

PREA Facility Audit Report: Final

Name of Facility: Gallatin County Reentry Program

Facility Type: Community Confinement

Date Interim Report Submitted: 08/09/2025

Date Final Report Submitted: 10/02/2025

Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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



Auditor Full Name as Signed: Kenneth E. Arnold

Date of Signature: 10/02/2025

AUDITOR INFORMATION

Auditor name: Arnold, Kenneth

Email: kenarnold220@gmail.com

Start Date of On-Site Audit: 05/21/2025

End Date of On-Site Audit: 05/22/2025

FACILITY INFORMATION

Facility name: Gallatin County Reentry Program

Facility physical address: 675 South 16th Avenue , Bozeman , Montana - 59715

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

Primary Contact

Name:	Marwan Saba
Email Address:	msaba@cccscorp.com
Telephone Number:	4064910245

Facility Director	
Name:	Jay Grant
Email Address:	jgrant@cccscorp.com
Telephone Number:	4064900456

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

Facility Characteristics	
Designed facility capacity:	48
Current population of facility:	48
Average daily population for the past 12 months:	48
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Men/boys
In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For	

definitions of “intersex” and “transgender,” please see https://www.prearesourcecenter.org/standard/115-5)	
Age range of population:	19-68
Facility security levels/resident custody levels:	Community Based/Open/Minimum
Number of staff currently employed at the facility who may have contact with residents:	22
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	0
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0

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

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

Agency-Wide PREA Coordinator Information

Name:	Marwan Saba	Email Address:	msaba@cccscorp.com
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Facility AUDIT FINDINGS

Summary of Audit Findings

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

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

Number of standards exceeded:

4

- 115.232 - Volunteer and contractor training
- 115.263 - Reporting to other confinement facilities
- 115.273 - Reporting to residents
- 115.286 - Sexual abuse incident reviews

Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-05-21
2. End date of the onsite portion of the audit:	2025-05-22

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Sexual Assault Counseling Center of Help Center

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	48
15. Average daily population for the past 12 months:	48
16. Number of inmate/resident/detainee housing units:	48
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit

Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit

23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	48
25. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	0
26. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
28. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
29. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
30. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

31. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	0
33. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	0
34. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	None
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	21
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	None
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input checked="" type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Interviewees were selected from both housing units.
43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	<p>Given the fact that one resident self-identified as bisexual and he is likewise deemed to be low functioning, he was the only targeted interviewee. Accordingly, oversampling of random residents was facilitated.</p>
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	<p>1</p>
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>GCRP is a small facility and accordingly, the auditor was able to observe all residents assigned during the onsite visit. The auditor did not observe any residents who appeared to be physically disabled by virtue of confinement to a wheel chair, crutches, appendage impediments, etc. Additionally, the auditor did not learn of any further disabilities pursuant to the interview processes.</p>
<p>48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>GCRP is a small facility and accordingly, the auditor was able to observe all residents assigned during the onsite visit. The auditor did not observe any residents who appeared to be blind, utilizing a cane or stick, etc. Additionally, the auditor did not learn of any further disabilities pursuant to the interview processes.</p>

50. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>GCRP is a small facility and accordingly, the auditor was able to observe all residents assigned during the onsite visit. The auditor did not observe any residents who appeared to be deaf or hard of hearing. The auditor did converse with nearly all residents, minimally, pursuant to a greeting. Additionally, the auditor did not learn of any further disabilities pursuant to the interview processes.</p>
51. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>GCRP is a small facility and accordingly, the auditor was able to observe all residents assigned during the onsite visit. The auditor did not converse with any LEP residents. Additionally, the auditor did not learn of any further disabilities pursuant to the interview processes.</p>
52. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>1</p>
53. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	<p>0</p>
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	<p>GCRP is a small facility and accordingly, the auditor was able to observe all residents assigned during the onsite visit. The auditor's review of resident files and interviews with both staff and residents failed to reveal the presence of any transgender/intersex residents at GCRP.</p>
54. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>The auditor's review of investigative files revealed that zero sexual abuse allegations were reported at GCRP during the last 12 months.</p>
<p>55. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to the auditor's review of resident files, he found no evidence that any prior institutional sexual abuse allegations at other facilities, were reported during the last 12 months. Accordingly, such interview could not be facilitated.</p>

56. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).	GCRP is a reentry facility and accordingly, a segregation/isolation program is not facilitated at GCRP.
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	None
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	10

<p>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Select the reason(s) why you were unable to conduct the minimum number of RANDOM STAFF interviews: (select all that apply)</p>	<p><input type="checkbox"/> Too many staff declined to participate in interviews.</p> <p><input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).</p> <p><input type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.</p> <p><input type="checkbox"/> Other</p>
<p>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>With a staffing complement of 21 at the time of the onsite visit, the auditor could not interview sufficient random staff and targeted staff. The situation was exacerbated by those staff who were on days off, sick leave, and vacation.</p>

Specialized Staff, Volunteers, and Contractor Interviews

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

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

14

63. Were you able to interview the Agency Head?

☐ Yes

☒ No

a. Explain why it was not possible to interview the Agency Head:

The auditor has audited CCCS facilities for the last nine years and accordingly, he has interviewed the Agency Head. The CCCS PC, who works directly for the Agency Head, has advised that the Agency Head's responses remain the same.

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?

☒ Yes

☐ No

65. Were you able to interview the PREA Coordinator?

☒ Yes

☐ No

66. Were you able to interview the PREA Compliance Manager?

☒ Yes

☐ No

☐ NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input type="checkbox"/> Other
68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input type="radio"/> Yes <input checked="" type="radio"/> No
70. Provide any additional comments regarding selecting or interviewing specialized staff.	<p>With a staffing complement of 21 at the time of the onsite visit, the auditor could not interview sufficient random staff and targeted staff. The situation was exacerbated by those staff who were on days off, sick leave, and vacation.</p> <p>In addition to the above, zero contractors and volunteers provided services at GCRP at the time of the PAQ review and onsite visit. Accordingly, such interviews were not facilitate.</p>

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
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Was the site review an active, inquiring process that included the following:

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

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

☒ Yes
☐ No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).

None

Documentation Sampling

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

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?

☒ Yes
☐ No

78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).

Staff HR Files- 21
Staff Training Files- 17
Resident Files- 23

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted. Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

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

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

Zero sexual abuse allegations were reported during the last 12 months.

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

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

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

Non-certified Support Staff

103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.

☐ Yes

☒ No

AUDITING ARRANGEMENTS AND COMPENSATION

108. Who paid you to conduct this audit?

- ☒ The audited facility or its parent agency
- ☐ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- ☐ A third-party auditing entity (e.g., accreditation body, consulting firm)
- ☐ Other

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.211(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse/harassment and sanctions for those found to have participated in such prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of residents.</p> <p>Gallatin Pre-Release Center (GCRP) PREA General Requirements Policy 3-1, pages 1-9 addresses 115.211(a).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.211(a).</p>

115.211(b)

Pursuant to the PAQ, the PA self reports the agency employs or designates an upper level, agency-wide PREA Coordinator, Community Counseling and Correctional Services PREA Coordinator (CCCS PC), who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PA reports the CCCS PC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CCCS, Inc. Organizational Chart.

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

The PA also self reports that the GCRP PREA Manager (PM) is assigned to address PREA matters at GCRP. The auditor's review of the GCRP Organizational Chart reveals the GCRP PM [behavioral technician coordinator (BTC)] is in the facility's organizational structure, reporting directly to the PA.

GCRP PREA General Requirements Policy 3-1, page 6, section IV(A)(1) addresses 115.211(b).

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

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

Given the staff turnover at GCRP, the CCCS PC has assumed many of the duties of PM at GCRP. Since the designated GCRP PM is relatively new to the position, the auditor interviewed the CCCS PC pursuant to the PM questionnaire.

The GCRP PM interviewee asserts that as PM, PREA is his primary obligation and he employs management by wandering around (MBWA) on a daily basis (routine and unannounced rounds). During all random rounds, he assesses camera and signage placements, staff supervision practices, resident locations, etc. The PM asserts he is involved in "all things PREA". He provides PREA training to both staff and residents and he facilitates all victimization/aggressor reassessments, as well as, quality control regarding all initial assessments.

The PM interviewee asserts that he works with the PA regarding any proposed

	<p>changes to policy and/or the GCRP PREA Handbook. If training enhancements are required, he ensures the PA and CCCS PC are in the loop. If staffing increases are necessary for consideration based on Sexual Abuse Response Team (SART) reviews, recommendations are submitted through the PA to the CCCS Director of Treatment Services to the CCCS PC to the CCCS CEO. Minor monetary expenditures are approved through the PA.</p> <p>On a daily basis, he ensures the PA is briefed regarding any PREA matters. Similarly, he briefs Corporate PREA staff to ensure "all stakeholders are in the loop." Pursuant to MBWA, he ensures he maintains a pulse regarding PREA issues and/or potential PREA issues.</p> <p>The PM asserts that on an annual basis, the CCCS PC, CEO, and CCCS Director of Treatment Services assess camera placements and blind spots. During that tour, the group also assesses gathering areas and the residents present in the same.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.211(b).</p> <p>Based on the lack of findings with respect to 115.211 provisions, the auditor finds GCRP substantially compliant with 115.211.</p>
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115.212	Contracting with other entities for the confinement of residents
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.212(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract with another agency for confinement of GCRP residents since the last PREA audit. Accordingly, it has been determined 115.212(a) and (b) are not applicable to GCRP.</p> <p>In view of the above, the auditor finds 115.212(a) not applicable to GCRP.</p> <p>115.212(b)</p> <p>Pursuant to the PAQ, the PA self reports since August 20, 2012, the agency has not entered into any contracts with a private agency or other entity that failed to comply with PREA standards.</p> <p>In view of the above, the auditor finds that 115.212(c) is not applicable to GCRP.</p>

	Absent any evidence of failure with respect to the requirements of this standard, the auditor finds GCRP substantially compliant with 115.212.
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115.213	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.213(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse. The PA self reports the average daily number of residents since the last PREA audit is 48 and the average daily number of residents on which the staffing plan is predicated is 48.</p> <p>GCRP Policy 3-1 entitled PREA General Requirements, page 7, section IV(A)(5) addresses 115.213(a).</p> <p>The auditor's review of the 2024 and 2025 GCRP Annual Staffing Plans reveals the facility meets standard expectations. Additionally, review of the aforementioned Annual Staffing Plans reveals all four of the requisite community confinement facility issues are considered during development and documentation of the staffing plan. The staffing plan is extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services as an absolute last resort.</p> <p>Given the relative inexperience of the recently selected PA, the auditor interviewed the Acting PA. The Acting PA asserts the facility does have a staffing plan and the plan is adequate to protect residents against sexual abuse. Effective and strategic assignment of staff minimizes the impact of blind spots, etc. Video monitoring is considered in the plan and the same may be addressed pursuant to SART reviews.</p> <p>Pursuant to the conduct of unannounced sexual safety rounds, seventeen hourly tours of the facility plus seven counts per day, observation of residents is plentiful. Additionally, other staff, case managers (CMs) and licensed addiction counselor (LACs), also augment supervision. Eighteen cameras are strategically placed throughout the facility and exterior of the building and the auditor observed placement of the cameras during the onsite visit. During the onsite visit, the auditor observed the aforementioned supervision processes.</p> <p>The staffing plan is documented and hard copies of the same are maintained by the PA, CCCS PC, and BTC. All staff have access to the staffing plan through individual privileges on the server.</p>

Both the PA and the PM assert the following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:

1. The physical layout of the facility: Blind spots and areas of low visibility are the primary considerations in regard to staffing plan development. Locations of resident and staff congregation, inclusive of rooms, areas, and offices, are additional considerations in the resident sexual safety equation. Portal to portal (movement throughout the facility from entry to exit) camera coverage is ideal for both staff and residents. A minimum of two staff are assigned and maintained on each shift per contract however, three staff are normally assigned. NOTE: The auditor's observations during the facility tour validated the PA's/PCM's assertions above. The facility is well monitored in terms of video surveillance.

In addition to the above, seven facility head counts are facilitated per day. A total of 17 walkthroughs (minimum) are also facilitated throughout the day. Tours and head counts are documented on the Post Order sheet and shift notes. Shift notes are documented in TOMS (resident management system).

2. The composition of the resident population; Primarily Caucasian and Native American, a handful of Hispanics and African Americans. Minimal, if any, gang members or affiliates are sprinkled throughout the facility. A fair number of elderly residents are also included in the resident complement. The population is stable.

3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; Zero sexual abuse incidents have been reported within the last 36 months.

4. Any other relevant factors; None.

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

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

During the facility tour and subsequent shifts, the auditor noted that a minimum of two to three staff (one of whom was male) were present at the facility. The same is consistent with the staffing plan and the contract with MDOC. Generally, a Shift Leader (SL) is also on shift.

During the facility tour, the auditor learned that 18 cameras are monitored at GCRP. He reviewed camera angles and monitors at the monitoring location and found no

conflicts with privacy or PREA concerns. Camera placements clearly capture sufficient live monitoring to capture facility activities. The auditor notes that staff presence in the housing units is essential given the physical plant and the fact zero cameras are located in any unit.

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

115.213(b)

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

GCRP Policy 3-1, page 7 section IV(A)(6) addresses 115.213(b).

The auditor's review of four random 2024 and four random 2025 CCCS GCRP Deviation Forms reveals substantial compliance with 115.213(b). Of note, the auditor finds there are no deviations from the staffing plan as essential positions are covered as articulated above.

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

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

115.213(c)

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

The staffing plan;

Prevailing staffing patterns;

The deployment of video monitoring systems and other monitoring technologies; or

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

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

The 2023 and 2024 staffing plan reviews reveal no disparity in terms of the four

	<p>assessment areas addressed in the narrative for 115.213(a). The staffing plan reviews were facilitated on July 10, 2023 and July 11, 2024 with minutes of the same uploaded into OAS.</p> <p>The PC asserts the staffing plan is reviewed at least once every year and he is part of the review process. As mentioned in the preceding paragraph, the auditor's review of the 2023 and 2024 staffing plan reviews reveals substantial compliance with 115.213(c). Specifically, all four considerations are clearly given weight on an annual basis.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.213(c).</p> <p>Given the lack of findings as articulated in the above narratives, the auditor finds GCRP substantially compliant with 115.213.</p>
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115.215	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.215(a)</p> <p>Pursuant to the PAQ, the PA self reports facility staff do not conduct cross-gender strip or cross-gender visual body cavity searches of residents at GCRP. In the last 12 months, the PA self reports zero cross-gender strip or cross-gender visual body cavity searches of residents were facilitated by GCRP staff.</p> <p>GCRP PREA Policy 3-1, page 8, section IV(A)(8) addresses 115.215(a). This policy allows for cross-gender strip or cross-gender visual body cavity searches of residents pursuant to exigent circumstances. The auditor notes that exigent circumstances are defined within this policy.</p> <p>The non-medical staff involved in cross-gender strip searches interviewee states that strip searches are not conducted at GCRP. If staff reasonably suspect a resident is trafficking a weapon in his rectum, then a cross-gender strip or visual search can be requested if no same sex staff are available.</p> <p>The auditor's review of the Exigent Circumstances Logs validated the PA's statement above regarding the frequency of such searches. The auditor's on-site review of the same log during the facility tour validated the findings articulated in the preceding sentence(s). The auditor's examination of the urinalysis room substantiates the fact that cross-gender strip or visual searches can be conducted in private. While camera coverage covers entrance and egress to and from the room, there is no camera located inside the same.</p>

In view of the above, the auditor finds GCRP substantially compliant with 115.215(a).

115.215(b)

Pursuant to the PAQ, the PA self reports the facility does not house female residents. The same is consistent with the auditor's onsite observations. Accordingly, the auditor finds 115.215(b) not applicable to GCRP.

In view of the above, the auditor finds 115.215(b) not applicable to GCRP.

115.215(c)

Pursuant to the PAQ, the PA self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. The PA further self reports that female residents are not housed at GCRP.

GCRP PREA Policy 3-1, page 8, section IV(A)(9)(a)(iv) addresses 115.215(c).

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

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

115.215(d)

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

GCRP PREA Policy 3-1, page 9, section IV(A)(10 and 11) addresses 115.215(d).

All 11 random resident interviewees state that opposite gender staff announce their presence when entering housing areas. Additionally, residents are not naked, or in full view, of opposite gender staff (not including medical staff such as doctors or nurses), when showering, toileting, or changing clothes.

All 10 random staff interviewees state that staff announce their presence when entering a housing unit wherein residents of the opposite gender are housed. Additionally, residents are able to dress, shower, and toilet without being viewed by

staff of the opposite gender.

During the facility tour and throughout the onsite visit, the auditor observed female staff clearly and audibly announce their presence when entering wings wherein opposite gender residents are housed, stating, "Male or Female on the floor" or some equivalent. Additionally, the auditor observed that camera monitors were not located in either bathrooms or living units, noting resident privacy is maintained in accordance with 115.215(d).

The auditor also noted that based on the physical plant layout and barriers, compliance with 115.215(d) is maintained in bathroom/shower areas. The auditor found zero evidence of non-compliance based on mirror angles and proximity to bathroom doors when residents are changing clothes. Two showers, shielded by shower curtains, and a shower curtain positioned at the entrance to the showers were observed in each bathroom. Toilets and urinals are shielded by metal stalls.

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

115.215(e)

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

GCRP PREA Policy 3-1, page 8, section IV(A)(9)(a)(iii) addresses 115.215(e).

All 10 random staff interviewees state they are aware that staff are prohibited from strip searching or physically examining transgender/intersex residents for the sole purpose of determining the resident's genitalia.

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

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

115.215(f)

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

GCRP PREA Policy 3-1, page 9, section IV(A)(12)(a) addresses 115.215(f).

	<p>The auditor's onsite random review of 13 2024 and 2025 Staff Development & Training Record Forms [covering 2025 PREA Annual Refresher Training (ART)] reveals staff completed and understand professional and respectful searches of residents training. This training was provided to staff representing several different institutional disciplines, inclusive of BTs.</p> <p>The auditor's review of the aforementioned files reveals all affected staff completed and understand the above mentioned resident pat search techniques, pursuant to PREA Orientation and/or annual in-service (PREA ART) training. The auditor is satisfied this practice is institutionalized at GCRP.</p> <p>The auditor's review of the National PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches and accompanying CCCS Power Point reveals substantial compliance with 115.215(f).</p> <p>Nine of 10 random staff interviewees state they received training on how to conduct cross-gender pat down and searches of transgender/intersex residents in a professional and respectful manner during 2025. Generally, training was presented in a combination of video, Power Point, discussion, and/or demonstration formats. They received this training during either Pre-Service, PREA ART, or separate training.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.215(f).</p> <p>Given the lack of findings regarding the above 115.215 narratives, the auditor finds GCRP substantially compliant with 115.215.</p>
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115.216	Residents with disabilities and residents who are limited English proficient
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.216(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.</p> <p>GCRP PREA Policy 3-3 entitled Intake Screening, pages 2 and 3, section II(A)(2) addresses 115.216(a).</p> <p>The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2022 between CCCS and a special education teacher with the Butte Public School System</p>

reveals substantial compliance with 115.216(a). This MOU addresses those residents who may be low functioning or somewhat cognitively impaired.

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

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

The one resident with cognitive disabilities (low functioning) interviewee states the facility provides information about sexual abuse/harassment he is able to understand. Posters are adequately posted, enabling him to easily read the same. Additionally, written materials are adequate for his reference. This is commensurate with the auditor's observations.

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

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

115.216(b)

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

GCRP PREA Policy 3-3 entitled Intake Screening, page 3, section II(A)(3) addresses 115.216(b).

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

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

The auditor's review of 13 completed 2025 Staff Development and Training Record Forms reveals that staff from different disciplines completed LanguageLink training

regarding the mechanics of the system. This training was completed during PREA Annual Refresher Training (ART).

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

The auditor did successfully complete tests of the BACS Hotline and Safe Space from the two land lines located across from the Behavioral Technician (BT) Office and the telephones were operational. Only staff can contact LanguageLink from their office telephones or cell phones.

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

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

115.216(c)

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

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

All 10 random staff interviewees state the agency does allow the use of resident interpreters, readers, and assistants to assist disabled residents or LEP residents when making an allegation of sexual abuse/harassment. The 10 interviewees cited a delay in obtaining an effective interpreter could impede the investigation of the

	<p>resident's allegations, or cause loss of evidence. All 10 interviewees state, to the best of their knowledge, that during the last 12 months, resident interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/harassment.</p> <p>The one resident with cognitive disabilities (low functioning) interviewee states the facility provides information about sexual abuse/harassment he is able to understand. Additionally, another resident interviewee has not assisted him in terms of reporting a sexual abuse/harassment incident.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.216(c).</p> <p>Given the lack of findings as articulated in the above narratives, the auditor finds GCRP substantially compliant with 115.216.</p>
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115.217	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.217(a)</p> <p>Pursuant to the PAQ, the PA self reports agency policy prohibits hiring or promoting anyone who may have contact with residents and prohibits enlisting the services of any contractor who may have contact with residents who:</p> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;</p> <p>Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullets.</p> <p>CCCS Policy 1.3.1.12, pages 1 and 2, section IV(B)(1-3) addresses 115.217(a).</p> <p>The auditor notes that the Disclosure of PREA Employment Standards Violation form includes the language of both 115.217(a) and (b) as all four questions are asked on the form which is completed by the applicant and later all staff. Accordingly, the Disclosure of PREA Employment Standards Violation form must be administered minimally, at application/hiring or during the calendar year in which a promotion occurred. The auditor also notes that aside from the candidate's statement, the</p>

only way to validate sexual harassment is submission of the PAQ CCCS Reference Check Form to a previous institutional employer. One can only validate if the previous institutional employer elects to respond to the questions articulated in the document.

The auditor's on-site review of four random staff files pertaining to staff hired during the last 12 months reveals substantial compliance with 115.217(a). In four additional cases, staff were hired during the current audit period and substantial compliance with 115.217(a) is demonstrated. Presence of a timely completed Disclosure of PREA Employment Standards Violation form and/or employment application is utilized to establish compliance. Review of the last four files reveals the respective employees were hired prior to the implementation of PREA or during the last PREA audit cycle and therefore, they are not considered with respect to this component of 115.217.

The auditor's review of two promotion files reveals one staff member was promoted on May 13, 2023 while the other staff member was promoted on June 20, 2023. Disclosure of PREA Employment Standards Violation forms were completed on the same dates for the respective staff members. The auditor notes that neither staff member, nor those referenced in the preceding paragraph, responded in the affirmative to any of the four questions.

According to the PA, zero contractors provide services at GCRP. The auditor has not discovered any contradictory evidence.

In view of the above, the auditor finds GCRP substantially compliant with 115.217(a).

115.217(b)

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

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

The auditor notes that the Disclosure of PREA Employment Standards Violation form also includes the language of 115.217(b) as one of the questions however, the application for employment does not contain 115.217(b) language. Accordingly, the Disclosure of PREA Employment Standards Violation form must be administered minimally, at application/hiring or during the calendar year in which a promotion occurred. The auditor also notes that aside from the candidate's statement, the only way to validate sexual harassment is submission of the PAQ CCCS Reference Check Form to a previous institutional employer as rarely, if ever, is sexual harassment addressed in criminal background record checks. One can only validate

if the previous institutional employer elects to respond to the questions articulated in the document.

The auditor's on-site review of four random staff files pertaining to staff hired during the last 12 months reveals substantial compliance with 115.217(a) and (b). In four additional cases, staff were hired during the current audit period and substantial compliance with 115.217(a) and (b) is demonstrated. Presence of a timely completed Disclosure of PREA Employment Standards Violation form is utilized to establish compliance. Review of the last four files reveals the respective employees were hired prior to the implementation of PREA or during the last PREA audit cycle and therefore, they are not considered with respect to this component of 115.217.

According to the PA, zero contractors provide services at GCRP. The auditor has not discovered any contradictory evidence.

In view of the above, the auditor finds GCRP substantially compliant with 115.217(b).

115.217(c)

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

Conducts criminal background record checks; and

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

The PA further self reports in the last 12 months, eight staff who may have contact with residents have had criminal background record checks.

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

The HR interviewee states the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and all employees, who may have contact with residents, who are considered for promotion. The PA notifies CCCS Human Resources and they request requisite background checks through the State of Montana. Corporate staff track five-year re-investigations. The same procedure applies to contractors who may have contact with residents.

The auditor's review of seven of 12 random employee applications (pertinent to staff hired during this audit period) reveals no history of prior institutional employment. The remaining five files pertained to staff hired prior to this audit period or prior to implementation of PREA standards and accordingly, they were not

considered for purposes of this provision.

Pursuant to the auditor's review of all seven HR files relative to the random staff hired during this audit period, criminal background record checks were completed prior to or on the date of hire. Accordingly, compliance is met with respect to this part of the provision.

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

115.217(d)

Pursuant to the PAQ, the PA self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with residents. The PA further self reports, in the last 12 months, zero contracts for services where issued.

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

The auditor finds no evidence to the contrary regarding contractor presence at GCRP.

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

115.217(e)

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

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

The HR interviewee asserts the Montana Department of Justice (DOJ) and National Lookup for Sexual Abuse Registry conducts criminal background record checks for current employees and contractors who may have contact with residents. HR staff utilize a spreadsheet to track due dates for employee 5-year reinvestigations.

Additionally, initial requests for criminal background record checks are requested by CCCS HR Department staff.

The auditor notes the Montana Public Criminal History Record encompasses only those arrests/convictions occurring within the State of Montana. Given the transient society in which we work, this process presents the possibility of hiring employees who have been involved in the offenses articulated in provision 115.217(a) in a

State other than Montana.

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

This may require coordination with MDOC as access to NCIC may be limited to MDOC. It appears to this auditor that direct MDOC intervention and assistance is essential to sexual safety at GCRP, given the ramifications of 115.217(d) and (e). Provision of the best practice is certainly advantageous to MDOC, as well as, GCRP.

The auditor's review of two 5-year re-investigations applicable to random staff reveals compliance with 115.217(e). Of the 12 random HR files reviewed, these files were the only ones applicable to 115.217(e) requirements. Pursuant to the auditor's review of these reinvestigations, he finds no deviation from 115.217 provisions.

Accordingly, the auditor finds GCRP substantially compliant with 115.217(e).

115.217(f)

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

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

The auditor notes this form is completed during the application and hiring/promotion interview phases of the employment process. As previously indicated in the narrative for 115.217(a), the auditor reviewed 12 random staff HR files to determine compliance with the totality of 115.217. Nine of 12 files included the above properly executed form for calendar year 2024 or 2025. With respect to the three remaining files, those staff were hired during 2025 and accordingly, they are not yet due for the annual update.

The HR interviewee asserts the facility asks all applicants and employees who may have contact with residents about previous misconduct as described in the narrative

for 115.217(a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees. Additionally, the facility imposes upon employees a continuing affirmative duty to disclose any such misconduct.

In view of the above, the auditor finds GCRP substantially compliant with 115.217(f) in terms of facility protocol for administration of the Disclosure of PREA Employment Standards Violation form. This document serves as the requisite 115.217(f) inquiry with respect to promotion actions. Of note, given the fact that internal promotion applicants are under the continuous employ of GCRP or CCCS prior to promotion and hiring managers would be aware of any violations of 115.217(a) and (b) requirements, the annual Disclosure of PREA Employment Standards Violation form suffices as evidence of 115.217(f) compliance.

In view of the above, the auditor finds GCRP substantially compliant with 115.217(f).

115.217(g)

Pursuant to the PAQ, the PA self reports agency policy states material omissions regarding 115.217(a and b) misconduct, or the provision of materially false information, shall be grounds for termination.

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

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses the majority of 115.217, inclusive of 115.217(g). The auditor's random review of completed documents (relative to the randomly selected HR files referenced throughout this narrative for 115.217) validates substantial compliance with 115.217(g).

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

115.217(h)

The HR interviewee states that when a former employee applies for work at another institution, the facility provides information on substantiated allegations of sexual abuse/harassment involving the former employee, unless prohibited by law. The interviewee asserts such information has not been asked of her.

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

In view of the above, the auditor finds GCRP substantially compliant with 115.217(h).

	Given the above findings, the auditor finds GCRP substantially compliant with 115.217.
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115.218	Upgrades to facilities and technology
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	Auditor Overall Determination: Meets Standard
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	Auditor Discussion
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115.218(a)

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

GCRP Policy 3-8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).

During the PA's interview, he stated the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

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

115.218(b)

Pursuant to the PAQ, the PA self reports the facility has added cameras in the Kitchen/Dining Area.

GCRP Policy 3-8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).

The Agency Head asserts the agency uses monitoring technology (either newly installed or updated) to enhance the protection of residents from incidents of sexual abuse. The agency considers line of sight, blind spots, and potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision.

Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.

The PA asserts when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, he considers blind spots and sufficiency of video monitoring in high traffic areas. Currently, there are 18 cameras scattered throughout the facility with one or two cameras added during the last 12

	<p>months for security reasons (fights, etc.). The residual impact of the camera additions is better visual supervision in affected areas and mitigation of opportunities for nefarious activities.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.218(b).</p> <p>Given the fact there are no deviations from either standard or policy, the auditor finds GCRP substantially compliant with 115.218.</p>
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115.221	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.221(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). Criminal investigations are conducted by Bozeman Police Department (BPD) investigator(s). When conducting a sexual abuse investigation, CCCS investigator(s) follow a uniform evidence protocol and BPD investigator(s) adhere to their agency protocol(s).</p> <p>GCRP Policy 3-4 entitled Reporting, pages 8 and 9, section II(e)(a and g) addresses 115.221(a). BPD investigator(s) secure all crime scene physical evidence. Commensurate with 115.264(a), GCRP staff assist in the evidence preservation process pursuant to the protocol defined in the aforementioned standard provision.</p> <p>All 10 random staff interviewees properly state their role in the uniform evidence protocol includes:</p> <p>Separation of the victim and perpetrator;</p> <p>Securing the crime scene;</p> <p>Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a).</p> <p>Additionally, they contact medical/mental health professionals.</p> <p>Nine of 10 interviewees state that the CCCS PC facilitates administrative sexual abuse/harassment investigations while all 10 interviewees state that BPD investigators facilitate criminal sexual abuse/sexual harassment investigations at GCRP.</p>

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

115.221(b)

Pursuant to the PAQ, the PA self reports zero youth are housed at GCRP and accordingly, 115.221(b) is not applicable to that extent. The PA further self reports the evidence preservation protocol was adapted from or is otherwise based on the most recent edition of the DOJ Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

The auditor's review of an April 19, 2022 MOU between GCRP and BPD officials reveals the parameters of BPD investigations at GCRP. Pursuant to controlling policy and the findings noted throughout the narrative for 115.221, staff are clearly aware of investigative responsibilities.

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

115.221(c)

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

The majority of the above is clearly articulated in a January 6, 2022 letter from the Forensic Nursing Program Coordinator to the PA at GCRP. The auditor has been advised that some of the information contained within that letter is no longer applicable to provision of services to Bozeman, MT and surrounding county residents, as well as, GCRP residents. According to the PA, zero forensic medical examinations were conducted during the last 12 months.

In regard to the modifications referenced in the preceding paragraph, the auditor did speak to the current Forensic Nursing Program Coordinator. She stated that five on-call trained registered nurses who have completed Orientation Training (SANE) currently provide SANE services. An additional five registered nurses are in the process of completing the Orientation Training. The nurses are not certified however, they have completed the IAFN training program, preceptorship, and monitoring portions of the program. Additionally, the five SANEs have been cleared by the Emergency Room physician(s) and they facilitate both the SANE examination, as well as, evidence collection.

In the event that a SANE nurse is not immediately available, victims would be offered the opportunity to report to another hospital where SANEs are available or they can wait until a SANE is available.

In regard to sexual infections testing, the same is provided if requested by the victim. For example, if the victim is concerned about HIV, testing would be provided although the same may not be determinative based on the timeline. Minimally, infections prophylaxis would be offered as part of the examination.

GCRP Policy 3-4 entitled Reporting, page 8, section II(e)(c) addresses 115.221(c).

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

115.221(d)

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate (VA) from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The PA further self reports the facility provides VA services pursuant to an MOU between CCCS and Sexual Assault Counseling Center of Help Center, Inc.

GCRP Policy 3-4 entitled Reporting, pages 8 and 9, section II(e)(d) addresses 115.221(d).

The auditor's review of the MOU between GCRP and Sexual Assault Counseling Center of Help Center, Inc. reveals substantial compliance with 115.221(d). The PM interviewee asserts there is an MOU between GCRP and Sexual Assault Counseling Center of Help Center, Inc. regarding provision of VAs for residents in need of the same. The auditor notes that a Sexual Assault Counseling Center of Help Center, Inc. VA is available at the hospital during the forensic examination process.

Accordingly, the auditor finds GCRP substantially compliant with 115.221(d) and (h).

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

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

115.221(e)

Pursuant to the PAQ, the PA self reports if requested by the victim, a VA accompanies and supports the victim through the forensic medical examination

process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

GCRP PREA Policy 3-4 entitled Reporting, page 9, section II(e)(e) addresses 115.221(e).

The PM interviewee asserts if requested by the victim, a VA, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. He states GCRP has an in-house VA and an MOU with Sexual Assault Counseling Center of Help Center, Inc.

The auditor's review of a Development and Training Record dated February 25, 2025 reveals that a CM completed an online VA Training created by the PRC. Accordingly, he can accompany a resident victim during investigatory interviews.

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

115.221(f)

The CCCS PC facilitates administrative investigations at GCRP. BPD facilitates criminal investigations pursuant to an MOU.

GCRP PREA Policy 3-4 entitled Reporting, page 9, section II(e)(g) addresses 115.221(f). The verbiage reflected in 115.221(f) is clearly articulated in the aforementioned MOU. The auditor's review of the MOU confirms compliance with 115.221(f) in terms of the conduct of criminal investigations. The auditor finds the cumulative approach compliant with 115.221(f).

In view of the above, the auditor finds GCRP substantially compliant with 115.221(f).

115.221(h)

With respect to use of a qualified agency staff member or a qualified community-based staff member as a VA, the individual is screened for appropriateness to serve in the role and has received education concerning sexual assault and forensic examination issues, in general.

GCRP PREA Policy 3-4 entitled Reporting, page 9, section II(e)(h) addresses 115.221(h).

The PM interviewee asserts there is an MOU between GCRP and Sexual Assault Counseling Center of Help Center, Inc. regarding provision of VAs for residents in need of the same during forensic examinations. Additionally, GCRP has an in-house VA who is properly trained. The auditor's review of a Development and Training

	<p>Record dated February 25, 2025 reveals that a licensed addiction counselor (LAC) successfully completed an online VA Training created by the PRC. Accordingly, he can accompany a resident victim during investigatory interviews. The auditor notes that this CM is a tenured employee who presents with the empathy, technical expertise, and interpersonal skills necessary for the assignment.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.221(h).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.221.</p>
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115.222	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.222(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct). In the last 12 months, zero allegations of sexual abuse/harassment were received at GCRP.</p> <p>GCRP Policy 3-4 entitled Reporting, page 3, section II(a)(xiv) addresses 115.222(a).</p> <p>The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse. An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s). The same involves a review of video footage, review of staff memorandums, and a recapitulation of any staff or resident interviews that are conducted.</p> <p>Criminal investigations are facilitated by BPD investigators, taking into account a higher standard of evidence and possible referral for prosecution.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.222(a).</p> <p>115.222(b)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve</p>

	<p>potentially criminal behavior. The PA further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>GCRP Policy 3-4 entitled Reporting, page 3, section II(a)(xv) addresses 115.222(b).</p> <p>The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. BPD investigators facilitate all criminal sexual abuse investigations at GCRP. If the PC determines there may be criminal implications/overtone, he would refer the matter to BPD.</p> <p>***The auditor attempted telephonic contact with the BPD investigator who facilitates most criminal sexual abuse investigations related to GCRP clients, on two occasions. The investigator did not answer the telephone call on either occasion and he did not return any telephone calls from this auditor.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.222(b).</p> <p>115.222(c)</p> <p>The auditor's review of the CCCS website reveals the aforementioned MOU with BPD is available on the same and the BPD MOU reveals substantial compliance with 115.222(c). Additionally, the aforementioned policy is clearly commensurate with the requirements of 115.222.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.222(c).</p> <p>Based on review of the above findings, the auditor finds GCRP substantially compliant with 115.222.</p>
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115.231	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.231(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency trains all employees who may</p>

have contact with residents on:

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

GCRP Policy 3-6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).

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

The 2025 GCRP Annual Refresher Training (ART) schedule also validates compliance with 115.231(a).

In addition to the above, the auditor's review of handouts and various videos reveals further evidence of GCRP's efforts to properly train staff regarding PREA requirements. These documents are quick resources to remind staff of both resident and staff rights with respect to a sexually safe environment.

All 10 random staff interviewees state they received training regarding the aforementioned PREA topics either during Orientation training or during PREA ART. Additionally, such training is received on a monthly basis pursuant to on-line training. The auditor notes GCRP staff receive a plethora of PREA training, piecemealed by month throughout the calendar year.

The auditor's PAQ review of three Staff Development and Training Forms associated with three BTs, reveals completion of the PREA Basics course during 2024 and 2025 Orientation. The auditor's review reveals that the "I understand" caveat is not included on this document.

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

The auditor's on-site review of all 13 random staff training files reveals substantial compliance with 115.231(a) requirements. Six staff were hired within the last 12 months and PREA training was provided prior to contact with residents in each case while seven files pertained to staff hired prior to the last 12 months. The seven files reveal annual PREA training was provided during 2024 and/or 2025.

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

115.231(b)

Pursuant to the PAQ, the PA self reports training is tailored to the male gender of the residents housed at GCRP. All employees who are reassigned from other facilities receive PREA training unique to the male gender of the male resident population at GCRP.

GCRP Policy 3-6 entitled Training, page 2, section II(C) addresses 115.231(b).

Pursuant to review of the Power Point training slides, the auditor has determined that the training is tailored to the male resident population at GCRP. All employees receive PREA training prior to assumption of duties with residents. The PA asserts that trainings are provided on a monthly basis and also include some form of staff self-directed training.

The PA asserts that zero staff who previously worked in exclusively female facilities transferred to GCRP during the last 12 months.

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

115.231(c)

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

GCRP PREA Policy 3-6 entitled Training, page 2, section II(D) addresses 115.231(c).

The auditor's PAQ review of eight Staff Development and Training Record Forms associated with staff across all facility disciplines, reveals completion of the PREA Basics, Ethics and Professional Boundaries, Downing a Duck, Professional and Cross-gender and Respectful Searches of Transgender/Intersex Residents, and First

Responder courses. These courses were presented during 2024 or 2025 PREA Orientation and/or PREA ART. The auditor's review reveals that in most cases, participants signed and dated the "I understand" caveat on each respective Staff Development and Training Record Form relative to courses completed.

The auditor's on-site review of 13 random staff training files reveals substantial compliance with 115.231(c). Six staff were hired within the last 12 months and PREA training was provided prior to contact with residents in each case while seven files pertained to staff hired prior to the last 12 months. The seven files reveal annual PREA training was provided during 2024 and/or 2025.

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

115.231(d)

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

GCRP PREA Policy 3-6 entitled Training, page 2, section II(E) addresses 115.231(d).

The auditor's PAQ review of three Staff Development and Training Record Forms associated with three BTs, reveals completion of the PREA Basics course during 2024 and 2025 Orientation. The auditor's review reveals that the "I understand" caveat is not included on this document.

The auditor's on-site review of five of 13 random staff training files reveals the "I understand" caveat is also absent from Staff Development and Training Record Forms. Accordingly, the auditor finds GCRP non-compliant with 115.231(d).

However, the auditor notes that evidence provided during the report writing process reveals that while this condition was present during a period of time, the same has since been corrected. The auditor's review of two Staff Development and Training Record Forms completed since conclusion of the onsite visit reveals that the "I understand" caveat and signature/date lines are again being utilized. Additionally, the auditor has been provided a copy of an email wherein specific instructions for correction are articulated.

Given the above, the auditor has determined that the condition was temporary and the same has been properly addressed. Accordingly, the auditor now finds GCRP substantially compliant with 115.231(d).

Given the above and the corrective action implemented with respect to 115.231(d), the auditor now finds GCRP substantially compliant with 115.231.

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115.232	Volunteer and contractor training
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.232(a)</p> <p>Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The PA further self reports zero contractor(s) and volunteer(s) have provided services at GCRP during the last 12 months.</p> <p>GCRP PREA Policy 3-6 entitled Training, page 2, section II(F)(1-3) addresses 115.232(a).</p> <p>The auditor's cursory review of the CCCS PREA Volunteer and/or Contractor Training Handbook reveals comprehensive training similar to that provided to CCCS staff. The same is comprised of a Power Point presentation and video with significant discussion topics.</p> <p>As zero contractors or volunteers provide services at GCRP, such interviews could not be facilitated.</p> <p>Given the fact 115.232 does not require the provision of annual PREA training to contractors and volunteers and the evidence previously cited, the auditor finds GCRP exceeds standard expectations with respect to 115.232(a).</p> <p>115.232(b)</p> <p>Pursuant to the PAQ, the PA self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The PA further self reports all volunteers and contractors who have contact with residents have been notified of the agency's zero tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.</p> <p>GCRP PREA Policy 3-6 entitled Training, page 2, section II(G) addresses 115.232(b).</p> <p>Given the fact that zero contractors/volunteers provide services at GCRP, interviews could not be facilitated.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.232(b).</p>

	<p>115.232(c)</p> <p>Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>GCRP PREA Policy 3-6 entitled Training, page 3, section II(H) addresses 115.232(c).</p> <p>Given the fact that zero contractors/volunteers provide services at GCRP, interviews could not be facilitated and documentary evidence was unavailable for review.</p> <p>Accordingly, the auditor finds GCRP substantially compliant with 115.232(c).</p> <p>In view of the finding noted in the narrative for 115.232(a), the auditor finds GCRP exceeds standard expectations with respect to 115.232.</p>
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115.233	Resident education
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.233(a)</p> <p>Pursuant to the PAQ, the PA self reports residents receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 97 GCRP residents were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the residents admitted to GCRP during the last 12 months.</p> <p>GCRP PREA Policy 3-3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(a)(1-4) addresses 115.233(a).</p> <p>The intake staff interviewee asserts he does provide residents with information about the zero-tolerance policy regarding sexual abuse/harassment of residents and how to report incidents or suspicions of sexual abuse/harassment. Specifically, the GCRP PREA Handbook, PREA tri-fold pamphlet are provided to residents immediately upon the date of arrival and a cursory explanation of PREA rights and responsibilities is provided at PREA Orientation as a means of educating residents regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p>

The interviewee states that he reads parts of the GCRP PREA Handbook to blind residents. The GCRP PREA Handbook is also available in large print. With respect to LEP residents, the LanguageLink procedure is posted in the security office and he has been trained with respect to utilization of the same. The interviewee states that cognitively impaired residents would not be housed at GCRP.

All 11 random resident interviewees state they received information about the facility's rules against sexual abuse/harassment upon arrival at GCRP. Specifically, they received the GCRP PREA Handbook, PREA tri-fold pamphlet, and the PREA video review. Of note, all interviewees state they received written materials at intake and the PREA video within the first week of arrival.

All 11 random resident interviewees state when they first arrived at the facility, they were told about:

Their right to not be sexually abused/harrassed;

How to report sexual abuse/harassment; and

Their right not to be punished for reporting sexual abuse/harassment.

The auditor's on-site review of 13 random 2024 and 2025 resident files reveals timely and comprehensive provision of the GCRP PREA Handbook on the day of arrival and review of the PREA video and additional instruction on the day of arrival up to seven days of arrival at GCRP.

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

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

115.233(b)

Pursuant to the PAQ, the PA self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports 28 residents were transferred to GCRP from a different community confinement facility within the last 12 months.

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

The intake staff interviewee asserts he does provide residents with information about the zero-tolerance policy regarding sexual abuse/harassment of residents and how to report incidents or suspicions of sexual abuse/harassment. Specifically, the GCRP PREA Handbook and PREA tri-fold pamphlet are provided to residents

immediately upon the date of arrival and a cursory explanation of PREA rights and responsibilities are provided at PREA Orientation as a means of educating residents regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The interviewee states that he reads parts of the GCRP PREA Handbook to blind residents. The GCRP PREA Handbook is also available in large print. With respect to LEP residents, the LanguageLink procedure is posted in the security office and he has been trained with respect to utilization of the same. The interviewee states that cognitively impaired residents would not be housed at GCRP.

All 11 random resident interviewees state they were transferred from either city or county jails, secure revocation center(s), or community confinement facilities. A discussion regarding time frames for presentation of these materials is clearly scripted in the narrative for 115.233(a).

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

115.213(c)

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

GCRP PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(1)(b) addresses 115.233(c). Additionally, GCRP PREA Policy 3-3 entitled Intake/Screening, pages 2 and 3, section II(A)(3) and (4) addresses 115.233(c).

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

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

The Agency Head asserts the agency has established procedures to provide resident with disabilities and residents who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with LanguageLink, compliance regarding LEP residents is accomplished.

The one resident who presents as low functioning interviewee states the facility provides information about sexual abuse/harassment he is able to understand. Posters are adequately posted, enabling him to easily read the same. Additionally,

written materials are adequate for his reference. This is commensurate with the auditor's observations.

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

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

115.233(d)

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

GCRP PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(1)(f and g) addresses 115.233(d).

The auditor's PAQ review of three 2024 GCRP Receipts of GCRP PREA Handbook and accompanying PREA Education and Orientation Acknowledgments reveals that PREA education was completed on the day of arrival. Additionally, the auditor's on-site review of 13 random resident files reveals substantial compliance with 115.233(d) as the same documents were completed on the day of arrival at GCRP. Residents affix their signatures and dates on these documents.

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

115.233(e)

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

GCRP PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(1)(c) addresses 115.233(e).

The auditor notes that GCRP PREA Handbook information is consistent with both policy and procedure. This document is perhaps the most important document and the first received by residents upon arrival at the facility. Additionally, the auditor has determined that posters are appropriate in terms of content and consistent with policy information and practice.

The auditor notes the agency's zero-tolerance policy towards sexual abuse/harassment and reporting procedures/applicable address(es) and telephone numbers are clearly visible throughout the facility. Posters are positioned such that all residents can readily read the same. Posters are consistent with current

	<p>procedures and documentation is written at a level appropriate for the population. This condition was observed during the facility tour.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.233(e).</p> <p>Based on the findings reflected above, the auditor finds GCRP substantially compliant with 115.233.</p>
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115.234	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.234(a)</p> <p>Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>GCRP PREA Policy 3-6 entitled Training, page 3, section II(J)(1) addresses 115.234(a).</p> <p>The administrative investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line NIC sponsored training (Basic), as well as, the advanced course. A description of the same is provided in the following paragraphs. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed and a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.</p> <p>The auditor's review of the 2019 National Institute of Corrections (NIC) Certificate for the CCCS PC reveals completion of the courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting training. Additionally, the auditor's review of a Staff Development and Training Record dated March 18, 2025 regarding the BTC reveals he has completed the requisite specialty training. The auditor notes that the PA has recently assumed duties (within two to three weeks of the onsite visit) and accordingly, he has not completed the requisite specialty training as required by the aforementioned policy.</p> <p>Pursuant to the above policy, the PA and PM are required to complete the requisite specialty training as a method to ensure their familiarity with the SART process. Given the circumstances reflected in the preceding paragraph, the auditor will not issue a finding in this matter. The auditor does admonish GCRP officials to ensure the requisite training is completed by the PA as soon as possible, however.</p> <p>The criminal investigative interviewee states she did not receive training specific to</p>

conducting sexual abuse investigations in a confinement setting. However, she did receive sexual abuse investigative training during both the Academy. Additionally, she has received sexual abuse investigative training through the Montana Law Enforcement Academy (MLEC) and International Association of Chiefs of Police (IACP).

In view of the above, the auditor finds GCRP substantially compliant with 115.234(a).

115.234(b)

GCRP PREA Policy 3-6 entitled Training, page 3, section II(J)(2) addresses 115.234(b).

The administrative investigative staff interviewee asserts the training he completed included the following topics:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative or prosecution referral.

The auditor's cursory review of the NIC specialty training (Conducting Sexual Abuse Investigations in a Confinement Setting) lesson plan reveals the same is commensurate with the requirements of 115.234(b). Specifics regarding the training validation are addressed in the narrative for 115.234(a). The auditor has also reviewed various additions to the training as uploaded into OAS.

The criminal investigative interviewee states the sexual abuse training she received addressed the following topics:

Techniques for interviewing sexual abuse victims;

Proper use of Miranda warnings as the same are applicable in the criminal context;

Sexual abuse evidence collection as applied to community scenarios; and

The criteria and evidence required to substantiate a case for administrative or prosecution referral.

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

115.234(c)

	<p>Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that investigators have completed requisite training. The PA self reports the agency maintains documentation showing one investigator has completed requisite training.</p> <p>GCRP PREA Policy 3-6 entitled Training, page 3, section II(J)(3) addresses 115.234(c).</p> <p>The auditor's review of the 2019 National Institute of Corrections (NIC) Certificate for the CCCS PC reveals completion of the courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting training. Additionally, the auditor's review of a Staff Development and Training Record dated March 18, 2025 regarding the BTC reveals he has completed the requisite specialty training. The auditor notes that the PA has recently assumed duties (within two to three weeks of the onsite visit) and he has not completed the requisite specialty training as required by the aforementioned policy.</p> <p>Pursuant to the above policy, the PA and PM are required to complete the requisite specialty training as a method to ensure their familiarity with the SART process. Given the circumstances reflected in the preceding paragraph, the auditor will not issue a finding in this matter. The auditor does admonish GCRP officials to ensure the requisite training is completed by the PA as soon as possible.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.234(c).</p> <p>Based on the lack of findings noted in this narrative, the auditor finds GCRP substantially compliant with 115.234.</p>
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115.235	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.235(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities and have contact with residents. The PA further self reports that one mental health practitioner (100%) who works regularly at the facility completed the specialized training. Zero medical practitioners provide services at GCRP.</p> <p>GCRP PREA Policy 3.5 entitled Medical and Mental Health, page 3, section III(A)(1-4) addresses 115.235(a).</p> <p>The mental health staff interviewee states she has completed a three to five hour</p>

on-line National Institute of Corrections course regarding provision of mental health treatment to sexual abuse victims in a confinement setting. The same included the following topics:

How to detect and assess signs of sexual abuse/harassment;

How to preserve physical evidence of sexual abuse;

How to respond effectively and professionally to victims of sexual abuse/harassment; and

How and to whom to report allegations or suspicions of sexual abuse/harassment.

The auditor's review of one Staff Development and Training Record Form for the specialty course entitled PREA: Mental Health Standards for PREA reveals substantial compliance with 115.235(a).

In view of the above, the auditor finds GCRP substantially compliant with 115.235(a).

115.235(b)

Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations at GCRP. The auditor validated the same pursuant to interview with mental health staff.

In view of the above, the auditor finds 115.235(b) not applicable to GCRP.

115.235(c)

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

GCRP PREA Policy 3.5 entitled Medical and Mental Health, page 3, section III(C) addresses 115.235(c).

The auditor's review of one Staff Development and Training Record Form for the specialty course entitled PREA: Mental Health Standards for PREA reveals substantial compliance with 115.235(c).

In view of the above, the auditor finds GCRP substantially compliant with 115.235(c).

115.235(d)

	<p>The auditor's on-site review of one 2025 mental health staff training file reveals completion of annual PREA training, inclusive of the "What You Need to Know" video among other topics, minimally. This is validated pursuant to review of the respective Staff Development and Training Record Form dated February 4, 2025..</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.235(d).</p> <p>Based on the lack of adverse findings as noted above, the auditor finds GCRP substantially compliant with 115.235.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.241(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>GCRP PREA Policy 3-3 entitled Intake/Screening, page 4, section II(B) addresses 115.241(a). This policy stipulates residents are screened pursuant to the GCRP screening tool upon arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other residents or sexually abusive toward other residents.</p> <p>Housing and program assignments are made following the risk screening assessment on a case-by-case basis by intake staff, the PM, and other appropriate staff.</p> <p>The staff responsible for risk screening interviewees state the BTC or shift leader screens residents upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.</p> <p>The 11 random resident interviewees state that when they first came to the facility, they were asked the following questions:</p> <p>Whether they had been in jail or prison before;</p> <p>Whether they had ever been sexually abused;</p> <p>Whether they identify as being gay, bisexual, transgender, or intersex; and</p> <p>Whether they think they might be in danger of sexual abuse at the facility.</p>

All 11 random interviewees also state they were screened on the day of arrival at the facility.

The auditor's PAQ review of four 2024 initial assessments reveals the same were completed on the day of arrival.

The auditor's on-site review of all 13 random resident files likewise reveals comprehensive completion of the initial assessment within 24 hours of arrival.

Of note, 11 of 12 onsite file reviews reveal that 30-day reassessments were completed within 30-days of arrival at GCRP. One reassessment had not been completed at the time of the onsite visit in view of the proximity of the resident's arrival at GCRP and the timing of the onsite visit.

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

115.241(b)

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA further self reports that during the last 12 months, 97 residents entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other residents, within 72 hours of their entry into the facility. This equates to 100% of residents admitted to the facility during the last 12 months for 72 hours or more.

GCRP PREA Policy 3-3 entitled Intake/Screening, page 4, section II(B)(1) addresses 115.241(b). This policy stipulates residents are screened pursuant to the GCRP screening tool upon arrival (within 24 hours) at the facility for potential vulnerabilities or tendencies of being sexually abused by other residents or being sexually abusive toward other residents.

The staff responsible for risk screening interviewee states the BTC or shift leads generally screen residents for risk of sexual victimization or risk of sexually abusing other residents at intake, always within 24 hours of arrival.

The 11 random resident interviewees state that when they first came to the facility, they were asked the following questions:

Whether they had been in jail or prison before;

Whether they had ever been sexually abused;

Whether they identify as being gay, bisexual, transgender, or intersex; and

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

All 11 random interviewees also state they were screened on the day of arrival at the facility.

The auditor's PAQ review of four 2024 initial assessments reveals the same were completed on the day of arrival at GCRP. Additionally, the auditor's on-site review of 13 random resident files likewise reveals comprehensive completion of the initial assessment within 24 hours of arrival.

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

115.241(c)

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

GCRP PREA Policy 3-3 entitled Intake/Screening, page 4, section II(B)(1)(a-j) addresses 115.241(c).

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

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

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

115.241(d)

GCRP PREA Policy 3-3 entitled Intake/Screening, page 4, section II(B)(1)(a-j) addresses 115.241(d).

The staff responsible for risk screening interviewee states the initial and 30-day reassessment risk screening considers:

Vulnerability assessment at GCRP;

History of violence;

History of sexual victimization or aggression in a confinement facility;

History of sexual abuse in the community;

Medical/mental health impairment;

Age; and

Physical stature.

In terms of the process for conducting the initial screening, the resident is escorted to the Treatment Room and screened behind closed doors. A frame window is part of the door. No staff or residents are in the area during screening. Questions are read to the resident and they respond accordingly with responses documented on the screening tool by the screener. The initial screener does review pre-arrival material.

In view of the above, the auditor finds GCRP substantially compliant with 115.241(d).

115.241(e)

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

GCRP PREA Policy 3-3 entitled Intake/Screening, pages 4 and 5, section II(B)(2) addresses 115.241(e).

The staff responsible for risk screening interviewee states the initial and 30-day reassessment risk screening considers:

Vulnerability assessment at GCRP;

History of violence;

History of sexual victimization or aggression in a confinement facility;

History of sexual abuse in the community;

Medical/mental health impairment;

Age; and

Physical stature.

The staff responsible for risk screening interviewee states the initial and 30-day reassessment risk screening considers:

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

115.241(f)

Pursuant to the PAQ, the PA self reports the policy requires the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA further self reports that during the last 12 months, 94 residents entering the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual victimization or risk of sexually abusing other residents, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of residents who meet the aforementioned 30-day threshold.

GCRP PREA Policy 3-3 entitled Intake/Screening, page 5, section II(B)(3) addresses 115.241(f).

The staff responsible for risk screening interviewee asserts that sexual victimization/aggressiveness reassessments are completed within 30-days of the resident's arrival at GCRP. The reassessment is completed within a window of 25-30 days of arrival at GCRP.

Of note, 11 of 12 of the random 30-day reassessments reviewed during the onsite visit were completed within 30-days of arrival at GCRP. One reassessment was not yet due in view of the proximity between arrival at GCRP and the onsite visit.

Five of 11 random resident interviewees assert they were again screened within 30-days of arrival at GCRP. Two of the residents interviewed were not yet due for reassessment in view of the proximity of the onsite visit to their arrival at GCRP.

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

115.241(g)

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

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

The second staff responsible for risk screening interviewee (CM) states she does reassess a resident's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness. The PA asserts zero 115.241(g) reassessments were completed during the last 12 months as zero sexual abuse allegations were reported and/or additional relevant information warranting reassessment has not been received.

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

115.241(h)

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

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

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

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

The resident's own perception of vulnerability.

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

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

Of note, a signed Disclaimer is present in each of the aforementioned four PAQ assessment and reassessment packets, as well as, the 13 random initial and/or 30-day reassessment packets reviewed onsite.

The staff responsible for risk screening interviewee states that residents are not disciplined in any way for refusing to respond to or for not disclosing complete

	<p>information related to the following:</p> <p>Whether or not the resident has a mental, physical, or developmental disability;</p> <p>Whether or not the resident is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;</p> <p>Whether or not the resident has previously experienced sexual victimization; and</p> <p>The resident's own perception of vulnerability.</p> <p>Residents sign the Disclaimer which clearly scripts non-discipline as indicated.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.241(h).</p> <p>115.241(i)</p> <p>GCRP PREA Policy 3-3 entitled Intake/Screening, page 5, section II(B)(8) addresses 115.241(i).</p> <p>The PM interviewee asserts shift leads and the BTC facilitate initial PREA screening and route the completed screening instrument to the BTC. The BTC/PM maintains hard copies of the same in his locked cabinet in his locked office. Assessments may be shared with the PA. Assessments are not maintained electronically.</p> <p>Auditor's Note: During the on-site audit, the auditor did validate storage practices as described by the PM interviewee. The staff responsible for risk screening interviewee (PM interviewee and CM) states completed assessments are routed from the shift leads to the PM. The instruments are placed in a locked cabinet for retrieval by the PM.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.241(i).</p> <p>The auditor finds GCRP substantially compliant with 115.241.</p>
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115.242	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.242(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with</p>

the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

GCRP PREA Policy 3-3 entitled Intake/Screening, page 6, section II(C)(b) addresses 115.242(a).

In response to how the facility uses information from risk screening during intake to keep residents from being sexually victimized or being sexually abusive, the PM interviewee and staff responsible for risk screening interviewees state potential victims (PVs) and known victims (KVs) are geographically separated from potential aggressors (PAs) and known aggressors (KAs) by virtue of bunk assignment and unit assignment. Victims are generally housed in two open dormitories while aggressors are generally housed in the other two dormitories. Either classification may be housed with residents designated as Unrestricted.

The BTC ensures the classification is noted on the Room Assignment Sheet based on the PREA Risk Assessment Tool roster to ensure separation and programs/routines are monitored by staff. This document is updated every time a new commitment is processed. Additionally, program room(s) is/are covered by camera surveillance.

The auditor's cursory review of five days of the aforementioned housing documentation reveals substantial compliance with 115.242(a). The evidence reveals separation of those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

115.242(b)

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

GCRP PREA Policy 3-3 entitled Intake/Screening, page 6, section II(C)(c) addresses 115.242(b).

In response to how the facility uses information from risk screening during intake to keep residents from being sexually victimized or being sexually abusive, the PM interviewee and staff responsible for risk screening interviewees state potential victims (PVs) and known victims (KVs) are geographically separated from potential aggressors (PAs) and known aggressors (KAs) by virtue of bunk assignment and room assignment. Victims are generally housed in two open dormitories while aggressors are generally housed in the other two dormitories. Either classification may be housed with residents designated as Unrestricted.

The PM interviewee ensures the classification is noted on the Room Assignment Sheet based on the PREA Risk Assessment Tool roster to ensure separation and programs/routines are monitored by staff. This document is updated every time a

new commitment is processed. Additionally, program room(s) is/are covered by camera surveillance.

The auditor's cursory review of five days of the aforementioned housing documentation reveals substantial compliance with 115.242(a). The evidence reveals separation of those residents at high risk of being sexually victimized from those at high risk of being sexually abusive.

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

115.242(c)

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

GCRP PREA Policy 3-3 entitled Intake/Screening, page 6, section II(C)(d) addresses 115.242(c).

The PM interviewee asserts males transitioning to females are generally housed in male designated facilities. A collaborative approach (security/treatment staff) is used to determine appropriateness of the resident for the facility. Transgender residents are not generally housed at GCRP as needs cannot be addressed.

There are no designated wings or housing units for transgender/intersex residents. Transgender/intersex residents may be housed with residents bearing Unrestricted status in the remote event a transgender resident is housed at GCRP. The resident's personal feelings regarding vulnerability would be considered. The PM interviewee further asserts the resident's health and safety are primary considerations. Additionally, potential management and security concerns are considered.

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

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

115.242(d)

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

The PM interviewee asserts transgender/intersex resident's own views with respect to safety are given serious consideration in placement and programming assignments. The same is reflected as an assessment item on the assessment tool.

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

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

115.242(e)

GCRP PREA Policy 3-3 entitled Intake/Screening, page 7, section II(C)(i) addresses 115.242(e).

The PM interviewee asserts transgender/intersex residents would be given the opportunity to shower separately from other residents, should they request the same. Such shower(s) could be taken in the bathroom/shower area with a sign posted to close the bathroom. Security staff would monitor the bathroom/shower area from outside the same to ensure no entrance to the same during the shower period. The PA interviewee is the approving authority for such showers.

The staff responsible for risk screening interviewees confirm the PM interviewee's assertion.

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

115.242(f)

GCRP PREA Policy 3-3 entitled Intake/Screening, page 7, section II(C)(j) addresses 115.242(f).

The PM interviewee asserts the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) residents. LGBTI residents are not placed in a designated wing or housing area. The PM interviewee, in conjunction with the BTC, closely monitor the aforementioned housing document, taking such housing into consideration.

The auditor's review of the previously mentioned housing document reveals no deviation from the requirements of 115.242(f).

In view of the above, the auditor finds GCRP substantially compliant with 115.242(f).

Based on the lack of findings as noted throughout the narrative for 115.242, the auditor finds GCRP substantially compliant with 115.242.

115.251	Resident reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.251(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment;</p> <p>Retaliation by other residents or staff for reporting sexual abuse and sexual harassment; and</p> <p>Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>GCRP PREA Policy 3-4 entitled Reporting, page 1, section II(a)(ii) addresses 115.251(a).</p> <p>The auditor's review of the GCRP PREA Handbook for Offenders reveals significant information regarding reporting options. Pages 3 through 6 of this resource clearly provide necessary information for residents to be educated regarding reporting options as required pursuant to 115.251.</p> <p>All 10 random staff interviewees were able to identify at least two methods in which residents can privately report sexual abuse/harassment pursuant to 115.251(a). Methods of reporting include:</p> <p>Verbal report to staff;</p> <p>Third-party report;</p> <p>Write a letter;</p> <p>Call Hotline to Boyd Andrews Community Services (BACS);</p> <p>Submit an emergency grievance; and</p> <p>Submit an email to staff.</p> <p>All 11 random resident interviewees were able to identify at least two methods of private reporting of sexual abuse/harassment incidents prescribed in 115.251(a). Methods of reporting identified are:</p> <p>Third party report;</p> <p>Verbal report to staff;</p>

Call the BACS Hotline;

Contact BPD; and

Write a kite.

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

115.251(b)

Pursuant to the PAQ, the PA self reports the agency provides at least one way for residents to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. The GCRP PREA Handbook for Offenders, page 4 addresses 115.251(b) requirements. The language articulated in this provision addresses third party reporting (BACS Hotline). Additionally, the same information is articulated on Page 1 of the GCRP PREA brochure.

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

The Hotline telephone number is posted near resident telephone(s) located across from the BT Office. This procedure does enable receipt and immediate transmission of resident reports of sexual abuse/harassment to agency officials as the BACS PC reports the call to the CCCS PC.

On May 22, 2025 at 11:53AM, the auditor tested the BACS Hotline. The call was initially received by the BACS PC. The test call was facilitated on the resident landline telephone located as reflected above. The BACS PC did text the CCCS PC, alerting him to the test call. Accordingly, the auditor finds GCRP substantially compliant with 115.251(b).

Ten of 11 random resident interviewees state they can make a report without having to give their name.

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

115.251(c)

Pursuant to the PAQ, the PA self reports the agency has a policy mandating staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PA further self reports staff are required to immediately document verbal reports.

CCCS PREA Policy 1.3.5.12, page 13, section IV(115.251)(c) addresses 115.251(c). It is noted that the requirement for staff to accept reports verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports, is addressed in the Staff Training Power Point training slides 29 and 30.

All 10 random staff interviewees state residents can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. All 10 random interviewees likewise state they document any verbal reports immediately following receipt.

All 11 random residents state they can report allegations both verbally and in writing. Ten of 11 random resident interviewees state they can make a report without having to give their name.

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

115.251(d)

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. Staff can verbally, written, electronically, telephonically, via third party, or via mail, submit a report. Third party reporting forms are a means, as well. Staff are informed of reporting mechanisms during Pre-Service and In-Service training sessions, as well as, periodic PREA refresher documents.

GCRP PREA Policy 3-4 entitled Reporting, page 2, section II(a)(iii and iv) addresses 115.251(d).

All 10 random staff interviewees were able to cite at least two methods which staff can use to privately report sexual abuse/harassment of residents. Cited methods of reporting were:

Verbal report to supervisor behind closed door(s);

Submission of a written report;

Telephonic report to BTS/PA/BTC/PM; and

Email report.

In view of the above, the auditor finds GCRP substantially compliant with 115.251(d).

Given the above, the auditor finds GCRP substantially compliant with 115.251.

115.252	Exhaustion of administrative remedies
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 338 437 371">115.252(a)</p> <p data-bbox="279 412 1476 490">Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.</p> <p data-bbox="279 524 1433 680">GCRP PREA Policy 3-4 entitled Reporting, pages 3 and 4, section II(a)(xvi)(1-6) addresses 115.252(a). Pages 5 and 6 of the GCRP PREA Handbook for Offenders, section entitled Grievance Procedure addresses PREA grievances, as well as, Emergency Grievances (EGs).</p> <p data-bbox="279 719 1476 875">The auditor notes that the locked EG box(es) (pursuant to the amended grievance form, sexual abuse issues are defined as applicable) are checked daily by the shift leads or above. The auditor's observation of the EG box in the main hallway reveals the same was locked.</p> <p data-bbox="279 913 1310 992">In view of the above, the auditor finds GCRP substantially compliant with 115.252(a).</p> <p data-bbox="279 1104 437 1137">115.252(b)</p> <p data-bbox="279 1178 1481 1379">Pursuant to the PAQ, the PA self reports agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PA further relates agency policy does not require a resident to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="279 1413 1422 1536">GCRP PREA Policy 3-4 entitled Reporting, page 3, section II(a)xvi)(1-3) addresses 115.252(b). The GCRP PREA Handbook for Offenders, page 5, section entitled Grievance Procedure (a) also addresses 115.252(b).</p> <p data-bbox="279 1570 1310 1648">In view of the above, the auditor finds GCRP substantially compliant with 115.252(b).</p> <p data-bbox="279 1760 437 1794">115.252(c)</p> <p data-bbox="279 1834 1449 2036">Pursuant to the PAQ, the PA self reports agency policy and procedure allows a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA further self reports agency policy and procedure requires that a resident grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.</p>

GCRP PREA Policy 3-4 entitled Reporting, page 4, section II(a)9xvi)(e) addresses 115.252(c). GCRP PREA Handbook for Offenders, page 5, section entitled Grievance Procedure (b) addresses 115.252(c).

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

115.252(d)

Pursuant to the PAQ, the PA self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. A 70-day extension may be granted, if necessary. The PA further self reports zero grievances were filed within the last 12 months wherein sexual abuse was alleged. The PA further self reports the agency always notifies the resident, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

GCRP PREA Policy 3-4 entitled Reporting, page 4, section II(a)(xvi)(6)(a and c) addresses 115.252(d). GCRP PREA Handbook for Offenders, page 5, section entitled Grievance Procedure (c)(1) addresses 115.252(d).

As previously indicated, the PM self reports zero residents at GCRP reported a sexual abuse incident at the facility pursuant to a grievance. Accordingly, an interview could not be conducted with a resident who reported a sexual abuse incident at GCRP during the last 12 months.

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

115.252(e)

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

GCRP PREA Policy 3-4 entitled Reporting, page 8, section II(d)(ii and iii) addresses 115.252(e). GCRP PREA Handbook for Offenders, page 5, section entitled Grievance Procedure (d)(1) also addresses 115.252(e).

During review of both GCRP PREA Policy 3-4 and the GCRP PREA Handbook for Offenders, the auditor noted one error in terminology which requires correction to align with the standard. Both documents reflect that third parties, including fellow residents, staff members, "residents", attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. This sentence should read as follows:

Third parties, including fellow residents, staff members, "family members", attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents.

In view of the above, the auditor finds GCRP non-compliant and imposes a 180-day corrective action period wherein the CCCS PC will amend the above policy and the PREA handbook to align with the standard. The due date for corrective action completion is November 28, 2025. Upon completion of the amended policy, the CCCS PC will upload the same to OAS and the auditor will effect a compliance determination.

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

In view of the above, the auditor finds GCRP non-compliant with 115.252(e).

September 30, 2025 Update:

The auditor's review of the amended GCRP PREA Policy 3-4 entitled Reporting, page 3, section II(a)xvi)(1-3) and the amended GCRP PREA Handbook for Offenders, page 5, section entitled Grievance Procedure (d)(1) reveals that 115.252(e) corrective action has been successfully completed. "Family members" language has been added to policy language as articulated above and the same is commensurate with the GCRP PREA Handbook for Offenders.

In view of the above, the auditor finds that corrective action is now complete and GCRP is substantially compliant with 115.252(e).

115.252(f)

Pursuant to the PAQ, the PA self reports the agency has a policy and established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse. The PA further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the last 12 months. The PA asserts agency policy and procedure for

	<p>emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five calendar days.</p> <p>GCRP PREA Policy 3-4 entitled Reporting, pages 3 and 4, section II(a)(XVI)(5)(a and b) addresses addresses 115.252(f). GCRP PREA Handbook for Offenders, page 6, section entitled Emergency Grievance addresses 115.252(f). This policy addresses imminent danger of sexual abuse and is therefore applicable to this provision.</p> <p>The auditor has not received any requests for administrative remedy regarding imminent sexual abuse nor has any been uploaded into OAS.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.252(f).</p> <p>115.252(g)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the resident filed the grievance in bad faith. The PA further self reports that during the last 12 months, zero instances of resident discipline were meted out for incidents of this nature.</p> <p>GCRP PREA Policy 3-4 entitled Reporting, page 4, section II(a)(xvi)(5)(c) addresses 115.252(g).</p> <p>The auditor has not discovered nor has he been provided any evidence warranting a finding of deviation from 115.252(g).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.252(g).</p> <p>In view of the successful completion of 115.252(e) corrective action and all remaining evidence presented throughout the 115.252 narrative, the auditor finds GCRP substantially compliant with 115.252.</p>
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115.253	Resident access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.253(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by:</p>

Giving residents mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations;

Enabling reasonable communication between residents and these organizations in as confidential manner as possible.

GCRP PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(a) addresses 115.253(a). The GCRP PREA Handbook for Offenders, page 7, section entitled Counseling Programs for Victims of Sexual Assault supports 115.253(a).

During the facility tour, the auditor observed the GCRP Emotional Support Line poster hung near resident telephone(s).

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

On May 22, 2025 at 11:57AM, the auditor tested the Sexual Assault Counseling Center of Help Center telephone number. The call was answered by a crisis counselor who stated that if the call was other than a test, he would forward the same to a VA. The test call was facilitated on the resident landline telephone located across from the BT Office. The call was toll free and confidential as pin numbers, resident numbers were not requested.

Ten of 11 random resident interviewees state services are available outside of the facility for dealing with sexual abuse, if they need the same. Three interviewees identified the Help Center while some of the remaining interviewees identified Cedar Creek, MH Awareness, and counseling. As reflected above, Help Center is a VA group, providing counseling and VA services.

Six of 11 interviewees state the name(s), telephone number(s), and address(es) for service(s) are posted near the telephone(s) and one interviewee states the information is noted in the GCRP PREA Handbook. Ten of 11 interviewees state the number(s) is/are free to call. Ten of 11 interviewees state they can talk to staff from the service(s) anytime.

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

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

115.253(b)

Pursuant to the PAQ, the PA self reports the facility informs residents, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The PA further self reports the facility informs residents, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law.

GCRP PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(b) addresses 115.253(b). The GCRP PREA Handbook for Offenders, page 7, section entitled Counseling Programs for Victims of Sexual Abuse also addresses 115.253(b). Clearly, reports of sexual abuse, either in the community or at the facility, must be reported by Help Center VAs.

Ten of 11 random resident interviewees state that what they say to staff from the services referenced in the narrative for 115.253(a) remains private. Six of 11 interviewees state that the conversations with them may be listened to or told to someone else if the conversations address criminal activity in the community or facility, inclusive of sexual abuse and/or self-injurious behavior.

Given the fact that the GCRP PREA Handbook addresses the subject-matter of 115.253(b), the auditor finds there is sufficient education material and efforts to educate residents. Residents have the ability to remain informed regarding this matter.

Accordingly, the auditor finds GCRP substantially compliant with 115.253(b). Of note, the auditor provided refresher information to five random resident interviewees regarding the subject-matter of 115.253(b).

In view of the above, the auditor finds GCRP substantially compliant with 115.253(b).

115.253(c)

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

The MOU between CCCS and Sexual Assault Counseling Center of Help Center clearly captures the requirements of 115.253(c). The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

In view of the above, the auditor finds GCRP substantially compliant with 115.253(c).

Based on the lack of adverse findings as reflected above, the auditor finds GCRP

	substantially compliant with 115.253.
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115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.254(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment.</p> <p>Third-party reporting forms are located at or near the BT Office, as well as, digitized on the CCCS website (www.cccscorp.com website). All forms are received by the CCCS PC, PM, or PA. Calls are referred to the CCCS PC for investigation.</p> <p>Additionally, reporters can contact BACS to report and they (BACS PC) will, in turn, contact the CCCS PC. The same is clearly articulated in the uploaded MOU between CCCS and BACS. Emails are another source of receiving third party reports and they are disseminated to the CCCS PC immediately.</p> <p>The auditor's test of the third-party reporting system reveals the same to be functional. On May 22, 2025 at 11:53AM, the auditor tested the BACS Hotline. The call was initially received by the BACS PC. The test call was facilitated on the resident landline telephone located across from the BT Office. The BACS PC did text the CCCS PC, alerting him to the test call. Accordingly, the auditor finds GCRP substantially compliant with 115.254(a).</p> <p>The auditor's review of the GCRP website reveals the third-party report can be emailed to the CCCS PC and the email address is clearly identified on the form.</p> <p>According to the PA interviewee, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. Additionally, third-party reporting forms are located in the front entry area for use by visitors, etc. The auditor's observations throughout the facility tour validated the above.</p> <p>During the facility tour, the auditor observed the BACS Hotline reporting poster in the entrance area and near the resident telephones (located near the facility entry). Additionally, the actual third party reporting form was available at the BT Office.</p> <p>The auditor notes that he signed and dated a PREA Compliance Acknowledgment form upon entry to the facility. All contractors, visitors, and volunteers complete this form each time they enter the facility. Reporting procedures, absent the BTC and BACS Hotline numbers, are noted in this document.</p> <p>GCRP PREA Policy 3-4 entitled Reporting, pages 7 and 8, section II(d)(1) reflects that third party reports can be sent via mail or email to the GCRP PM or CCCS PC. Third</p>

	<p>Party reporters may call or report to the CCCS PC or PM personally. Third Party reporting forms are available on each facility floor; however, they can be accessed by asking any staff member, case manager, family member, volunteer, contractor, program administrator or BTC. Additionally, this policy specifies that the BACS Hotline can be accessed.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.254.</p>
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115.261	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.261(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p>Any retaliation against resident(s) or staff who reported such an incident; and</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>GCRP PREA Policy 3-4 entitled Reporting, page 6, section II(c)(i) addresses 115.261(a).</p> <p>All 10 random staff interviewees state the agency requires all staff to report the following incidents immediately to the shift lead, PA, PM, or CCCS PC:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p>Any retaliation against residents or staff who reported such an incident; and</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>All 10 random staff interviewees were able to cite at least two methods of reporting the above to supervisors and executive staff as follows:</p> <p>Verbal report to supervisor behind closed door(s);</p> <p>Submission of a written report;</p>

Email;

Third party report; and/or

BACS Hotline report.

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

115.261(b)

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

GCRP Policy 3-4 entitled Reporting, pages 5 and 6, section II(c)(1) addresses 115.261(b).

All 10 random staff interviewees state the agency requires all staff to report immediately to the shift lead, PA, PM, or CCCS PC:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against residents or staff who reported such an incident; and

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

If a sexual abuse/harassment investigation is completed, the CCCS PC or GCRP PM electronically forwards all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC in a password protected system. Hard copies of these documents are maintained in a locked cabinet(s) in the PM's locked office. During the facility tour and throughout the on-site visit, the auditor did validate the above regarding electronic and hard copy storage of data.

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

115.261(c)

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph

(a) of this section and to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The mental health staff interviewee states that at the initiation of services to a resident, she verbally disclose the limitations of confidentiality and her duty to report.

The interviewee further reports she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. She reports directly to the PA and PM. The interviewee states she has not become aware of such incidents at GCRP during the last 12 months. However, she would report the same immediately if she became aware of such an incident.

GCRP PREA Policy 3-4 entitled Reporting, page 6, section II(c)(v) addresses 115.261(c).

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

115.261(d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

GCRP PREA Policy 3-4 entitled Reporting, page 6, section II(c)(iv) addresses 115.261(e).

The PA and PM interviewees assert juvenile residents are not housed at GCRP. In the event of sexual abuse of a vulnerable adult however, MDOC and/or DPHSS would be contacted.

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

15.261(e)

The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

As previously noted throughout this report narrative, zero reports of sexual abuse or harassment allegations have been received during the last 12 months.

The PA asserts he receives all resident reports of sexual abuse/harassment and he

	<p>or the highest ranking staff on shift forwards the same to the CCCS PC. The CCCS PC and GCRP PM are trained investigators and accordingly, either party could facilitate the investigation.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.261(e).</p> <p>Based on the lack of findings as articulated throughout the above provision narratives, the auditor finds GCRP substantially compliant with 115.261.</p>
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115.262	Agency protection duties
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.262(a)</p> <p>Pursuant to the PAQ, the PA self reports when the agency or facility learns a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the last 12 months, there was zero times the facility determined a resident was subject to substantial risk of imminent sexual abuse.</p> <p>GCRP PREA Policy 3-4 entitled Reporting, page 2, section II(a)(x) addresses 115.262(a).</p> <p>115.262(a) provisions are also addressed in slides 40 and 41 of the GCRP Power Point Training Presentation, which is provided to staff.</p> <p>According to the Agency Head interviewee, when it is learned that a resident is subject to a substantial risk of imminent sexual abuse, the resident may be removed from the facility. Minimally, the PA is alerted and the supervisor would move the resident to another wing or recommend that the resident be moved to another wing.</p> <p>When it is learned a resident is subject to risk of imminent sexual abuse, the PA asserts he is removed from the danger zone and a better housing location is considered, inclusive of collaboration with MDOC and the CEO, if necessary, to facilitate a transfer. Movement of the potential perpetrator to the other side of the facility until permanent movement can be coordinated is the preferred solution.</p> <p>All 10 random staff interviewees corroborate the statements of the Agency Head and PA in terms of removal of the potential victim from the danger zone with subsequent staff supervision. All 10 interviewees state such action is implemented</p>

	<p>immediately.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.262.</p>
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115.263	Reporting to other confinement facilities
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.263(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where the sexual abuse is alleged to have occurred. The PA further self reports in the last 12 months, the facility received zero allegations of a resident being sexually abused while confined at another facility.</p> <p>The PA asserts upon receiving information from a resident that he/she was abused at another facility, the intake staff would notify him and he, in turn, would notify the facility head in the facility where the alleged abuse occurred. This notification is generally completed within 24 hours of the time GCRP staff are notified. In his absence, this responsibility is delegated to the CCCS PC.</p> <p>GCRP Policy 3-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(a).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.263(a).</p> <p>115.263(b)</p> <p>Pursuant to the PAQ, the PA self reports agency policy requires the facility head to provide such notification to the CEO at the facility wherein the alleged abuse occurred, within 24 hours of the resident's report although the standard provision requires notification within 72 hours after receiving the allegation.</p> <p>GCRP PREA Policy 3-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(b).</p> <p>As mentioned in the narrative for 115.263(a), zero reports of sexual abuse perpetrated at another facility were received from GCRP residents during the last 12 months.</p> <p>In view of the above, the auditor finds GCRP exceeds standard expectations with respect to 115.263(b).</p>

115.263(c)

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

GCRP PREA Policy 3-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(c). As mentioned in the preceding section, the requirements of this policy exceed provision requirements and there is no evidence of deviation from policy during the last 12 months.

As mentioned in the narrative for 115.263(a), zero reports of sexual abuse perpetrated at another facility were received from GCRP residents during the last 12 months.

In view of the above, the auditor finds GCRP exceeds standard requirements with respect to 115.263(c).

115.263(d)

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

GCRP PREA Policy 3-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(d).

In regard to referrals of sexual abuse/harassment allegations that allegedly occurred at a CCCS facility, the Agency Head asserts the PA is generally the point of contact for receipt of the same. The PA opens an investigation accordingly.

The PA asserts if an allegation of sexual abuse (allegedly occurred at GCRP) is received from another facility, a full scale investigation is initiated. The PA further asserts no such allegations have been received from other facilities.

In view of the above, the auditor finds GCRP substantially compliant with 115.263(d).

Based on the lack of findings with respect to 115.263 provisions and the finding of "exceeds requirements" as identified in the narratives for 115.263(b) and (c), the auditor finds GCRP exceeds requirements with respect to 115.263.

115.264	Staff first responder duties
	<p data-bbox="279 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="279 264 564 297">Auditor Discussion</p> <p data-bbox="279 342 437 376">115.264(a)</p> <p data-bbox="279 409 1481 577">Pursuant to the PAQ, the PA self reports the agency has a first responder policy for allegations of sexual abuse. The PA further self reports agency policy requires, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p data-bbox="279 611 847 645">Separate the alleged victim and abuser;</p> <p data-bbox="279 678 1481 757">Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p data-bbox="279 790 1382 958">If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and</p> <p data-bbox="279 992 1445 1115">If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described above.</p> <p data-bbox="279 1149 1452 1227">The PA self reports zero alleged incidents of sexual abuse occurred at GCRP during the last 12 months.</p> <p data-bbox="279 1261 1465 1339">GCRP PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(a).</p> <p data-bbox="279 1373 1449 1541">Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. As previously mentioned in the report narrative, zero residents who reported a sexual abuse were interviewed, given the lack of sexual abuse incidents at GCRP during the last 12 months.</p> <p data-bbox="279 1574 1430 1653">All 10 random staff interviewees properly state their role in the uniform evidence protocol includes:</p> <p data-bbox="279 1686 863 1720">Separation of the victim and perpetrator;</p> <p data-bbox="279 1753 651 1787">Securing the crime scene;</p> <p data-bbox="279 1821 1347 1910">Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a).</p> <p data-bbox="279 1944 1171 1977">Additionally, they contact medical/mental health professionals.</p> <p data-bbox="279 2011 1481 2089">The auditor's review of the GCRP Coordinated Response to PREA Incidents flow chart reveals disparity between policy and the chart. Specifically, the chart reflects that</p>

the first responder REQUESTS that the abuser not destroy physical evidence while the first responder ENSURES that the victim does not destroy physical evidence. These provisions require amendment to ensure compliance with both the standard provision and policy.

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

In view of the above, the auditor finds GCRP non-compliant with 115.264(a) and imposes a 180 day corrective action period wherein the PM interviewee will amend the GCRP Coordinated Response to PREA Incidents flow chart to read as follows:

The first responder will REQUEST that the victim not destroy physical evidence while the first responder will ENSURE that the victim does not destroy physical evidence.

The corrective action due date is November 28, 2025. The PM interviewee will upload the amended flow chart into OAS and the auditor will subsequently assess the same for compliance.

Given the fact that zero sexual abuse incidents were reported at GCRP during the last 12 months, the auditor was unable to interview any residents who reported a sexual abuse incident at GCRP.

In view of the above, the auditor finds GCRP non-compliant with 115.264(a).

September 29, 2025 Update:

The auditor's review of the amended GCRP Coordinated Response to PREA Incidents flow chart now reveals substantial compliance with 115.264(a). Specifically, the chart reflects that staff request that the victim not destroy physical evidence and ensure that the aggressor does not destroy physical evidence.

In view of the above, the auditor now finds GCRP substantially compliant with 115.264(a).

115.264(b)

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

Request that the alleged victim not take any actions that could destroy physical evidence; and

Notify security staff.

	<p>The PA further self reports that zero allegations of sexual abuse were reported within the last 12 months.</p> <p>GCRP PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(b).</p> <p>According to the CCCS PC, all staff (security and non-security) receive the same PREA training. Commensurate with 115.264(a), GCRP staff assist in the evidence preservation process.</p> <p>All 10 random staff interviewees properly state their role in the uniform evidence protocol includes:</p> <p>Separation of the victim and perpetrator;</p> <p>Securing the crime scene;</p> <p>Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a).</p> <p>Additionally, they contact medical/mental health professionals.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.264(b).</p> <p>In view of the completed corrective action articulated in the narrative for 115.264(a) and other evidence cited throughout the narrative, the auditor finds GCRP substantially compliant with 115.264.</p>
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115.265	Coordinated response
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.265(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>GCRP PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1-10 addresses 115.265(a).</p> <p>This policy is unique to both GCRP and 115.265(a). The auditor's review of the above policy reveals a detailed and understandable document available to all staff.</p>

	<p>Staff responsibilities are well scripted, by position, and are easily employed.</p> <p>The Sexual Assault Initial Response and Containment List is an excellent tool to memorialize dates and times at which certain milestones were completed with respect to response to the sexual abuse allegation. Additionally, the Sexual Assault Initial Response and Containment Checklist document serves as an excellent guideline for staff as they perform sexual abuse-related duties.</p> <p>The PA asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.</p> <p>GCRP Policy 3-11 details specific responsibilities by functional area. Notification responsibilities and decision-making authority regarding referral for forensic examination, securing the crime scene, etc. are clearly delineated in the document.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.265.</p>
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115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.266(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. While 115.266(a) is technically not applicable to GCRP, the facility is substantially compliant as there are no deviations from standard.</p> <p>The Agency Head asserts CCCS has not entered into or renewed any collective bargaining agreements on behalf of the facility since the last PREA audit. Specifically, there is no bargaining unit at GCRP.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.266.</p>

115.267	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.267(a)

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. The PA asserts that he and the BTC/PM are the designated retaliation monitors for residents and staff at GCRP.

GCRP Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(1) reflects that the PA and the BTC/PM are the retaliation monitors at GCRP.

In view of the above, the auditor finds GCRP compliant with 115.267(a).

115.267(b)

GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(2) addresses 115.267(b). This policy stipulates that staff and residents who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc.

Alternative protection against retaliation may include moving a resident to another housing area or to another facility if deemed absolutely necessary by the PA.

According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of residents and staff from retaliation for sexual abuse/harassment allegations, staff and residents are allowed to move to another CCCS facility, change shifts, etc., if feasible.

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

The PA or designated staff member charged with monitoring retaliation asserts that for allegations of sexual abuse/harassment, the perpetrator, whether staff or resident, is removed from the population. Work with the victim to determine comfort level at GCRP. The victim may be moved to a more visible area within the facility. An increase in mental health services, whether for residents or the Employee Assistance Program (EAP) for staff, may be recommended and/or implemented.

In reference to staff victims or potential victims, comfort level at GCRP is assessed and deemed appropriate, staff shifts, work locations, or facilities may be changed.

Annual leave may be granted, if requested. If an office move is requested, the same may be accommodated based on availability. Additionally, EAP may be recommended.

The PA or designee meets with the resident or staff victim or potential victim on a weekly basis for as long as necessary. Pursuant to the aforementioned policy, official meetings are minimally facilitated once every two weeks for the first two months and once monthly during the last month. Meetings would subsequently be reduced based on the victim or potential victim's comfort level.

The PA/Designated staff member charged with monitoring retaliation interviewee states in response to a report of sexual abuse or staff or residents who cooperate with sexual abuse/harassment investigations, he initiates retaliation monitoring. He monitors behavior (residents and staff) to assess victimization or potential victimization. He documents notes of the meeting on the PREA Incident follow-Up Retaliation Monitoring Form (in the case of sexual abuse investigations).

Additionally, he completes the GCRP PREA Monthly Retaliation Monitoring Report.

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

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

115.267(c)

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of residents or staff who report sexual abuse and of residents who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by residents or staff. The PA self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The PA self reports retaliation has not occurred within the last 12 months.

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

The PA asserts when he suspects retaliation, he immediately alerts the CCCS CEO.

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

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

Change in associations;

More needy with staff interaction;

Increase in lay-in attempts (medical and/or mental health);

Increase in physical agitation;

Change in attitude;

Decreased programming;

Hygiene decompensation;

Increase in receipt of misconduct reports; and

Eating habit changes.

In regard to staff, the following are monitored:

Increased receipt of disciplinary charges;

Frequent call-offs;

Frequent shift and post change requests;

Change in associations; and

Change in attitude.

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

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

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

115.267(d)

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

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

Change in associations;

More needy with staff interaction;

Increase in lay-in attempts (medical and/or mental health);

Increase in physical agitation;

Change in attitude;

Decreased programming;

	<p>Hygiene decompensation;</p> <p>Increase in receipt of misconduct reports; and</p> <p>Eating habit changes.</p> <p>The CCCS PC asserts periodic status checks are documented in the resident's progress notes.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.267(d).</p> <p>115.267(e)</p> <p>GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(2) addresses 115.267(b). This policy stipulates that staff and residents who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc.</p> <p>Alternative protection against retaliation may include moving a resident to another housing area or to another facility if deemed necessary by the PA.</p> <p>The auditor finds that if any other individual who cooperates with an investigation expresses fear of retaliation, he/she is monitored in the same manner as reflected throughout 115.267. The Agency Head asserts if an individual who cooperates with an investigation expresses a fear of retaliation, the agency implements retaliation monitoring. The aforementioned retaliation monitor effects the same procedures.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.267(e).</p> <p>Given the above, the auditor finds GCRP substantially compliant with 115.267.</p>
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115.271	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.271(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p>GCRP PREA Policy 3-10 entitled Investigations, page 1, sections I and II(A) addresses 115.271(a).</p>

If he is on-site, the administrative investigative staff interviewee asserts he initiates action on investigations of sexual abuse/harassment allegations immediately following receipt of the report. If not on-site, he would report immediately based on traffic considerations, etc. If the incident occurs during off duty hours, he generally reports to the facility for both sexual abuse/harassment matters.

The criminal investigative interviewee states that detectives work on an on-call rotation to address non-regular business hour calls. If she received a reported incident that had just occurred, she would report to the facility. If the incident occurred outside the 72-96 hour threshold, the matter might be addressed the same day or the next work day.

Of note, a patrolman generally takes the initial report at the facility. Following the initial report, the patrolman contacts the on-call detective who initiates the investigation, inclusive of physical evidence collection.

With respect to third-party or anonymous reports of sexual abuse, both the administrative and criminal investigative interviewees state the same are investigated in the same manner as any other allegation. Minimally, an assessment of known facts ensues with follow-up as dictated by the fact pattern.

In view of the above, the auditor finds GCRP substantially compliant with 115.271(a).

115.271(b)

GCRP PREA Policy 3-10 entitled Investigations, page 1, section II(A) addresses 115.271(b).

The administrative investigative staff interviewee states he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same consisted of a three hour on-line NIC sponsored training (Basic), as well as, the advanced course. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed, and he also attended a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.

The auditor's review of the 2019 National Institute of Corrections (NIC) Certificate for the CCCS PC and a Staff Development and Training Record dated March 18, 2025 regarding the BTC reveals he has completed the requisite specialty training. The auditor notes that the PA has recently assumed duties (within two to three weeks of the onsite visit) and accordingly, he has not completed the requisite specialty training as required by the aforementioned policy.

The criminal investigative interviewee states she did not receive training specific to conducting sexual abuse investigations in a confinement setting. However, she did receive sexual abuse investigative training during both the Academy. Additionally, she has received sexual abuse investigative training through the Montana Law

Enforcement Academy (MLEC) and International Association of Chiefs of Police (IACP).

Pursuant to the above policy, the PA and PM are required to complete the requisite specialty training as a method to ensure their familiarity with the Sexual Abuse Incident Review Team (SART process}. Given the circumstances reflected in the preceding paragraph, the auditor will not issue a finding in this matter. The auditor does admonish GCRP officials to ensure the requisite training is completed by the PA as soon as possible.

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

115.271(c)

GCRP PREA Policy 3-10 entitled Investigations, page 3, section II(F)(3) addresses 115.271(c).

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

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

Review initial staff reports (15 minutes per report);

Threshold questioning of victim (15 minutes);

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

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

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

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

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

Thorough interview of victim (30-60 minutes);

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

Interview perpetrator (0 minutes to 60 minutes); and

Report writing (two to four hours).

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

interview notes.

The criminal investigative interviewee states the following protocol is applicable to sexual abuse investigations:

Check the crime scene and collect any physical evidence;

Commence evidence log;

Threshold interview with the victim;

Identify the perpetrator and any witness(es);

Interview witness(es);

In-depth interview with the victim;

Review applicable video, staff and/or resident files, and search cell phones;

Interview perpetrator;

Facilitate re-interviews, if necessary; and

Write report.

The criminal investigative interviewee states the detective collects clothing, trash, bedding, towels, and searches cell phone apps. Additionally, a synopsis of video/file reviews, and statements falls under the purview of her evidence collection.

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

115.271(d)

GCRP Policy 3-10 entitled Investigations, page 2, section II(C) addresses 115.271(d). This policy stipulates compelled interviews are not facilitated by GCRP investigator(s).

The administrative investigative staff interviewee states compelled interviews are not facilitated by GCRP investigator(s). BPD investigators handle the same. The criminal investigative interviewee states compelled interviews are not facilitated in Montana, however, the same may be applicable in a staff case.

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

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

115.271(e)

GCRP PREA Policy 3-10 entitled Investigations, page 3, section II(F)(4) and (5) addresses 115.271(e).

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

The criminal investigative interviewee states polygraph examinations are not used in Montana.

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

115.271(f)

Pursuant to the PAQ, the Director asserts that administrative investigations:

Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and

Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

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

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

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

Interviews and credibility assessment;

Circumstantial/indirect evidence analysis;

Video analysis;

Conclusion; and

Finding(s).

During the onsite visit, the auditor observed the PM's Office and secured file cabinet wherein hard copies of sexual abuse/harassment investigative files are maintained. Zero administrative or criminal investigations of sexual abuse have been facilitated at GCRP during the last 12 months.

The PM asserts that if a sexual abuse/harassment investigation is completed, the CCCS PC electronically forwards all investigative materials to a password protected system in his office, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC in a password protected system.

Reviewers must have privileges to access these electronic reports.

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

115.271(g)

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

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

The criminal investigative interviewee states that criminal investigations are summarized in a written report. Ultimately, all investigative findings are collated in a Uniform Crime Report. The criminal report includes the following:

Executive Digest- Who? What? When? Where? and Why?

An evidence section captures witness information, photographs, property release receipts, interview notes, among other informational items.

An evidentiary credibility analysis (minimally physical evidence and interview findings) is interspersed throughout the report narrative.

Summary.

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

115.271(h)

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

GCRP PREA Policy 3-10 entitled Investigations, page 2, section II(C) addresses 115.271(h).

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

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

The criminal investigative interviewee states that a statutory violation and minimally, probable cause, are necessary for prosecution referral.

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

115.271(i)

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

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

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

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

115.271(j)

GCRP PREA Policy 3-10 entitled Investigations, page 1, section I addresses 115.271(j).

The administrative and criminal investigative interviewees state they continue with the investigation both when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and when an alleged victim who alleges sexual abuse/harassment or

	<p>alleged perpetrator leaves the facility prior to completion of the investigation into the incident.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.271(j).</p> <p>115.271(l)</p> <p>GCRP PREA Policy 3-10 entitled Investigations, page 2, section II(F)(2) addresses 115.271(l).</p> <p>The PA asserts the CCCS PC is the primary investigator and he maintains contact with the BPD investigator in an endeavor to remain informed about the progress of the investigation. Such contact would be documented. The PA also maintains contact with the BPD investigator(s) to remain informed of the progress of a sexual abuse investigation. The administrative investigative interviewee asserts such contacts are either made by monthly emails or telephonic contact. Telephonic contacts are documented via email. The interviewee also asserts he assists BPD investigator(s) in any manner needed throughout the conduct of their investigation.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.271(l).</p> <p>Based on the lack of adverse findings, the auditor finds GCRP substantially compliant with 115.271.</p>
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115.272	Evidentiary standard for administrative investigations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.272(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>GCRP PREA Policy 3-10 entitled Investigations, page 3, section II(H) addresses 115.272(a).</p> <p>The administrative investigative staff interviewee states a preponderance of evidence is required to substantiate administrative investigations of sexual abuse/harassment. The same just tips the evidentiary scale over 50%. Specifically, there is more evidence substantiating that the allegation occurred, as indicated, than not.</p> <p>The criminal investigative interviewee states that minimally, probable cause, is the</p>

	<p>basis for prosecution referral.</p> <p>As mentioned throughout the narrative for this report, zero sexual abuse/harassment allegations were made during the last 12 months. Accordingly, zero documents are available for assessment and evaluation.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.272.</p>
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115.273	Reporting to residents
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p> <p>115.273(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any resident who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PA further self reports zero criminal and/or administrative investigations of sexual abuse were conducted at GCRP during the last 12 months.</p> <p>GCRP PREA Policy 3-10 entitled Investigations, page 3, section II(I)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations.</p> <p>Since 115.273(a) requires victim notification in response to sexual abuse allegations and the aforementioned policy requires notification in response to both sexual abuse/harassment investigations, the auditor finds GCRP exceeds standard requirements for 115.273(a).</p> <p>The PA asserts the victim is notified when the allegation of sexual abuse/harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Notification is accomplished using the CCCS Notification Form and the PA or CCCS PC provides such written notification.</p> <p>The administrative investigative staff interviewee asserts agency procedure requires that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PA makes the written notification on the aforementioned CCCS Notification Form and the same is signed and dated by the victim.</p> <p>Given the fact that zero sexual abuse/harassment investigations were completed during the last 12 months, the victim interview could not be conducted.</p> <p>The auditor's review of a blank CCCS Victim Notification reveals substantial</p>

compliance with 115.273(a), (b), (c), and (d). Accordingly, the auditor finds GCRP exceeds expectations with respect to 115.273(a).

115.273(b)

Pursuant to the PAQ, the PA self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the resident of the outcome of the investigation. The PA further self reports zero criminal and/or administrative investigations of sexual abuse were conducted at GCRP during the last 12 months however, as reflected in governing policy, such notifications are also provided with respect to sexual harassment allegations and investigations.

BPD did not facilitate any criminal investigations of sexual abuse/sexual harassment during the subject time period. Accordingly, zero sexual abuse/harassment investigations were facilitated by an outside agency.

GCRP PREA Policy 3-10 entitled Investigations, page 4, section III(I)(2) addresses 115.273(b).

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

115.273(c)

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

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

The staff member is no longer employed at the facility;

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

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

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

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

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

115.273(d)

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

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

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

GCRP PREA Policy 3-10 entitled Investigations, page 4, section II(K)(1 and 2) addresses 115.273(d).

The auditor notes there were no such incidents wherein either indictments or convictions for resident sexual abuse occurred during the audit period. Additionally, zero sexual abuse incidents were reported at GCRP during the last 12 months.

As reflected throughout the 115.273 narrative, zero victims of sexual abuse could be interviewed given the fact that zero sexual abuse incidents were reported at GCRP during the last 12 months.

In view of the above, the auditor finds GCRP substantially compliant with 115.273(d).

115.273(e)

Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented.

GCRP PREA Policy 3-10 entitled Investigations, page 4, section II(L) addresses 115.273(e).

The PA asserts the victim is notified when the allegation of sexual abuse/ harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation, as well as, 115.273(c) and (d) notifications. Notification is accomplished using the CCCS Notification Form and the PM or CCCS PC provides such written notification.

The administrative investigative staff interviewee asserts agency procedure requires that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PA makes the written notification on

	<p>the aforementioned CCCS Notification Form and the same is signed and dated by the victim.</p> <p>Given the fact that zero allegations of sexual abuse/harassment were reported by residents during the last 12 months, the victim interviews could not be conducted. Accordingly, the auditor finds GCRP substantially compliant with 115.273(e).</p> <p>In view of the finding with respect to 115.273(a), the auditor finds GCRP exceeds standard expectations with respect to 115.273.</p>
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115.276	Disciplinary sanctions for staff
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.276(a)</p> <p>Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H) addresses 115.276(a).</p> <p>Pursuant to the PAQ, the PA self reports in the last 12 months, zero facility staff members are alleged to have violated agency sexual abuse or sexual harassment policies.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.276(a).</p> <p>115.276(b)</p> <p>GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(1) addresses 115.276(b).</p> <p>The auditor's review of PAQ information confirms zero terminations from employment during the last 12 months for staff engaging in sexual abuse.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.276(b).</p>

	<p>115.276(c)</p> <p>Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p>GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(2) addresses 115.276(c).</p> <p>During the onsite visit, the auditor validated the PA's statement as reflected above.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.276(c).</p> <p>115.276(d)</p> <p>Pursuant to the PAQ, the PA self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports during the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following employment termination (or resignation prior to employment termination) for violating agency sexual abuse or sexual harassment policies.</p> <p>GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.276(d).</p> <p>During the onsite review, the auditor validated the PA's statement as reflected in the narrative for 115.276(d).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.276(d).</p> <p>Based on the above, the auditor finds GCRP substantially compliant with 115.276.</p>
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115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard

Auditor Discussion**115.277(a)**

Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.

Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents.

GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(1) addresses 115.277(a).

According to the PA, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in any sexual abuse incidents with resident(s).

In view of the above, the auditor finds GCRP substantially compliant with 115.277(a).

115.277(b)

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

GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(2) addresses 115.277(b).

The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, resident contact with the contractor or volunteer and contractor/volunteer access to the facility would be suspended pending completion of the investigation and if substantiated, access privileges would be permanently revoked. The incident would also be reported to the CCCS PC as he is the primary administrative sexual abuse/harassment investigator.

There are no examples of such contact during this audit period and the auditor has not discovered nor has he been provided any evidence to the contrary. The auditor notes zero contractors and volunteers are used at GCRP.

In view of the above, the auditor finds GCRP substantially compliant with 115.277(b).

Based on the above, the auditor finds GCRP substantially compliant with 115.277.

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 185 981 219">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 564 297">Auditor Discussion</p> <p data-bbox="280 338 437 371">115.278(a)</p> <p data-bbox="280 412 1465 779">Pursuant to the PAQ, the PA self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding the resident engaged in resident-on-resident sexual abuse. The PA also self reports residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for resident-on-resident sexual abuse. The PA asserts that in the last 12 months, there was zero administrative findings of resident-on-resident sexual abuse that occurred at the facility. The PA further asserts that in the last 12 months, there was zero criminal findings of guilt for resident-on-resident sexual abuse that occurred at the facility.</p> <p data-bbox="280 819 1437 1059">GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) addresses 115.278(a). Page 8 of the GCRP PREA Handbook for Offenders reflects Prohibited Acts of which residents may be administratively charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment. Pursuant to the above policy citation, 115.278(a) applies to sexual harassment cases also.</p> <p data-bbox="280 1099 1417 1173">The PA asserts that zero incidents of resident-on-resident sexual abuse have occurred during the last 12 months and the auditor's review validates the same.</p> <p data-bbox="280 1214 1362 1247">Accordingly, the auditor finds GCRP substantially compliant with 115.278(a).</p> <p data-bbox="280 1355 437 1388">115.278(b)</p> <p data-bbox="280 1429 1465 1585">Pursuant to the PAQ, the PA self reports that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.</p> <p data-bbox="280 1626 1406 1700">GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).</p> <p data-bbox="280 1740 1465 1814">The PA asserts Class II administrative facility hearings are facilitated by MDOC staff. Class III hearings are facilitated by GCRP staff.</p> <p data-bbox="280 1854 1401 2011">With respect to the Class II hearing, MDOC staff are responsible for referring residents for mental health evaluation, if appropriate. Generally, program revocation, imposition of additional charges, loss of Good Time, and transfer to MDOC custody are potential sanctions.</p> <p data-bbox="280 2051 1310 2085">In view of the above, the auditor finds GCRP substantially compliant with</p>

115.278(b).

115.278(c)

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

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

The PA asserts Class II administrative hearings are facilitated by MDOC staff. Class III hearings are facilitated by GCRP staff.

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

In view of the above, the auditor finds GCRP substantially compliant with 115.278(c).

115.278(d)

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

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

The mental health staff interviewee states that she would generally offer therapy, counseling, or other intervention services to predators, designed to address and correct the underlying reasons or motivations for sexual abuse. If a resident-on-resident sexual abuser required intervention, one-on-one counseling would be offered. The same is voluntary and would be provided on a one-on-one basis. If necessary, residents may be referred for treatment from a community provider.

In view of the above, the auditor finds GCRP substantially compliant with 115.278(d).

115.278(e)

	<p>Pursuant to the PAQ, the PA self reports that the agency may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.</p> <p>GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.278(e).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.278(e).</p> <p>115.278(f)</p> <p>Pursuant to the PAQ, the PA self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.</p> <p>GCRP PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.278(f).</p> <p>115.278(g)</p> <p>Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between residents. The PA further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>GCRP PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.278(g).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.278.</p>
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115.282	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.282(a)

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

GCRP PREA Policy 3-5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(a).

The auditor notes that medical practitioner(s) are not assigned at GCRP however, a mental health practitioner is on staff. Accordingly, the auditor did interview the mental health practitioner.

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

The mental health interviewee states that the the resident victim would be transported to Bozeman Health Deaconess Hospital for a forensic examination. The nature and scope of services are determined according to the professional judgment of both GCRP mental health practitioners (pre-transport to the hospital) and subsequently, health professionals at Bozeman Health Deaconess Hospital.

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

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

115.282(b)

GCRP PREA Policy 3-5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(b).

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

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted in the narrative for 115.264(a). As previously mentioned in the report narrative, zero responders who reported a sexual abuse were interviewed, given the lack of sexual abuse incidents during the last 12 months.

All 10 random staff interviewees properly state their role in the uniform evidence protocol includes;

Separation of the victim and perpetrator;

Securing the crime scene;

Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a); and

Contact medical/mental health professionals.

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

115.282(c)

Pursuant to the PAQ, the PA self reports resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

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

GCRP PREA Policy 3-5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(c).

As noted throughout the 115.282 narrative, zero medical staff are employed at GCRP. Accordingly, the medical interview was not facilitated with respect to the subject-matter of 115.282(c). Additionally, given the fact that zero sexual abuse incidents reported during the last 12 months, interviews with victims could not be facilitated.

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

	<p>115.282(d)</p> <p>Pursuant to the PAQ, the PA self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>GCRP PREA Policy 3-5 entitled Medical and Mental Health, pages 2 and 3, sections II(C)(c and d) addresses 115.282(d).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.282(d).</p> <p>Given the above, the auditor finds GCRP substantially compliant with 115.282.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.283(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all resident who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>GCRP Policy 3-5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).</p> <p>As previously mentioned, the auditor finds there were no allegations of sexual abuse at GCRP during the last 12 months. Accordingly, the auditor was unable to review any "actual practice" documentation regarding 115.283(a) subject-matter.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.241(a).</p> <p>115.283(b)</p> <p>GCRP Policy 3-5 entitled Medical and Mental Health, page 2, section II(C)(a) addresses 115.283(b).</p> <p>As noted throughout the GCRP narrative, zero medical staff are employed at GCRP.</p>

Accordingly, the auditor was unable to interview such staff.

The mental health interviewee states that she talk to the victim behind closed doors, requesting a threshold accounting of the incident events. She would support the victim, commencing calming techniques. Additionally, subsequent to return from any forensic examination, she would educated the victim regarding available long term resources.

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

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

115.283(c)

GCRP Policy 3-5 entitled Medical and Mental Health, page 2, section II(C)(b) addresses 115.283(c).

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

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

115.283(d)

Pursuant to the PAQ, the PA self reports that 115.283(d) is not applicable to GCRP as female residents are not housed at the facility. The auditor's onsite observations confirm the PA's statement.

In view of the above, the auditor finds 115.283(d) not applicable to GCRP.

115.283(e)

Pursuant to the PAQ, the PA self reports that 115.283(e) is not applicable to GCRP as female residents are not housed at the facility. The auditor's onsite observations confirm the PA's statement.

In view of the above, the auditor finds 115.283(e) not applicable to GCRP.

115.283(f)

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

GCRP Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(c) and (d) addresses 115.283(f).

As mentioned throughout the GCRP narrative, zero medical staff are employed at GCRP. Accordingly, medical staff interview(s) could not be facilitated.

As noted in the narrative for 115.221(c), in regard to sexual infections testing, the same is provided if requested by the victim. For example, if the victim is concerned about HIV, testing would be provided although the same may not be determinative based on the timeline. Minimally, infections prophylaxis would be offered as part of the examination.

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

115.283(g)

Pursuant to the PAQ, the PA self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

GCRP Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(c) addresses 115.283(g).

As articulated throughout this report, zero sexual abuse allegations were reported during the last 12 months. Accordingly, victim interviews could not be conducted.

In view of the above, the auditor finds GCRP substantially compliant with 115.283(g).

115.283(h)

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

GCRP Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(e) addresses 115.283(h).

The mental health staff interviewee states that generally, resident-on-resident sexual abusers are not housed at GCRP however, if the situation should present

	<p>itself, she would conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment, if appropriate. The evaluation would be facilitated within 60 days of learning of such abuse history. The interviewee states that she may refer the matter to a community provider if the behavior is beyond her scope and expertise.</p> <p>The auditor finds that zero resident-on-resident mental health evaluations relative to sexual abuse were completed at GCRP within the last 12 months.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.283(h).</p> <p>Based on the above, the auditor finds GCRP non-compliant with 115.283.</p>
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115.286	Sexual abuse incident reviews
	<p>Auditor Overall Determination: Exceeds Standard</p>
	<p>Auditor Discussion</p>
	<p>115.286(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review (SART) at the conclusion of every criminal or administrative sexual abuse or sexual harassment investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, zero administrative sexual abuse/harassment investigations were facilitated at GCRP.</p> <p>GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(a) addresses 115.286(a). The auditor notes this policy includes the conduct of SART reviews for both sexual abuse and sexual harassment cases. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incidents. Accordingly, the auditor finds that GCRP exceeds standard expectations.</p> <p>The auditor's review of one SART Checklist (dated February, 2025) completed in response to a mock sexual harassment investigation reveals compliance with 115.286(a-e).</p> <p>In view of the above, the auditor finds GCRP exceeds standard expectations with respect to 115.286(a).</p> <p>115.286(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual</p>

abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the last 12 months, zero administrative sexual abuse or harassment investigations were facilitated at GCRP.

GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.286(b).

The auditor's review of one SART Checklist (dated February, 2025) completed in response to a mock sexual harassment investigation reveals compliance with 115.286(a-e).

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

115.286(c)

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

GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(c) addresses 115.286(c).

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

The auditor's review of one SART Checklist (dated February, 2025) completed in response to a mock sexual harassment investigation reveals compliance with 115.286(a-e).

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

115.286(d)

Pursuant to the PAQ, the PA self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(d) addresses 115.286(d).

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

The team does consider whether:

The incident or allegation was motivated by race; ethnicity; gender identity;

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

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

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

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

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

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

The auditor's review of one SART Checklist (dated February, 2025) completed in response to a mock sexual harassment investigation reveals compliance with 115.286(a-e).

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

115.286(e)

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

GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(e) addresses 115.286(e).

The auditor's review of one SART Checklist (dated February, 2025) completed in

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

In view of the above, the auditor finds GCRP substantially compliant with 115.287(b).

115.287(c)

Pursuant to the PAQ, the PA self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

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

The auditor finds the data collection system to be commensurate with 115.287(c) as SSV information is captured in the data collection document.

Accordingly, GCRP is substantially compliant with 115.287(c).

115.287(d)

Pursuant to the PAQ, the PA self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

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

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

115.287(e)

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

Accordingly, the auditor finds 115.287(e) is not applicable to GCRP.

115.287(f)

Pursuant to the PAQ, the PA self reports that the Department of Justice did not request data from 2024.

Despite the above, the GCRP SSV 4 is included in the PAQ. The same appears to be comprehensive and complete.

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

	Based on the lack of evidence to the contrary, the auditor finds GCRP substantially compliant with 115.287.
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115.288	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.288(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <p>Identifying problem areas;</p> <p>Taking corrective action on an ongoing basis; and</p> <p>Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.</p> <p>GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(1)(a-c) addresses 115.288(a).</p> <p>The auditor's review of the 2022, 2023, and 2024 GCRP Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison and assessment of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the report(s) are approved by the Agency Head, and the same are posted on the CCCS website. The report reveals no redactions pursuant to 115.288(d).</p> <p>Of note, the 2022, 2023, and 2024 Annual PREA Reports reflect that both staff and residents continue to receive PREA training on a routine basis. Specifics are articulated in the GCRP section of the CCCS Annual PREA Report.</p> <p>The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.</p> <p>The PM interviewee asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. If a sexual abuse/ harassment investigation is completed, the CCCS PC or GCRP PM electronically forwards all investigative materials to the CCCS PC, inclusive of SART reviews and</p>

retaliation monitoring documents. The same are maintained at the office of the CCCS PC in a password protected system. Hard copies of these documents are maintained in a locked cabinet(s) in the PM's locked office. During the facility tour and throughout the on-site visit, the auditor did validate the PM interviewee's statement above regarding electronic and hard copy storage of data.

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

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

115.288(b)

Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(2) addresses 115.288(b).

For the reasons specified in the narrative for 115.288(a), the auditor likewise finds GCRP substantially compliant with 115.288(b).

115.288(c)

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

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

The auditor's review of the GCRP website reveals signed copies of the 2022, 2023, and 2024 Annual PREA Reports are available for public consumption on the same. The reports are signed by the GCRP PA, the CCCS PC, and the CCCS CEO.

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

In view of the above, the auditor finds GCRP substantially compliant with 115.288(c).

	<p>115.288(d)</p> <p>Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further asserts the agency indicates the nature of the material redacted.</p> <p>GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(4) addresses 115.288(d).</p> <p>In regard to the types of material typically redacted from the annual report, the PM interviewee asserts resident/staff names and other identifying information, as well as, critical security information would be redacted. The agency does indicate the nature of the material redacted.</p> <p>Of note, pursuant to the auditor's review of the 2023 and 2024 GCRP Annual Reports, the auditor has discovered no evidence of redaction(s) or material wherein redaction(s) may be required.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.288(d).</p> <p>Based on the lack of adverse findings regarding the provisions addressed throughout this standard, the auditor finds GCRP substantially compliant with 115.288.</p>
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115.289	Data storage, publication, and destruction
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>115.289(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.</p> <p>GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(1) addresses 115.289(a). This policy stipulates data is maintained either with the PA or CCCS PC. During the facility tour, the auditor noted some relevant data, as articulated in 115.289(a) and 115.288(a), was securely maintained in a secure filing cabinet in the PM's locked office.</p> <p>The PM interviewee asserts that if a sexual abuse/harassment investigation is completed, the CCCS PC or GCRP PM electronically forwards all investigative</p>

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

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

115.289(b)

Pursuant to the PAQ, the PA self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, are made readily available to the public, at least annually, through its website.

GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(2) addresses 115.289(b).

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

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

115.289(c)

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PA further self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 5, sections II(D)(3) and (4) addresses 115.289(c).

The auditor did not observe any personal identifiers in the statistics reflected on the website nor in the GCRP Annual Reports. Additionally, during the on-site audit, the auditor found no discrepancies in terms of 115.289(c) retention requirements.

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

	<p>115.289(d)</p> <p>Pursuant to the PAQ, the agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>GCRP Policy 3-7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(4) addresses 115.289(d).</p> <p>During the facility tour, the auditor observed the storage location in the PM's office and the contents of the storage cabinet. He found zero deficiencies in terms of retention practices.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.289(d).</p> <p>Given the absence of deviations from standard and provisions, the auditor finds GCRP substantially compliant with 115.289.</p>
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115.401	Frequency and scope of audits
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p>
	<p>115.401(a)</p> <p>The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.401(a).</p> <p>115.401(b)</p> <p>The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is</p>

audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.

In view of the above, the auditor finds GCRP substantially compliant with 115.401(b).

115.401(h)

Throughout the onsite visit, the auditor was granted access to all portions of the facility. The auditor did inspect and observe staff offices, staff and resident bathrooms, mechanical rooms, sanitation closets, and Food Service freezers, coolers, and dry storage areas.

In view of the above, the auditor finds GCRP substantially compliant with 115.401(h).

115.401(i)

Throughout the entire audit process, the auditor was granted access to all documentation requested. The vast majority of documentation was uploaded into OAS. This process entailed all three audit phases.

In view of the above, the auditor finds GCRP substantially compliant with 115.401(i).

115.401(m)

The auditor facilitated all interviews (both staff and residents) in the programs classroom behind closed doors. When interviewing staff and residents during the facility tour, the auditor was afforded privacy whenever talking.

In view of the above, the auditor finds GCRP substantially compliant with 115.401(m).

115.401(n)

The auditor did not receive any correspondence from residents, staff, contractors, or facility visitors prior to the onsite visit. Additionally, the auditor did not receive any complaints during interviews relative to non-ability to forward correspondence to the auditor or communicate in any way with him.

Of note, the Audit Notices were clearly reflective of the auditor's cell phone number. The auditor did not receive any telephone calls from residents, families, etc. regarding PREA operations at GCRP.

	<p>In view of the above, the auditor finds GCRP substantially compliant with 115.401(n).</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403(f)</p> <p>The auditor's review of the CCCS and GCRP websites reveals that the last Final PREA Audit Report for GCRP (dated August 18, 2022) is published on the same.</p> <p>In view of the above, the auditor finds GCRP substantially compliant with 115.403.</p>

Appendix: Provision Findings		
115.211 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes
115.211 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities?	yes
115.212 (a)	Contracting with other entities for the confinement of residents	
	If this agency is public and it contracts for the confinement of its residents with private agencies or other entities, including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (b)	Contracting with other entities for the confinement of residents	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in	na

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes

	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
115.216 (a)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

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

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

(f)		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.221 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.221 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	yes
115.221 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above).	yes

115.222 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

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

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

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

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
115.235 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
115.235 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	na

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

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

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

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

(f)		
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: lesbian, gay, and bisexual residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: transgender residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex residents, does the agency always refrain from placing: intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I residents pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.251 (a)	Resident reporting	
	Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.251 (b)	Resident reporting	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

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

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

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

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

115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

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

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

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

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

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
115.273 (c)	Reporting to residents	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.277 (a)	Corrective action for contractors and volunteers	

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

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

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

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

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

115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes