo to Program Director from Facility PREA Manager in 2015

An email sent by the Program Director regarding installation process of the 8 additional cameras at the time of authoring this report, dated May 9, 2016.

Interviews with Agency Head (designee), Agency PREA Coordinator, Program Director, PREA Manager, Security Coordinator, and Random Staff

Standard 115.221 Evidence protocol and forensic medical examinations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4, states CCP-E follows a uniform protocol for investigation allegations of sexual abuse that maximizes potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions. CCP-E's protocol is victim-centered and the crime scene is protected and secured in anticipation of response from Butte Silver Bow Law Enforcement. CCP-E refers all allegations of sexual abuse to Butte

Silver Bow Law Enforcement for criminal investigation purposes. Butte Silver Bow Sheriff's Department follows the recommended uniform evidence protocol cited in this PREA standard, evidenced by a revised, formal Memorandum of Understanding (MOU) with CCP-E, executed on March 17, 2016.

St. James Hospital has a SANE program where all victims of sexual assault are taken in Silver Bow County. CCP-E has a detailed MOU with St. James Healthcare, SCL Health to provide SANE exams in the event of a sexual assault which was executed on September 10, 2015.

CCP-E also has a formal MOU with Safe Space, a local advocacy group who provides rape crisis services. This agreement also involves Safe Space providing follow-up counseling, referral and advocacy services as requested by the victim; Safe Space staff would remain with the CCP-E resident throughout the entire process from the time a CCP-E resident arrives at St. James through the medical examination and follow-up; and ensures all Safe Space staff are formally trained on PREA. This MOU was officially executed on 10/06/2015.

Additionally, all allegations of sexual abuse are reported to MT Department of Corrections (MDOC).

CCP-E conducts an internal administrative investigation of employee misconduct in conjunction with the law enforcement criminal investigation. The Program Director will assign a trained PREA Investigator. The administrative investigation of employee misconduct will involve the CCCS, Inc. Director of Human Resources.

Policy 3-4 indicates forensic exams and all medical services provided to a CCP-E resident would be at no cost to the resident.

The Program Director of CCP-E has past experience as a victim advocate. As recommended the Program Director of CCP-E completed the Qualified Agency Staff Member training in the rare event Safe Space could not respond. As of 5/16/2016, the CCP-E Program Director completed the National PREA Resource Center's victim services training.

During an interview with the Director of Safe Space, the Director indicated a desire to work more closely with CCP-E, and mentioned the possibility of providing support groups to the general population within CCP-E. As recommended, Safe Space staff completed the National PREA Resource Center's victim services training as of May 24, 2016.

Interviews with a random sample of staff, Program Director, Agency PREA Coordinator, Facility PREA Manager, and Safe Space Director support written procedure. There were no residents on-site who had reported sexual abuse at CCP-E.

Standard 115.222 Policies to ensure referrals of allegations for investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific

corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, "Reporting", ensures an administrative or criminal investigation is completed for all reports of sexual abuse and sexual harassment.

A comprehensive Memorandum of Understanding (MOU) with Butte Silver Bow Law Enforcement which details the responsibilities of CCP-E and Butte Silver Bow in conducting criminal investigations of sexual abuse and sexual harassment can be viewed on CCCS, Inc.'s website at www.cccscorp.com.

CCP-E staff who has completed the Specialized Training for Investigators would initially respond to a report of sexual abuse and sexual harassment. All reports are also immediately communicated to MT Department of Corrections. Upon immediate suspicion or awareness of criminal element, the CCP-E Program Director would refer the investigation to Butte Silver Bow Law Enforcement. If the allegation involves an employee of CCP-E, the CCCS, Inc. Director of Human Resources would be involved in the ensuing investigation. An administrative investigation may occur simultaneously as a criminal investigation of an employee.

There have been no reports of sexual abuse and sexual harassment during the twelve months of April, 2015 through April, 2016, as well as no reports prior. There have been no investigations of sexual abuse or sexual harassment.

Interviews with the Agency Head (designee), Agency PREA Coordinator, Program Director, Facility PREA Manager, and CCP-E PREA Investigators confirm all reports of sexual abuse and sexual harassment result in an investigation.

Standard 115.231 Employee training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-6; entitled, "Training", requires all new CCP-E employees to complete in-depth training on PREA and Sexual Harassment in the Workplace during employee orientation. This training includes becoming familiar with CCCS, Inc. and CCP-E PREA policies and procedures. A review of the PREA curricula indicates training on the ten specific topics required in this standard. New employees must complete this training and affirm understanding prior to independent contact with the male residents of CCP-E.

The training was tailored to the unique needs, attributes, and gender of the residents of CCP-E. The auditor observed staff of the opposite gender announcing their presence when they enter a male resident floor. This procedure demonstrates the internalization of the policy and procedure relative to gender specific training.

The auditor observed PREA posters and information related to compliance with PREA standards clearly displayed throughout CCP-E's facility. A binder of CCP-E's PREA Policies was observed in a hallway of the third floor, near clinical offices, readily available to staff.

CCP-E employees receive annual refresher training. The Facility PREA Manager who is responsible for CCP-E staff PREA training sees a need to provide mini trainings between annual refresher PREA training to ensure procedural retention as CCP-E policies were recently updated. The Facility PREA Manager reported all 38 staff currently employed at CCP-E were trained, or retrained regarding PREA, and understand their responsibilities therein, evidenced by signed Staff Development and Training Record Forms.

Random training certificates and staff acknowledgements of understanding were reviewed. A random sampling of CCP-E staff were interviewed, and appeared knowledgeable about their individual responsibilities regarding PREA.

Documentation, Interviews, and Other Evidence Reviewed:

New Employee Training Agenda
Gender Responsive Strategies for Adults Curricula on NPRC website
PREA Training Curricula Contents
PREA Training Curricula
PREA Staff Refresher Training Curricula Contents
PREA Staff Refresher Training Curricula
CCCS PREA Policy Staff PREA Acknowledgement Form
CCCS Staff Development and Training Record Form
First Responders Training Curricula
Interviews completed with random sample of CCP-E staff, Agency PREA Coordinator, Agency Director of Human Resources, and Facility PREA Manager

Standard 115.232 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-6; entitled, "Training", requires all volunteers and contractors who may have contact with residents to be trained on PREA requirements.

The auditor reviewed the training curricula for volunteers and contractors who have contact with residents, as well as confirmation of training and understanding by signature on Volunteer/Contractor PREA Acknowledgement Forms.

CCP-E has five volunteers who provide in-house church services on Sunday afternoons. A part time physician contracts with CCCS, Inc. to provide medical services to CCP-E residents.

As noted on the completed Pre-Audit Questionnaire submitted by CCP-E, five volunteers, and no contractors have been trained in the past twelve months. All training records were reviewed.

CCP-E Policy 3-6 entitled; "Training" requires volunteers and contractors to complete PREA refresher training every two years. One contractor (physician) had not received refresher training regarding PREA within the last two years.

All volunteers and contractor are current with criminal background checks and rotate regarding criminal background checks updates on the same system as CCP-E employees.

No volunteers or contractors were present during the on-site audit; however, two volunteers were interviewed via phone. The volunteers affirmed compliance with requirements.

The following required corrective measures were completed on 4/20/2016, and 5/5/2016 during the corrective action period: Facility PREA Manager provided refresher basic PREA training to the contracting physician which included basic refresher orientation training, and Specialized Medical and Mental Health training from the NIC website. Confirmation of the training included the physician's signed Volunteer/Contractor PREA Acknowledgement Forms indicating understanding.

Standard 115.233 Resident education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Policy 3-3; entitled, "Intake/Screening" provides the mandates for PREA resident education.

CCP-E deserves to be acknowledged for their consistent and diligent efforts to ensure their residents understand and are aware of their rights and the processes of PREA at CCP-E.

CCP-E reports that 319 residents have been processed through intake in the past 12 months, and further all residents have been provided comprehensive PREA information upon intake. CCP-E's Intake Staff receive specialized training. Intake Staff present the CCP-E resident with a Family Member PREA Handbook during the process of intake. The Family Member PREA Handbook contains detailed information on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual 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.

If the resident is unable to read, the entire Family Member PREA Handbook is read to them. Residents with reading or vision issues, are issued a bolded, larger font Family Member PREA Handbook. Highlights of the PREA information is read to other residents who are able to read during the CCP-E intake process. A verbal introduction about PREA is also provided to the resident explaining the issuance of the Family Member PREA Handbook. Residents are asked to sign a Client PREA Acknowledgement Form indicating receipt of the Family Member PREA Handbook, and understanding of PREA content.

As viewed during the on-site tour by the auditor; upon entering CCP-E, a resident is able to view PREA posters on the walls, phone numbers of Safe Space and Butte Silver Bow Law Enforcement mounted by the resident phones, and information related to reporting retaliation and whom to go to report retaliation posted throughout CCP-E.

Within 3 days of intake, the new CCP-E resident enters Orientation for approximately a week.

CCP-E residents who are in Orientation view the DVD, "What Have You Got to Lose", and receive a full review of the comprehensive PREA information which was provided upon intake. This DVD has the option to show subtitles for hearing impaired. In addition, a pamphlet on "Sexual Assault" is also presented by CCP-E's PREA Manager.

During the first session with the CCP-E's case manager, the PREA processes are once again revisited, and understanding is assured.

The completed Pre-Audit Questionnaire submitted by CCP-E indicated they provided PREA refresher information to five residents who transferred to CCP-E from another Community Confinement facility. All CCP-E residents go through the intake process.

A random selection of residents confirmed receiving information upon intake and the repetition of presentation of PREA related topics. Residents appeared to be well-informed of their rights, various options in making reports, and who to go to regarding retaliation.

Documentation, Interviews, and Other Evidence Reviewed:

CCP-E Family Member PREA Handbook
Large Print, Bolded CCP-E Family Member PREA Handbook
Random selection of Client PREA Acknowledgement Forms paired against Resident Intake Screening Forms
Completed Pre-Audit Questionnaire provided by CCP-E
Interviews of Random Residents, Resident with Disability, Intake Staff, Facility PREA Manager
PREA Posters, Ohio Brochure on Sexual Assault, posted information regarding protection from retaliation and posted phone numbers by facility resident phones.
Family Member Orientation Agenda
"What Have You Got to Lose" DVD

Standard 115.234 Specialized training: Investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Policy 3-6; entitled, “Training”, states in addition to the general training provided to all employees pursuant to 115.231, CCCS, Inc. and CCP-E will ensure that, to the extent CCP-E itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

An overview of pertinent training records revealed the Security Coordinator, Facility PREA Manager, Shift Supervisor and Program Director of CCP-E completed PREA: Investigating Sexual Abuse in a Confinement Setting, provided online by the National Institute of Corrections.

Further, the NIC PREA Investigator specialized training includes the following content requirements: techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

According to Policy 3-6, only CCP-E investigators who have completed the aforementioned specialized training regarding PREA Investigations in Confinement execute investigations. It is noteworthy the Program Director has completed this specialized training, even though she may not provide investigations. This is an excellent supportive stance of the PREA process, and deepens CCP-E administration’s understanding of the PREA Investigation dynamics.

As previously noted, the CCCS, Inc. Director of Human Resources completed this specialized training as she is a key player in investigations of sexual abuse and sexual harassment which involve CCP-E employees.

Standard 115.235 Specialized training: Medical and mental health care

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-5; entitled, “Medical and Mental Health” addresses specialized training for CCP-E medical and mental health providers.

The completed Pre-Audit Questionnaires provided by CCP-E, indicated 100% of the 4 medical and mental health practitioners have completed specialized training.

CCP-E has a RN on-site, and a physician who contracts with CCCS, Inc. The physician typically is on-site once per week.

Training records and documentation indicate both medical providers, and the contracting physician have completed specialized training entitled; PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting provided online through the National Institute of Corrections. In addition, both medical providers, and the contracting physician completed requisite PREA training.

The primary Licensed Mental Health Professional works part-time at CCP-E. In addition, the Program Director is also a Licensed Mental Health Professional. Having both completed requisite PREA training, the mental health providers completed specialized training entitled; PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting provided online through the National Institute of Corrections.

Interviews with medical and mental health providers confirmed they have knowledge of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Standard 115.241 Screening for risk of victimization and abusiveness

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Completed Pre-Audit Questionnaire provided by CCP-E indicated within the past 12 months 309 residents were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into CCP-E.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-3; entitled, "Intake/Screening" governs the screening process.

During the on-site audit the auditor viewed the private office(s) where residents are screened upon intake. Intakes are completed by supervisory staff at CCP-E who has received training regarding the sensitive and critical process of intake. Intakes occur immediately upon a resident's arrival to CCP-E, well within the 72 hours expectation.

Residents read and sign a disclaimer which informs them of the facility's mandate to report sexual abuse and sexual harassment occurring in a confinement facility. The disclaimer serves as an introduction to the screening tool, and also informs residents they will not be disciplined if they choose not to answer sensitive, and deeply personal questions within the screening tool.

While the original intake screening tool used by CCP-E intake staff contained the required criteria as outlined

in this standard, it lacked objectivity. Recently, CCP-E has acquired a new screening tool which scores resident's responses, and correlates scores with propensity towards vulnerability or aggressiveness. The updated screening tool is currently addressed as the "Initial Assessment/Re-Assessment" form. Hence, this same tool is used to complete re-assessments of resident's risk levels.

If a resident identifies as transgender or intersex, the resident is asked upon during initial assessment or upon re-assessment to share their gender identity, preferred pronoun, and the gender of staff the resident would prefer to conduct pat searches. This is one of the many strengths of the CCP-E Initial Assessment/Re-Assessment process.

The auditor has reviewed multiple groups of random samples of initial screening/assessments through the pre-audit period and during the on-site audit as CCP-E becomes more comfortable using the screening tool, and revises it to meet their unique needs. Interviews with Random Residents and Intake Staff confirm the use of the screening tool in the intake process which takes place immediately. Random review of signed Resident Disclaimers paired against resident's admission dates confirms initial screening/assessment is consistently completed well within 72 hours. Documentation reviewed indicates every CCP-E resident has been and is being initially screening/assessed.

Completed Pre-Audit Questionnaire provided by CCP-E indicated 3 residents within the past 12 months (whose length of stay in the facility was for 30 days or more) were re-assessed for risk of sexual victimization or risk of sexually abusing other residents within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

While the 3 residents were appropriately re-assessed by case managers based on concern regarding risk levels for the identified residents, CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-3 entitled, "Intake/Screening" require each CCP-E resident's risk of victimization or abusiveness be re-assessed within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. Residents may be re-assessed multiple times based on referral, request, upon making a report of sexual abuse and sexual harassment, or receipt of information which bears on the resident's risk of sexual victimization or abusiveness; however, each CCP-E resident needs to be re-assessed within 30 days of intake.

During the on-site audit, it was clear CCP-E Case Managers had begun the process of re-assessment of all CCP-E residents, as evidenced by documented re-assessments and confirmed in interviews of Random Residents, Case Managers, Facility PREA Manager, Agency PREA Coordinator, and Program Director.

During the Corrective Action Period, the CCP-E Case Managers continued to re-assess all residents within a set time period, not to exceed 30 days from intake. A random sample of re-assessments, which included 20 pairings of initial screening and subsequent re-assessments based on current resident lists was reviewed by the auditor on 6/06/2016 and confirmed consistent compliance over a period of time.

Aforementioned interviews plus interviews with Intake staff revealed both the initial screening/assessment and re-assessment tools were being placed in the resident's case file where access is limited to residents, but not to staff. This substandard entered Corrective Action. As of 4/27/2016, CCP-E completed Corrective Action by creating a PREA Assessment-Reassessment Folder which allows access only to the Program Director, Security Coordinator, PREA Manager, and Medical and Mental Health staff.

Standard 115.242 Use of screening information

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-3; entitled, "Intake/Screening" describes the practical use of the information gathered in the screening process to ensure resident's safety.

Completing the risk-screening instrument is an objective screening process designed to identify residents who are at risk of being victimized or at risk of abusing other residents. The information gleaned from the Risk Assessment tool is used in determining housing assignments and program assignments. Intake Staff immediately communicate their recommendations for housing to supervisory staff. The auditor reviewed examples of recommendations for housing based on the scores of the initial assessment and re-assessments.

The auditor observed separate housing units of various capacities, and the Security Coordinator has created a spreadsheet that tracks the resident's scores of the assessment/re-assessment tools which drives housing placements. This spreadsheet is available to staff who manage resident housing. The spreadsheet is continually updated, and staff consults the spreadsheet in response to a request or need to reassign resident housing.

The auditor observed the showers in the facilities, which are all separate showers. This is a strength of the facility as all showers are individual, one-person curtained shower stalls in groups of three or six stalls. Residents, who are housed in the dorm, have the luxury of access to two private restrooms with showers within the restrooms. The restrooms have doors. CCP-E has a fully equipped handicap accessible restroom with a shower.

Any CCP-E resident, who may feel vulnerable, can request to shower at a time when no other resident is showering. A resident who identifies themselves as transgender or intersex at any time will be advised they can request the opportunity to shower separately from other residents.

Policy 3-3 states:

- a. In deciding whether to assign a transgender or intersex resident to a facility for males or females, and in making other housing and in deciding whether to assign a transgender or intersex resident to a facility for male or females, and in making other housing and programming assignments, including possible transfer to another facility if most

appropriate, CCP-East shall consider on a case-by-case basis whether a placement would ensure the family member's health and safety, and whether the placement would present management or security problems.

- b. CCP-E will consider facility factors, including family member populations, staffing patterns, and physical layouts. Best practices include initial consultation and multiple reviews of a transgender or intersex family member's housing and programming plan with administration, security, and medical and mental health staff. Housing and programming must allow for gender identity when appropriate.
- c. A transgender or intersex family member's own views with respect to his or her own safety shall be given serious consideration.
- d. A transgender or intersex family member may not be isolated in housing and social programming, other than for security or disciplinary issues, in accordance with CCP-East policy, unless the transgender or intersex family member agrees to house and program by themselves. CCP-East should offer and support the goal of social integration to the transgender and intersex family member, making a referral immediately to medical and mental health staff upon initial intake.
- e. The decision as to the most appropriate housing and programming determination for a transgender or intersex family member can be complex; however, a housing and programming decision for a transgender or intersex family member cannot be further complicated by complaints of other family members or staff, and other levels of discomfort when the complaints and discomfort are based on gender identity.
- f. CCP-East shall not place lesbian, gay, bisexual, transgender, or intersex family members in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such family members.

CCP-E is not under any type of consent decree, or mandates. Gay, transgender or intersex residents would not be segregated from general population unless they were a threat, or at serious risk for abuse. A gay resident was interviewed and confirmed compliance. There were no transgender or intersex residents at the facility at the time of the audit.

The auditor reviewed CCCS, Inc./CCP-E Policy 3-2 entitled; "LGBTI Gender Identity and Gender Expression, Housing, Programs, and Searches" which further details and amplifies the individual assessment of an LGBTI resident's management at CCP-E.

A random sample of residents and staff were interviewed, as well as the Program Director, Facility PREA Manager, Intake Staff, and Security Coordinator. All interviews supported compliance.

Standard 115.251 Resident reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, "Reporting" addresses this standard.

During the on-site audit, the auditor observed many posters mounted on the walls providing information on how to privately report an incident of sexual abuse or sexual harassment. Residents are encouraged to write to the, "MT Department of Corrections PREA Division" as an option to report. Other posters mounted by resident phones provide telephone numbers to Safe Space, and Butte Silver Bow Law Enforcement. Residents are provided access to pay telephones in the facility. These telephones are in the hallways. Both staff and residents interviewed stated if a resident needed to make a private phone call, and did not have the funds to use a pay phone, they would be allowed access to a phone in a private office, with ample privacy afforded by staff during the phone call. This was affirmed by administration.

Interviews of a random sample of residents and staff all stated they were aware of a variety of options/mechanisms for residents to report an incident of sexual harassment, sexual abuse, retaliation or staff neglect. Residents are issued a Family Member PREA Handbook upon intake listing all mechanisms of reporting available to them, which includes the Emergency Grievance procedure.

Both residents and staff were able to articulate to the auditor how they would report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The agency identified for receiving these reports is Butte Silver Bow Sheriff's Office. The MOU with Butte Silver Bow Sheriff's Office indicates residents may report anonymously. Residents may also report anonymously to Safe Space as well.

Staff accepts reports made verbally, in writing, anonymously and from third parties. Staff indicates they would immediately document any verbal reports. There have been no internal reports made at CCP-E; however, the auditor did review a third-party report made by the Security Coordinator in regards to a report made by a CCP-E resident on behalf of a resident at a former confinement facility.

Third-party report forms, and contact information for all CCCS, Inc. Facility PREA Managers, and the CCCS, Inc. PREA Coordinator can be accessed on CCCS, Inc.'s website at www.cccscorp.com.

The auditor interviewed a random sample of staff who all indicated they are able to privately report an incident of sexual harassment or sexual abuse by telling their immediate supervisor, the Agency PREA Coordinator, their Program Director, or any other CCCS, Inc., administrator if they suspected one of their supervisors was involved. Confirmed in interviews with Director of Human Resources, and the Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, "Whistleblower" Policy indicated all CCCS, Inc. employees are

expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy (1.3.6.1) informs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department, if they are not comfortable reporting to their immediate supervisor.

Standard 115.252 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, “Reporting” addresses this standard.

The auditor reviewed the aforementioned facility policy, and the grievances filed over the past year for evaluating compliance with this provision:

The auditor was unable to locate a resident who had reported sexual abuse or sexual harassment in CCP-E to interview; therefore the auditor must evaluate this provision based solely on the policy and procedures of CCP-E.

The completed Pre-Audit Questionnaire provided by CCP-E indicated there were no grievances and no emergency grievances filed over the past 12 months alleging sexual abuse. The auditor reviewed grievances and emergency grievances filed in the last 12 months while on-site provided by the Facility PREA Manager, and found no grievances or emergency grievances filed alleging sexual abuse or sexual harassment.

As indicated in the Family Member PREA Handbook, the facility does not require a resident to use an informal grievance process for filing any type of grievance. Policy 3-4 states residents may be disciplined for filing a grievance related to alleged sexual abuse, only where the agency demonstrates the resident filed the grievance in bad faith. Again, there have been no reports of sexual abuse or sexual harassment at CCP-E.

The Emergency Grievances are available to residents and a locked box is provided for privacy. The Security Coordinator and Program Director have access to the locked box, as well as Supervisory Staff on the weekends. Interviews with Random Residents and Random Staff confirmed an awareness and familiarity with the process of Emergency Grievances.

CCCS, Inc. website provides third-party report forms which can be printed, mailed, faxed, or emailed. In addition for contact information for the Agency PREA Coordinator, and each Facility PREA Manager, the forms state as follows:

Please complete this form to report sexual abuse or sexual harassment on behalf of an offender (resident).

CCCS Inc. will ensure that all staff, contractors, volunteers, and offenders/residents are free from retaliation for reporting occurrences of sexual abuse or harassment.

Standard 115.253 Resident access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-5; entitled, "Medical and Mental Health", supports the MOU between CCP-E and Safe Space. The MOU is posted on CCCS, Inc.'s website at www.cccscorp.com.

CCCS, Inc., and CCP-E has entered into an ongoing agreement for collaborative services with Safe Space, a community-based organization which provides advocacy services to victims of sexual abuse and sexual assault. Upon a referral by CCP-E, or by Butte Silver Bow Sheriff's Department on behalf of a CCP-E resident victim of sexual abuse or sexual assault, Safe Space provides (at no charge to the victim) advocacy, and in-person support services to the victim through the forensic medical examination process as well as the investigatory interview process. Advocates provide support, crisis intervention, information and referral services to the victim.

Random Resident and Random Staff interviews confirmed knowledge of access to outside confidential support services. Posters with contact information for Safe Space are mounted near resident phones as noted in the on-site audit. The Family Member PREA Handbook contains contact information and assurances of confidentiality regarding communication with Safe Space. Additionally, residents are informed they will be offered victim support and advocacy services with community services providers prior to transfer from CCP-E. This was confirmed in interviews of mental health staff, case management, and the Director of Safe Space.

Standard 115.254 Third-party reporting

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, "Reporting" identifies an established method to receive third-party reports of sexual abuse and sexual harassment, and the agency publication of the procedure to report sexual abuse and sexual harassment on behalf of a resident.

The CCP-E Grievance Policy allows third parties to assist the resident in filing a grievance that is PREA related. Residents are provided information about the grievance process via the Family Member PREA Handbook, and the Grievance Instructions on the grievance forms.

CCP-E has a policy that requires all staff to take verbal reports from third parties, document, and report them immediately.

CCCS, Inc. website specifically provides information to the public about how to report suspected sexual abuse and sexual harassment in all CCCS, Inc. facilities. A Third Party Reporting Form is posted at www.cccscorp.com along with comprehensive contact information for each facility, and corporate office of CCCS, Inc.

The CCP-E Security Coordinator supported a CCP-E resident in making a third-party report regarding the resident's roommate at another facility.

Standard 115.261 Staff and agency reporting duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, "Reporting" addresses Staff and Agency Reporting Duties.

A Random selection of Staff was interviewed and the auditor determined staff are familiar with the mandates 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, any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment, and any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

All CCP-E staff is required to immediately report any suspected or alleged abuse or neglect to the statutorily required entities per agency policy. The agency requires all staff to comply with mandatory child abuse reporting laws, and reporting requirements applicable to the facility's licensing requirements.

Interviews of Mental Health Staff indicated professionally licensed staff is extremely well versed on informed consent, and the confidentiality requirements of reporting sexual abuse of residents which occurred over the age of 18, within the community. Further interviews of a Random sample of Staff confirmed information related to a report of sexual abuse and sexual harassment would only be disclosed as necessary to make treatment, investigation, and other security and management decisions, or on an “need to know” basis.

The Agency PREA Coordinator, and Program Director indicated the Program Director would assign a trained PREA investigator for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. This confirms written procedure as indicated in CCP-E’s Policy 3-10, “Investigations”.

Standard 115.262 Agency protection duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, “Reporting”, upon review verifies, “when facility staff learns a resident is subject to a substantial risk of imminent sexual abuse staff shall take immediate action to protect the resident.”

The completed Pre-Audit Questionnaire provided by CCP-E, indicated 2 residents were subject to a substantial risk of imminent sexual abuse. Upon review of relevant documentation, and interview of the Facility PREA Manager, it was surmised 2 residents had scored as “potential victims” in the screening process upon intake and staff had taken immediate action to ensure housing was appropriate and safe.

There were no reports that a resident was at risk of substantial risk of imminent sexual abuse in the past twelve months. The auditor interviewed the Agency Head (designee), the Program Director, and a Random sample of Staff to determine no cases had been reported over the previous year.

Staff interviews revealed staff was formally trained on, and understand how to ensure residents are kept safe in the event they are at risk for imminent sexual abuse. This process involves taking immediate action to separate the alleged perpetrator and victim, and is detailed in facility procedures.

Standard 115.263 Reporting to other confinement facilities

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, “Reporting” indicates upon receiving an allegation a resident was sexually abused or sexually harassed while confined at another facility, the Program Director of CCP-E will notify the head of the facility, or appropriate office of the agency where the alleged sexual abuse or sexual harassment occurred within 24 hours. This PREA Standard mandates the reporting must occur within 72 hours, and the understanding of CCP-E’s policy, which mandates 24 hours was confirmed in an interview with the Agency Head (designee).

There was one incident in which a resident alleged he was sexually abused while in a previous placement. This was shared in a treatment group, documented, and reported to the Program Director immediately.

A review of documents, as well as interviews with the Agency PREA Coordinator, Program Director, and Security Coordinator confirmed proper notifications were made within 24 hours. CCP-E’s procedure includes notification to MDOC at the same time as notification to the facility head.

There were no reports of sexual abuse or sexual harassment communicated to CCP-E from other confinement facilities.

Standard 115.264 Staff first responder duties

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-11; entitled, “Coordinated Response/Staff First Response Duties” outlines the duties of CCP-E First Responders.

The auditor reviewed the Coordinated Response Plan for the facility. The Coordinated Response Plan basically provides a step-by-step process for responding to an allegation of sexual abuse. Each of the 4 mandated responses are covered in Policy 3-11. A Random selection of Staff, First Responders, and Non-Security First Responders and were interviewed. Each of them was able to articulate the appropriate duties when responding to an incident in accordance with their roles within the facility, including how best to preserve evidence. CCP-E non-security staff and volunteers are required to request the victim not take any actions that could destroy physical evidence, and then notify security staff.

All current CCP-E staff and volunteers have been trained in First Response procedures according to the Facility PREA Manager. All staff, volunteers, and contractors are trained upon hire or retention, and again

during annual or biannual refresher training. Interviews with a Random selection of Staff, volunteers, and the Facility PREA Manager confirm an institutionalization of proper procedure.

The completed Pre-Audit Questionnaire provided by CCP-E confirmed no allegations of sexual abuse were made in the past 12 months; therefore, there were no First Responder responses.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-11; entitled, “Coordinated Response/Staff First Response Duties” outlines CCP-E’s written plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

CCP-E’s Coordinated Response Plan is well thought out, comprehensive, and not only details response by staff and administrative role to sexual assault and sexual abuse, but also addresses First Responder duties in receiving a report for sexual abuse or sexual assault post 96 hours, and First Responder duties when receiving a report regarding sexual harassment.

While on-site, the auditor viewed plastic evidence bags which will be used for labeling the paper evidence bags, and can serve as Chain of Custody documents, as well as evidence tape, and Crime Scene tape for securing a crime scene in the Security Coordinator’s office.

The Agency PREA Coordinator, Facility PREA Manager, and Program Director were interviewed regarding the development and implementation of the Coordinated Response Plan.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable

N/A CCCS, Inc. does not participate in collective bargaining agreements.

Standard 115.267 Agency protection against retaliation

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-9; entitled, “Findings, Sanctions, and False Reporting” outlines CCCS, Inc./CCP-E’s plan to keep residents and staff safe from retaliation.

The completed Pre-Audit Questionnaire provided by CCP-E indicated there were no incidents of retaliation in the previous 12 months, as there have been no reports of sexual abuse or sexual harassment.

Interviews of a random sample of residents indicated they were very familiar with CCCS, Inc. /CCP-E’s adamant stance against retaliation. Residents were able to identify by name and position the staff members charged with pro-actively monitoring retaliation. Posters declaring the monitoring for retaliation and bearing the names of the Program Director and Facility PREA Manager were mounted all through the facility. This information is also provided in the Family Member’s PREA Handbook, and discussed at time of intake, and in detail during orientation.

Periodic checks with any resident who was involved in reporting or who participated in an investigation would be done frequently in accordance with the resident’s need. CCP-E’s program duration is 60 days, so in some cases, individuals would be monitored for their entire stay. In an interview with the Program Director, the Program Director indicated there would be no tolerance for retaliation of any kind, and discussed strategies involving disciplining a resident who was found to retaliate by transferring the resident, or ultimately discharging.

Multiple protection measures are available for those who fear retaliation. CCP-E is a modified therapeutic community, and utilizes personal empowerment and a strong component of positive peer pressure. Residents belong to a group, or “Family”, and each family has resident members of “hierarchy”. The Program Director can efficiently monitor the behavior of residents by the reports generated by clinical staff, security staff, case management, and the peers themselves. The majority of CCP-E programming occurs in group and smaller group settings, underscoring the need for self-disclosure, and openness. Group dynamics allow for a deep level of awareness and familiarity to form within the group members and their clinician. A change in a resident’s behavior and presentation would more than likely be quickly recognized, and intervened upon.

The Program Director who walks through the facility daily, would check with key staff regarding the behavior of residents, and also participates in Community Meetings with residents twice per week. The Program

Director also facilitates some therapy groups.

The auditor interviewed a Random sample of Staff who all indicated they are able to privately report an incident of sexual harassment, sexual abuse, or retaliation by informing their immediate supervisor, the Agency PREA Coordinator, their Program Director, or any other CCCS, Inc. administrative employee. Confirmed in interviews with the Agency Head (designee), Director of Human Resources, and the Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, "Whistleblower" Policy, indicates all CCCS, Inc. employees are expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy (1.3.6.1) informs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department, if they are not comfortable reporting an incident of retaliation to their immediate supervisor.

The Program Director indicated she would actively "check-in" with staff at risk for retaliation on a daily basis; making referrals to the agency's Employee Assistance Program if warranted for further support. It should be noted there is longevity among staff at CCP-E, and the treatment model appears to magnify and support a feeling of "team".

Clearly, the importance of protection from retaliation appeared to be deeply understood by CCP-E administration and staff as one of the basic pillars of creating a healthy, safe reporting culture.

Standard 115.271 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor perused CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-10; entitled, "Investigations", and verified proof the facility's investigators have complete Specialized Training for Investigators, maintained at the agency level.

CCP-E has 4 staff who have completed Specialized Training; Program Director, Facility PREA Manager, Security Coordinator and Shift Supervisor. Currently, the Facility PREA Manager and Security Coordinator are designated as first-line CCP-E PREA Investigator Staff.

CCP-E conducts administrative agency investigations, with the involvement of CCCS, Inc. Director of Human Resources if appropriate, but does not conduct criminal investigations. Criminal investigations are conducted by the Butte Silver Bow Sheriff's Office; however, CCP-E PREA Investigators may assist Silver Bow Sheriff's Office with the collection of evidence for criminal investigations if requested. The Security Coordinator would act as a liaison CCP-E has made a referral to Butte Silver Bow Sheriff's Office for criminal sexual abuse investigation.

CCP-E reports as documented in the completed Pre-Audit Questionnaire there have been no allegations of

sexual abuse, or sexual harassment, and no referrals for criminal investigations in the past 12 months.

Interviews with CCP-E PREA Investigator Staff affirm investigations are handled immediately, third-party reports are treated the same as if the resident filed the report, the credibility of an alleged victim, suspect, or witness is evaluated on an individual basis, and not based on their status as inmate or staff.

Investigative staff does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding, and if a resident leaves CCP-E, an investigation will continue until completion. In addition, interviews revealed if a resident recants an allegation, the investigation will continue to fruition.

It was determined by interviewing the CCCS, Inc. Director of Human Resources if an alleged abuser left employment of CCP-E, both criminal and administrative investigations would continue until completion.

Standard 115.272 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Auditor review of the content of CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-10; entitled, "Investigations" was congruent with results of interviews of CCP-E PREA Investigator Staff which affirmed PREA Investigator Staff impose the "preponderance of the evidence" as the standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

There were no investigations to review.

Standard 115.273 Reporting to residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

abuse or sexual harassment completed within the past 12 months, as well as previously. This indication is supported by the completed Pre-Audit Questionnaire submitted by CCP-E, and verified in interviews of the Agency PREA Coordinator, Program Director, Facility PREA Coordinator, and CCP-E PREA Investigator Staff. Because there have been neither allegations nor investigations, the auditor was unable to review any notification documentation for this standard. The CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-10; entitled, "Investigations" policy is consistent with this PREA standard, and the interviews confirm a practice that demonstrates compliance, indicating a resident who reported sexual abuse or sexual harassment would be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.

Standard 115.276 Disciplinary sanctions for staff

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The completed Pre-Audit Questionnaire submitted by CCP-E indicates in the past 12 months, there has been zero staff from the facility that have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been zero staff in the past 12 months that have been disciplined for violations of the agency sexual abuse or sexual harassment policies. There has been zero staff that has been reported to law enforcement or licensing boards for violating agency policies.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-9; entitled, "Findings, Sanctions, and False Reporting" requires staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse and sexual harassment. The policy further states that disciplinary sanctions for violations of CCCS, Inc./CCP-E policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must 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 CCCS, Inc. Code of Ethics also requires disciplinary action up to and including termination for violations.

Policy 3-9 further states all terminations for violations of CCP-E sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.277 Corrective action for contractors and volunteers

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

All CCP-E contractors and volunteers are subject to CCCS, Inc./CCP-E policies and protocols related to sexual abuse and harassment. CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-9; entitled, "Findings, Sanctions, and False Reporting" states, "Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies." This policy was corroborated in interviews with the Agency PREA Coordinator, and CCP-E volunteers.

An interview with the Program Director supported further protocol outlined in policy, such as, "The Program Director or designee shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of CCCS, Inc./CCP-E sexual abuse or sexual harassment policies by a contractor or volunteer."

Review of CCP-E's Volunteer and Contractor training curricula revealed volunteers and contractors are sufficiently notified of governing policies and procedures regarding their behavior, consequences thereof regarding their interactions with CCP-E residents.

Standard 115.278 Disciplinary sanctions for residents

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

As indicated in the completed Pre-Audit Questionnaire provided by CCP-E, there have been zero administrative findings of resident-on-resident sexual abuse at the facility; additionally, CCP-E reports there have been zero criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months. If residents were to have been found to have committed these infractions, residents are subjected to disciplinary sanctions pursuant to a formal disciplinary process. Residents are informed of these expectations in the Family Member PREA Handbook, upon intake and in orientation.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-9; entitled, "Findings, Sanctions, and False Reporting" indicates the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to his behavior. Further the policy states Mental Health Staff shall consider, as a condition of access to programming or other benefits, whether to require the offending resident to participate in therapy, counseling or other interventions

designed to address and correct underlying reasons or motivation for the abuse.

As indicated previously, CCP-E is a modified therapeutic community. Even though Mental Health Staff would make considerations regarding the resident's clinical needs, the resident would have already been in an intense therapeutic environment, and consensus of interviews of Mental Health Staff and Program Director appeared to be that an offending resident would be transferred or discharged for the sake of preserving the therapeutic integrity of the modified therapeutic community.

There were no records of disciplinary actions against residents for sexual contact. Policy 3-9 indicates CCP-E may discipline a resident for sexual contact with staff only upon a finding the staff member did not consent to the contact.

Specific to false reports, Policy 3-9 states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred may not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

CCCS, Inc. and CCP-E prohibits consensual sex acts. These cases are treated as a disciplinary action, and not investigated as a PREA investigation, unless there was coercion involved.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-5; entitled, "Medical and Mental Health", and interviews with Medical and Mental Health staff indicate medical or mental health practitioners determine the nature and scope of treatment according to their professional judgment.

In the event of an emergency, if a Medical or Mental Health practitioner is not on duty, an on-call Mental Health practitioner, and on-call Medical Staff would be summoned while security First Responders would take preliminary steps to protect the victim; however the shift supervisor, according to Coordinated Response Plan may be making arrangements for the victim to be transported immediately to St. James hospital for a forensic exam conducted by a SANE. Interviews of First Responders and Security Staff, Non-Security Staff First Responders, and Random Staff confirmed this protocol.

CCP-E does have an on-site RN, and a contracted part-time physician, in addition to a part-time mental health professional as well as the Program Director who in addition to her administrative duties, is also a licensed mental health professional and addiction counselor.

According to CCP-E Policy 3-5, CCP-E would offer timely information about, and timely access to emergency sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. CCP-E procedures include victims of sexual abuse being examined by on off-site SANE. Once a resident is examined, he would be offered access to sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care. Services are provided without financial cost and regardless of whether the victim identifies the abuser or cooperates with any investigation arising out of the incident. Interviews with Medical Staff and the MOU with St. James hospital confirm services would be provided without cost to residents.

The completed Pre-Audit Questionnaire provided by CCP-E indicates no resident victims of sexual abuse in the past 12 months; thus there were no medical records for the auditor to review.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-5; entitled, "Medical and Mental Health", indicates CCP-E provides follow-up services, treatment plans, and when necessary, referrals for continued care following resident transfer to, or placement in, other facilities, or their release from custody.

One resident disclosed he had been sexually assaulted at another confinement facility while in a treatment group at CCP-E. The resident was immediately referred to Mental Health Staff; however, the resident chose to decline the opportunity. His need to address his trauma within the safety of therapy was part of his ongoing recommendations upon release/transfer. The auditor was able to review secondary documentation provided by Mental Health Staff. Documentation reviewed indicate services provided are consistent with the community level of care. The Program Director is also a licensed mental health professional.

As part of CCP-E's standard of care, all residents are seen by Mental Health staff routinely within 14 days of intake. It is noted a resident's referral to Mental Health who would score at risk for vulnerability or aggression as a result of the intake screening process would be prioritized.

CCP-E is an all male facility; therefore, the provision of this PREA Standard which addresses victims of sexually abusive vaginal penetration while incarcerated being offered a pregnancy test is not applicable.

Medical Staff affirm according to Policy 3-5, all victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate and at no cost to the resident, regardless if the victim cooperates with the investigation or not. The resident who disclosed he had been sexually assaulted at another facility was referred to Medical Staff upon his disclosure.

CCP-E residents go through a screening process prior to acceptance at CCP-E. Those convicted of a sexual crime, or known resident-on-resident abusers are not accepted at this facility; therefore no mental health evaluations of known resident-on-resident abusers were completed.

Standard 115.286 Sexual abuse incident reviews

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Although CCP-E has not received any reports of sexual abuse or sexual harassment in the past 12 months, as well as previously, CCP-E has assembled a multi-disciplinary team whose purpose is to review each and every incident of sexual abuse and sexual harassment. The Incident Review Team is comprised of Upper-level management, and allows input from line supervisors, investigators, and medical and mental health practitioners.

In addition, as outlined in CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-7; entitled, “Data Collection, Aggregation, and Review”, the Incident Review Team of CCP-E has developed a template for reviewing these incidents so the template encompasses the requirements in this provision. Review of this form by the auditor revealed each of the required elements is presented as a question to be considered by the team at the time of the incident review.

Even though this PREA Standard indicates unfounded incidents of sexual abuse and sexual harassment do not need to be reviewed by the Incident Review Team, interviews with a member of the Incident Review Team, Facility PREA Manager, and Program Director all indicate a willingness to review all futuristic incidents of sexual abuse and sexual harassment to support ongoing learning and skill building.

Standard 115.287 Data collection

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility submitted a completed survey to the Department of Justice in 2015, as required.

The auditor reviewed the completed SSV survey, and the set of definitions provided. Confirmed in interviews with the Facility PREA Manager, and the Agency PREA Coordinator, the Facility PREA Manager is responsible for completing the SSV survey and an annual aggregated data report for CCP-E. The Facility PREA Manager provides the CCP-E report to the Agency PREA Coordinator, for further inclusion and aggregation of agency-wide data.

CCP-E has reports posted on the website of CCCS, Inc. at www.cccscorp.com from 2013-2015. There have been no reports of sexual abuse or sexual harassment during that time period. All annual reports were signed by the Director of Treatment Programs, and the Agency PREA Coordinator.

As recommended, in anticipation of authoring futuristic reports, the Facility PREA Manager created a spreadsheet consisting of the categories and substandards provided in the Pre-Audit Questionnaire, and the Survey of Sexual Violence. The intent is to compile data on a monthly basis.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The auditor reviewed CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-7; entitled, "Data Collection, Aggregation, and Review", which states CCCS, Inc. will 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: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its finding and corrective actions for each facility, as well as the agency as a whole.

CCP-E has annual reports posted on the website: www.cccscorp.com from 2013-2015. The annual reports consist of how many and what type of sexual abuse or sexual harassment allegations were received. For 2016, CCP-E will have a wealth of information from the Final Report of this audit which will include identified problem areas, strengths, and corrective action.

CCCS, Inc., Connections Corrections Program East Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 3-7; entitled, "Data Collection, Aggregation, and Review", further states CCCS, Inc. and CCE's reports shall include a comparison of the current year's data, and corrective actions with those from prior years, and shall provide an assessment of CCP-E's and CCCS, Inc.'s progress in addressing sexual abuse and sexual harassment. These annual reports shall be approved by the CCCS, Inc. Chief Executive Officer and made readily available to the public through its website. The facility annual reports and the Annual PREA Stats are

made readily available to the public through CCCS, Inc.'s website.

The interview with the Agency Head (designee) indicated annual reports are approved pursuant to 115.288; however, a review of CCP-E's 2013-2015 reports indicated all annual reports were signed by the Director of Treatment Programs, and the Agency PREA Coordinator. Further, the Annual PREA Stats reports addressing the number of reports of sexual and sexual harassment from the years of 2012-2015, by individual facility had no signature.

At the time of the on-site audit, the Annual PREA Stats reports was the only comprehensive, aggregated report at the agency level the auditor could find on the CCCS, Inc. website. The template used for the Annual PREA Stats report addressed the following: the number of sexual assault reports which were resident on resident or staff on resident, the number of sexual harassment reports which were resident on resident or staff on resident, how many reports were substantiated, unsubstantiated and unfounded, how many internal and administration investigations, and the results of investigations, such as dismissed, sent to prison, under investigation, and disciplinary action. It was recommended the category of "investigation" include the number of referrals to law enforcement be added to the template.

In interviews with the Agency PREA Coordinator and the Facility PREA Manager, it was determined that the generation of the facility and agency annual report is completed by them in their respective roles, and any information that may present as a threat to the safety and security of the a facility would be redacted; however, the nature of the material redacted would indicated.

As posted at http://www.cccscorp.com/prea/pdfs/stats_annual.pdf by June 1, 2016, the current CCCS, Inc. Annual PREA Stats template was updated to include the number of referrals to law enforcement for criminal investigations, and each Annual PREA Stats report (2012-2015) bears the signature of Mike Thatcher, CEO of CCCS, Inc.

CCCS, Inc. (Agency), and CCP-E's (Facility) 2013-2015 annual reports include comparisons of the current year's data, and corrective actions as well as provide an assessment of CCP-E's and CCCS, Inc.'s progress in addressing sexual abuse and sexual harassment, based on assessing and improving the effectiveness of its sexual abuse preventions, detection, and response policies, practices, and training.

The CCP-E annual reports from the years 2013-2015 are further signed by Mike Thatcher, CEO of CCCS, Inc., in accordance with Corrective Action.

Standard 115.289 Data storage, publication, and destruction

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Rape Elimination Act Chapter, Policy 3-7; entitled, "Data Collection, Aggregation, and Review", and also reviewed publicly available aggregated sexual abuse data to confirm all personal identifiers were redacted or removed prior to publication.

Interviews with the Agency Head (designee), Agency PREA Coordinator, and Facility PREA Manager revealed sexual abuse, sexual harassment and other sensitive data required to author reports as required is maintained in a secure environment.

AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- x I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Loree Ivanets, DOJ Certified Auditor



June 6, 2016

Auditor Signature

Date