

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

Interim     Final

Date of Interim Audit Report: July 15, 2022     N/A

Date of Final Audit Report: August 18, 2022

## Auditor Information

Name: K.E. Arnold	Email: kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: May 31, 2022- June 1, 2022

## Agency Information

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

## Agency Chief Executive Officer

Name: Mike Thatcher	
Email: <a href="mailto:mthatcher@cccscorp.com">mthatcher@cccscorp.com</a>	Telephone: (406)782-0417

## Agency-Wide PREA Coordinator

Name: Marwan Saba	
Email: <a href="mailto:msaba@cccscorp.com">msaba@cccscorp.com</a>	Telephone: (406)491-0245

<b>PREA Coordinator Reports to:</b> Director of Development, Administration and Contract Management who reports to the Chief Executive Officer (CEO)	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> Nine (9) (indirect report)
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## Facility Information

**Name of Facility:** Gallatin County Re-Entry Program (GCRP)

**Physical Address:** 675 S. 16th Ave. **City, State, Zip:** Bozeman, MT, 59715

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

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

**Facility Website with PREA Information:** [www.cccscorp.com](http://www.cccscorp.com)

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

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

ACA  
 NCCHC  
 CALEA  
 Other (please name or describe: [Click or tap here to enter text.](#))  
 N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Montana Department of Corrections Contract Review Audit

## Facility Director

**Name:** Alanna Shetter

**Email:** [ashetter@cccscorp.com](mailto:ashetter@cccscorp.com) **Telephone:** (406)004-0300 ext. 1113

## Facility PREA Compliance Manager

**Name:** Shawn Johnson

**Email:** [sjohnson@cccscorp.com](mailto:sjohnson@cccscorp.com) **Telephone:** (406)994-0300 ext. 1121

## Facility Health Service Administrator N/A

**Name:**

<b>Email:</b>	<b>Telephone:</b>
<b>Facility Characteristics</b>	
<b>Designated Facility Capacity:</b>	45
<b>Current Population of Facility:</b>	45
<b>Average daily population for the past 12 months:</b>	38
<b>Has the facility been over capacity at any point in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Which population(s) does the facility hold?</b>	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
<b>Age range of population:</b>	20-68
<b>Average length of stay or time under supervision</b>	150 days
<b>Facility security levels/resident custody levels</b>	Community Based/Open/Minimum
<b>Number of residents admitted to facility during the past 12 months</b>	85
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:</b>	79
<b>Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:</b>	77
<b>Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):</b>	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
<b>Number of staff currently employed by the facility who may have contact with residents:</b>	18
<b>Number of staff hired by the facility during the past 12 months who may have contact with residents:</b>	14
<b>Number of contracts in the past 12 months for services with contractors who may have contact with residents:</b>	0

<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	13

<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
<b>Number of single resident cells, rooms, or other enclosures:</b>	0
<b>Number of multiple occupancy cells, rooms, or other enclosures:</b>	4
<b>Number of open bay/dorm housing units:</b>	4
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Medical and Mental Health Services and Forensic Medical Exams</b>	
<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p> <input type="checkbox"/> On-site  <input checked="" type="checkbox"/> Local hospital/clinic  <input type="checkbox"/> Rape Crisis Center  <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a>) </p>
<p><b>Investigations</b></p>	
<p><b>Criminal Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>0</p>
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<p> <input type="checkbox"/> Facility investigators  <input type="checkbox"/> Agency investigators  <input checked="" type="checkbox"/> An external investigative entity </p>
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p> <input checked="" type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A </p>
<p><b>Administrative Investigations</b></p>	
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>1</p>
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b></p>	<p> <input checked="" type="checkbox"/> Facility investigators  <input checked="" type="checkbox"/> Agency investigators  <input type="checkbox"/> An external investigative entity </p>
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p> <input type="checkbox"/> Local police department  <input type="checkbox"/> Local sheriff's department  <input type="checkbox"/> State police  <input type="checkbox"/> A U.S. Department of Justice component  <input type="checkbox"/> Other (please name or describe: <input checked="" type="checkbox"/> N/A </p>

## Summary of Audit Findings

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

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

### Standards Exceeded

**Number of Standards Exceeded:** 3  
**List of Standards Exceeded:** 115.231, 115.273, 115.286

### Standards Met

**Number of Standards Met:** 38

### Standards Not Met

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

## Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
<b>1. Start date of the onsite portion of the audit:</b>	May 31, 2022
<b>2. End date of the onsite portion of the audit:</b>	June 1, 2022
Outreach	
<b>3. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?</b>	X <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:</b>	Sexual Assault Counselor Advocate at the Help Center
Audited Facility Information	
<b>4. Designated Facility Capacity:</b>	45
<b>5. Average daily population for the past 12 months:</b>	38
<b>6. Number of inmate/resident/detainee housing units:</b>  DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	4



7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
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<b>Audited Facility Population on Day One of the Onsite Portion of the Audit</b>
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<i>Inmates/Residents/Detainees</i>
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8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:	45
9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:	0
10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:	0
11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:	1
12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:	0
13. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	0
16. Enter the total number of inmates/residents/detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0

19. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	0
20. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
<p>23. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	None.
<p><i>Staff, Volunteers, and Contractors</i></p> <p><u>Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/detainees</u></p>	
24. Enter the total number of STAFF, including both full- and part-time staff employed by the facility as of the first day of the onsite portion of the audit:	18
25. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	0
26. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	13
<p>27. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit.</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	None.

<b>Interviews</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<i>Random Inmate/Resident/Detainee Interviews</i>	
<b>28. Enter the total number of RANDOM INMATES/ RESIDENTS/DETAINEES who were interviewed:</b>	10
<b>29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:</b>	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
<b>30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?</b>	At least one resident was randomly selected from each housing unit.
<b>31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:</b>	NA
<b>32. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</b>  <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	None
<i>Targeted Inmate/Resident/Detainee Interviews</i>	

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

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Observation during the facility tour and subsequent interactions with residents. Additionally, I specifically asked the PREA Compliance Manager (PCM) re: this targeted group presence at GCRP. Randomly inquired with staff.</p>
<p>36. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM. Additionally, during the facility tour and pursuant to interactions with the majority of residents, the auditor detected no evidence of resident blindness or low vision. Finally, the auditor’s review of rosters revealed no evidence of this targeted group presence at GCRP.</p>
<p>38. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM. Additionally, during the facility tour and pursuant to interactions with the majority of residents, the auditor detected no evidence of resident deafness or being hard of hearing.</p>
<p>39. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM. During the facility tour and throughout the on-site audit, the auditor conversed with numerous residents, finding no conversational difficulties.</p>
<p>40. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM. The auditor’s review of PREA rosters revealed no evidence of LGB presence at GCRP during the on-site audit.</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
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<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Examined documentation and discussed the prevalence or staff suspicions of transgender/intersex residents at GCRP. No evidence of transgender/intersex resident presence at GCRP during the on-site audit.</p>
<p>42. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Zero sexual abuse/harassment investigations conducted at GCRP during the last 12 months.</p>
<p>43. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Auditor's review of the current resident roster wherein such specialized sexual abuse would be noted revealed no evidence of the same as compared to the current population.</p>
<p>44. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Alleged to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.  <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>There is no segregated housing/isolation unit at GCRP.</p>
<p>45. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>

<b>Staff, Volunteer, and Contractor Interviews</b>
<i>Random Staff Interviews</i>

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>4</p>
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</p>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input type="checkbox"/> Other (describe)  <input type="checkbox"/> None (explain)         </p>
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<p> <input type="checkbox"/> Too many staff declined to participate in interviews  <input checked="" type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles).  <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews.  <input type="checkbox"/> Other (describe)         </p>



<p><b>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</b></p>	<p>As previously indicated, a total of 18 staff comprise the GCRP complement. Eight behavioral technicians (bt) (security), four shift leaders (sl) (security supervisors), two case managers (cm), and one administrative assistant (aa) met the criteria for interview as random staff. The auditor interviewed all staff assigned to work on the dates of the on-site audit, from the above pool of eligibles.</p> <p>Two cms and two sls were asked both random resident and specialty questions out of necessity. Even if the auditor had interviewed those staff who were on off days, annual leave, sick leave remotely, the target 12 random resident interviews could not be facilitated. As the auditor understands, remote interviews are not acceptable.</p>
<p><b>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>See above.</p>

*Specialized Staff, Volunteers, and Contractor Interviews*

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

<p><b>50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>10</p>
<p><b>51. Were you able to interview the Agency Head?</b></p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p><b>a. If no, explain why it was not possible to interview the Agency Head:</b></p>	<p>The auditor has previously interviewed the CCCS Chief Executive Officer (CEO) and the CCCS PC discusses interview results with him from time to time. All information is current.</p>
<p><b>52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:</b></p>	
<p><b>53. Were you able to interview the PREA Coordinator?</b></p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>

<p><b>a. If no, explain why it was not possible to interview the PREA Coordinator:</b></p>	<p>The auditor has previously interviewed the CCCS PC and he continually discusses interview results with the PC during each audit. All information is current.</p>
<p><b>54. Were you able to interview the PREA Compliance Manager?</b></p>	<p>X <input type="checkbox"/> Yes    <input type="checkbox"/> No  <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>
<p><b>a. If no, explain why it was not possible to interview the PREA Compliance Manager:</b></p>	

<p><b>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</b></p>	<p> <input type="checkbox"/> Agency contract administrator  <input type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment  <input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)  <input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)  <input type="checkbox"/> Medical staff  <input checked="" type="checkbox"/> Mental health staff  <input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches  <input checked="" type="checkbox"/> Administrative (human resources) staff  <input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff  <input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations  <input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations  <input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness  <input type="checkbox"/> Staff who supervise inmates in segregated housing/ residents in isolation  <input checked="" type="checkbox"/> Staff on the sexual abuse incident review team  <input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation  <input checked="" type="checkbox"/> First responders, both security and non-security staff  <input checked="" type="checkbox"/> Intake staff  <input type="checkbox"/> Other (describe) </p>
<p><b>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p>X<input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>4</p>
<p><b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</b></p>	<p> <input type="checkbox"/> Education/programming  <input type="checkbox"/> Medical/dental  <input type="checkbox"/> Mental health/counseling  <input checked="" type="checkbox"/> Religious  <input checked="" type="checkbox"/> Other </p>
<p><b>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p><b>a. Enter the total number of CONTRACTORS who were interviewed:</b></p>	<p>0</p>

<p><b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</b></p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p><b>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>None</p>

**Site Review and Documentation Sampling**

**Site Review**

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

<p><b>59. Did you have access to all areas of the facility?</b></p>	<p>X <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>a. If no, explain what areas of the facility you were unable to access and why.</b></p>	<p>NA</p>
<p><b>Was the site review an active, inquiring process that included the following:</b></p>	
<p><b>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</b></p>	<p>X <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</b></p>	<p>NA</p>
<p><b>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</b></p>	<p>X <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</b></p>	<p>As noted in the narrative for 115.251(b), the auditor tested the reporting source from home and identified the issue noted in the aforementioned narrative. The issue has been resolved.</p>
<p><b>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b></p>	<p>X <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>63. Informal conversations with staff during the site review (encouraged, not required)?</b></p>	<p>X <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

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

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

<p><b>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p>X <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p><b>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>During the on-site audit, the auditor randomly reviewed the following number of files by category:</p> <p>Staff HR files- 10  Staff Training files- 10  Resident files- 10</p>

**Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

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

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

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

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

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

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

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

*Sexual Abuse Investigation Outcomes*

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

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

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

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

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

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

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

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

NA

*Sexual Harassment Investigation Outcomes*

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

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

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

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

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

NA

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

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

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

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

*Sexual Abuse Investigation Files Selected for Review*

<p>73. Enter the total number of <b>SEXUAL ABUSE</b> investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. If 0, explain why you were unable to review any sexual abuse investigation files:</p>	<p>Zero sexual abuse allegations lodged during the last 12 months.</p>
<p>74. Did your selection of <b>SEXUAL ABUSE</b> investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p>75. Enter the total number of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files reviewed/sampled:</p>	<p>0</p>
<p>76. Did your sample of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>77. Did your sample of <b>INMATE-ON-INMATE SEXUAL ABUSE</b> investigation files include administrative investigations?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>78. Enter the total number of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files reviewed/sampled:</p>	<p>0</p>
<p>79. Did your sample of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files include criminal investigations?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>80. Did your sample of <b>STAFF-ON-INMATE SEXUAL ABUSE</b> investigation files include administrative investigations?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

*Sexual Harassment Investigation Files Selected for Review*

<p>81. Enter the total number of <b>SEXUAL HARASSMENT</b> investigation files reviewed/sampled:</p>	<p>0</p>
<p>a. If 0, explain why you were unable to review any sexual harassment investigation files:</p>	<p>Zero sexual harassment allegations lodged during the last 12 months.</p>



<p><b>82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> <input type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)</p>
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**Inmate-on-inmate sexual harassment investigation files**

<p><b>83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/ sampled:</b></p>	<p>0</p>
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<p><b>84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p><b>85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No  <input checked="" type="checkbox"/> <input type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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**Staff-on-inmate sexual harassment investigation files**

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

**DOJ-certified PREA Auditors Support Staff**

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

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

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

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

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

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

Gallatin County Re-entry Program (GCRP) Policy 3.1 entitled PREA General Requirements, pages 1-10 addresses 115.211(a).

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

Manager (PCM) is assigned at GCRP. The auditor's review of the GCRP Organizational Chart reveals the PCM is in the facility's organizational structure. The PCM self reports he has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at GCRP.

The CCCS PC reports to the Director of Development, Administration and Contract Management who reports to the Chief Executive Officer (CEO). The auditor finds that the same provides ample opportunity for the CCCS PC to address all corporate PREA matters with top management. The GCRP PCM reports directly to the GCRP PA.

According to the CCCS PC, he has sufficient time to manage all of his PREA-related duties. He oversees eleven facilities with staff who perform collateral PREA Compliance Manager (PCM) duties. Nine PCMs and one Compliance/PREA Specialist report to him and facilitate PREA-related duties at the respective facilities.

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

The PCM asserts he feels he has enough time to manage all PREA-related responsibilities. He is involved in all aspects of facility operations so PREA is natural. Continuous Management by Wandering Around (MBWA) equates to effective auditing and monitoring. Maintenance of a structured environment leads to excellence.

MBWA allows the PCM to assess facility safety and climate. He checks initial victimization/aggressor assessments and reassessments on a weekly basis. He also monitors staff and resident PREA training, posters, camera placements and angles, and resident housing. Finally, he is able to interact with residents and staff, quizzing staff regarding PREA issues, 1st Responder duties, etc.

He collaborates with the PA, making the vast majority of decisions regarding PREA. As PREA issues are identified, the PCM implements, if prudent and feasible. If funding is required, he works with the PA to procure the same.

In regard to PREA corrective action, if the PCM detects a training issue with staff, he addresses the same in a one-on-one setting with the staff member(s). He utilizes role plays to stress points and policy. He staffs any recommended policy changes, training material changes, camera surveillance purchases/placements/mirror purchases/and placements with the PA, Director of Re-entry Services, and CCCS PC.

In view of the above, the auditor finds GCRP substantially compliant with 115.211.

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

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

#### **115.212 (a)**

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

#### **115.212 (b)**

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

### 115.212 (c)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract for confinement of residents since the last PREA audit. Pursuant to memorandums dated December 25, 2019/ December 28, 2020/ December 29, 2021 and April 15, 2022, the PA self reports GCRP does not contract with other agencies for the confinement of residents designated to the facility. Accordingly, it has been determined 115.212(a) and (b) are not applicable to GCRP.

Since the auditor finds no deviation from standard, he has determined GCRP is substantially compliant with 115.212.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

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

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? X  Yes  No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? X  Yes  No

#### 115.213 (b)

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

#### 115.213 (c)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect residents against sexual abuse. The PA self reports the average daily number of residents since the last PREA audit is 38 and the average daily number of residents on which the staffing plan is predicated is 45.

GCRP Policy 3.1 entitled PREA General Requirements, page 8, section IV(A)(5) addresses 115.213(a).

The auditor's review of the 2019, 2020, 2021, and 2022 GCRP Staffing Plans reveals the facility meets standard expectations. All four of the requisite community confinement facility issues are considered during development and documentation of the staffing plan. All staffing plans are extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services, as an absolute last resort.

The auditor's review of the 2019, 2020, 2021, and 2022 Staffing Plan reviews reveals the factors articulated in the Prison/Jail standards are considered with respect to the same. This document includes an annual analysis of sexual abuse/harassment allegations. Within the document, an analysis of the Staffing Plan sufficiency is articulated.

The PA asserts there is a staffing plan at GCRP. The staffing level is sufficient for the facility. The plan is essentially based on the physical layout of the facility, answering the primary question of whether there is sufficient staff to monitor the physical plant. Can all security tasks be addressed on a daily basis with the staffing complement.

Video monitoring is part of the plan. The staffing plan is documented and maintained on the management drive, accessible to the PA, PCM, and administrative assistant. The system is password protected.

In regard to factors considered when developing the staffing plan, the PA and PCM consider the following:

With respect to the physical layout of the facility, GCRP is a one story building. The PA and PCM take separate tours throughout the facility, assessing blind spots and supervision obstacles. They assess lines of sight in all four living units to ensure staff have a visual throughout the unit. One staff member assigned to the front office and a rover, minimally, are assigned per shift. Case managers (cm) and other staff do assist security staff with supervision from time to time. Additionally, fourteen cameras are utilized to monitor this small facility.

With respect to the composition of the resident population, two gang members are currently housed at the facility. Zero LGBTI residents are housed at GCRP and that population is minimal, as a general rule. Registered sex offenders are not generally housed at the facility. Finally, ethnic balance is stable.

With respect to the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the PA asserts there has not been any such incidents at GCRP during the last 12 months. However, if incident(s) were to occur, modifications may be made based on Sexual Abuse Response Team (SART) findings and recommendations. Specifically, addition of security rounds and/or frequency may be options.

With respect to any other relevant factors, there are none.

Strategies for checking for compliance with the staffing plan include the conduct of unannounced supervisory/executive staff rounds. As the PA employs perpetual MBWA, she is keenly aware of staffing at all times. Supervisors facilitate daily staffing monitoring and report same to the PA and cos. On-call staff (PA, cos, and Director of Reentry Services) may fill a vacancy or overtime may be paid. Restructuring of the existing schedule, as well as, use of part-time staff to accommodate the vacancy is also an option.

Pursuant to the PAQ, the PA self reports each time there is non-compliance with the staffing plan, the facility documents and justifies all deviations from the same. The PA self reports the five most common reasons for deviating from the staffing plan in the last 12 months are: 1. Staff sick calls; 2. Lack of same gender staff on shift; 3. Transportation issues; 4. Inadequate staffing; and 5. Vacations.

GCRP Policy 3.1, page 8, section IV(A)(6) addresses 115.213(b).

The auditor's review of three 2019, five 2020, five 2021, and two 2022 GCRP Deviation Forms reveals substantial compliance with 115.213(b). The employee's name/date/signature (providing the coverage), date of the coverage, rationale for the coverage, and signature of approving official are included within the document. Additionally, the same information is included in the Staffing Plan Deviation Form.

The PA asserts the facility documents all instances of non-compliance with the PREA Staffing Plan. Deviations are documented on the Deviation Form and explanation regarding non-compliance is clearly articulated.



The auditor notes there were no deviations from the PREA staffing plan as all posts were properly filled as articulated within the Deviation Forms.

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

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

GCRP PREA Policy 3.1, pages 8 and 9, section IV(A)(7) addresses 115.213(c).

The PA asserts she has not facilitated a review of the staffing plan as the plan is renewed on an annual basis.

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

## Standard 115.215: Limits to cross-gender viewing and searches

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

#### 115.215 (a)

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

#### 115.215 (b)

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

#### 115.215 (c)

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

#### 115.215 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?  Yes  No



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

#### 115.215 (e)

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

#### 115.215 (f)

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

#### Auditor Overall Compliance Determination

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

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

GCRP Policy 3.1 entitled PREA General Requirements, page 9, section IV(A)(8) and page 9, section IV(A)(9)(a)(ii) addresses 115.215(a). This policy stipulates no strip searches or body cavity searches will be conducted unless prior authorization of the CEO and in his/her absence, their respective designee, is obtained. If a strip search should be deemed a necessity by the CEO or designee, typically it will be performed only by a staff member of the same sex as the resident; however, the CEO or designee may authorize an opposite gender staff member in the case of a transgender or intersex resident.

Clearly, such searches are authorized in exigent circumstances or when performed by medical practitioners.

AUDITOR's NOTE: Exigent circumstances are clearly defined in the aforementioned policy.

The non-medical staff involved in cross-gender strip searches interviewee asserts a weapon secreted in a resident's rectum constitutes an urgent circumstance that would require a cross-gender strip and visual body cavity search. Such a search requires the approval of the CCCS CEO to facilitate the same.

The auditor has not been provided nor did he discover any evidence during the facility tour of cross-gender staff strip searches or body cavity searches of residents. None of the 2019, 2020, 2021, and 2022 Exigent Circumstances Logs reflect evidence substantiating such searches during the audit period.

Pursuant to the PAQ, the PA self reports the facility does not house female residents. The auditor's facility tour observations validate the same.

GCRP Policy 3.1 entitled PREA General Requirements, page 9, section IV(A)(9) addresses 115.215(b).

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

GCRP PREA Policy 3.1 entitled PREA General Requirements, page 9, section IV(A)(9) addresses 115.215(c).

Pursuant to the PAQ, the PA self reports the facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine living area 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 wherein residents of the opposite gender are housed.

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

All 10 random resident interviewees assert female staff announce their presence when entering their housing unit. Additionally, neither the interviewees, nor other residents, are ever naked or in full view of female staff (excluding medical practitioners) when toileting, showering, or changing clothes.

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

The auditor notes that throughout the facility tour and the duration of the on-site audit, female staff announced their presence prior to entry into opposite gender housing units. In addition to the above, the auditor notes that showers, toilets, etc. are properly shielded from observation.

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 entitled PREA General Requirements, pages 9 and 10, section IV(A)(9)(a)(iii) addresses 115.215(e).

All four random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender/intersex resident for the sole purpose of determining the resident's genital status and they are aware of this prohibition.

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

GCRP PREA Policy 3.1 entitled PREA General Requirements, page 10, section IV(A)(12)(a) addresses 115.215(f).

The auditor's on-site review of 10 random staff training files confirms compliance with 115.215(f).

The auditor's review of five 2019, five 2021, and five 2022 Staff Development & Training Records reveals the vast majority of GCRP staff received Gender Responsive and Pat Search training during the respective years. The auditor notes the reviewed documents do contain the "I understand" caveat.

The auditor notes that such training was not conducted during 2020 as the result of COVID-19 constraints. The decision to forgo the same was effected by the Director of Community Corrections Programs. Pursuant to the auditor's research, in-person PREA Annual Refresher Training (ART) was not facilitated during 2020 only.

All four random staff interviewees assert they received the training regarding cross-gender pat down searches and searches of transgender/intersex residents in a professional and respectful manner, consistent with security needs. The training is generally provided in a Power Point Presentation, video, lecture, discussion, and some demonstration. Training was provided either/or during PREA Annual In-Service (PREA ART) or Orientation training.

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

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

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

#### **115.216 (a)**

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

and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? X  Yes  No

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

#### 115.216 (b)

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

#### 115.216 (c)

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

## Auditor Overall Compliance Determination

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

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

GCRP PREA Policy 3.3 entitled Intake/Screening, page 3, section II(A)(2) and page 2, section II(A)(1)(b) addresses 115.216(a). This policy stipulates GCRP shall provide resident education in formats accessible to all residents, which will include written material and viewing the video "What You Need to Know". These formats shall be accessible to all residents including those who are limited English proficient, by providing interpreters who speak the same language, deaf, visually impaired, or otherwise disabled, as well as, residents who have limited reading skills. The latter shall be accomplished by staff reading the information to the resident.

Additionally, GCRP PREA Policy 3.3 entitled Intake/Screening, page 2, section II(A)(1)(e and f) stipulates residents will be offered a copy of the PREA Handbook and note the resident's acceptance/denial of the handbook in the resident's progress notes. Residents shall sign the Resident PREA Handbook/PREA Acknowledgment form, verifying they have been given this information. Page 3, section II(A)(2) also address 115.216(a).

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

The auditor notes blind and deaf residents are not accepted at GCRP pursuant to policy. Pursuant to GCRP Policy 11.1 entitled Intake Screening, page 2, sections II(B)(1)(e), persons who have disabilities beyond the scope of resources available to the corporation are generally not eligible for placement at GCRP. Page 3, section II(B)(2)(a) of the same policy stipulates offenders will be assessed to determine if his needs can be met in a community based program. Section II(3)(a) stipulates Offenders will be physically and mentally capable of work, education, or vocational training. If they are unable to work due to a disability, (e.g. a verified physical or mental handicap, and/or they are eligible for Veterans Administration Benefits, SSI, or Vocational Rehabilitation Services), they must have a realistic plan to subsidize their stay at the GCRP.

Of note, this policy is adapted from MDOC policy.

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 LanguageLine, 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 interviewee, who presents with mental health disabilities, asserts the facility provides information about sexual abuse/harassment that he is able to understand.

The auditor notes acute mental disabilities may be disqualifying in terms of GCRP participation as reflected above in the narrative surrounding GCRP Policy 11.1.

Throughout the facility tour, the auditor noted that posters are positioned such that the same are readily visible to all residents, inclusive of those with physical disabilities. Additionally, written materials appear to be written in a format understandable by the resident population.

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). This policy stipulates GCRP shall take reasonable steps to ensure meaningful access to all efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including interpreters, where a list of interpreters can be provided from the PA, who are capable of interpreting effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.

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 250-plus languages are provided pursuant to this service.

The PA asserts pursuant to PAQ memorandums dated July 19, 2019, July 19, 2020, May 15, 2021, and February 1, 2022, that GCRP has not provided an interpreter during this audit period.

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

GCRP Policy 3.3 entitled Intake/Screening, pages 3 and 4, section II(A)(4) addresses 115.216(c).

All four random staff interviewees assert the agency does allow the use of resident interpreters, resident readers, or other types of resident assistants to assist disabled residents or residents with limited English proficiency when making an allegation of sexual abuse/harassment pursuant to 115.216(c). All four interviewees were able to cite examples when this practice would be permissible, the majority centering on potential loss of evidence/investigation and further physical harm to the victim if not addressed in an expeditious fashion. All four interviewees assert to the best of their knowledge, resident interpreters, resident readers, or other types of resident assistants have not been used in relation to allegations of sexual abuse/harassment, during this audit period.

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

## **Standard 115.217: Hiring and promotion decisions**

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

#### **115.217 (a)**

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)



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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

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

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

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



Five of six applicable random staff Human Resources (HR) files (hired during the last 12 months) reviewed by the auditor reveal the above questions were asked during the application phase and/or pursuant to the application, as well as, timely criminal background record checks were facilitated prior to the date of hire. In the sixth case, the criminal background record check was completed within two weeks following the date of hire.

The auditor notes that all applicants complete the Disclosure of PREA Employment Standards Violation document which bears the three 115.217(a) questions, as well as, the 115.217(b) sexual harassment question. The form is signed and dated by the applicant/employee and counter-signed by a staff witness. The application itself also bears reference to the three questions. In each of the six cases referenced above, both sources were completed.

The auditor notes that the Disclosure of PREA Employment Standards Violation document was also completed in three of the four 2020 and 2022 promotion cases. The same form is completed on an annual basis to address promotion cases, as well as, performance evaluations.

As reflected in the narrative for 115.232, zero contractors are utilized at GCRP.

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

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

The auditor's on-site review of random employee HR files, as referenced in the narrative for 115.217(a), reveals compliance with 115.217(c) as the requisite document was submitted to the single prior institutional employer pertinent to the affected employee. During a conversation with the PA, she advised many of her employees are Montana State University students and accordingly, the vast majority have not accrued such work experiences with prior institutional employers.

The auditor notes that the 115.217(c) prior institutional employer form can be used to substantiate the responses articulated within the Disclosure of PREA Employment Standards Violation document.

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

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, fourteen staff who may have contact with residents have had criminal background record checks. The PA reports this equates to 100% of staff hired who may have contact with residents who have had criminal background record checks.

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

The HR interviewee asserts the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with residents and

all employees who may have contact with residents, who are considered for promotions. The same procedure applies to contractors who may have contact with residents.

A discussion regarding on-site random HR file reviews is addressed in the narrative for 115.217(a).

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

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

This issue and attempts to address the same is clearly addressed in the 2016 GCRP Annual Report. The auditor finds the issue is of utmost importance, especially in consideration of the contractual relationship of GCRP and MDOC. Specifically, the issue affects both entities.

Prior institutional employer checks are addressed in the narrative for 115.217(a and b).

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 that in the last 12 months, there were zero contracts for services where criminal background record checks were conducted.

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

Pursuant to the PAQ, the PA self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with 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 conduct criminal background record checks for current employees and contractors who may have contact with offenders.

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

The auditor's on-site random review of the two staff files (relative to employees hired during or prior to 2016) reveals re-investigations were completed in 2020 in one case and 2015 and 2020 in the other case. Accordingly, the auditor finds GCRP substantially compliant with 115.217(e).

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

As previously mentioned throughout this narrative, the three questions noted in 115.217(a), are asked during interviews, and annually in conjunction with the performance review process. For the most part, requisite questions have been asked pursuant to employee completion of the Disclosure of PREA Employment Standards Violation form during the application/interview/performance review phases and interview questions during the interview phase.

The auditor's on-site review of nine random staff HR files reveals current Disclosure of PREA Employment Standards Violation forms were completed in seven cases, all bearing 2022 dates. The two remaining cases apply to staff hired in 2021 or 2022 and the annual document is not yet due. Stipulations regarding the continuing affirmative duty to disclose any misconduct related to the three 115.217(a) questions, as well as, sexual harassment and consequences for material omissions or the provision of materially false information, are clearly articulated on the form signed and dated by affected staff.

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

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

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

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses both 115.217(f) and (g). The auditor's random review of completed documents (relative to the auditor's randomly selected HR files referenced throughout the narrative for 115.217) validates these forms were completed in conjunction with both of the aforementioned standard provisions for 2022.

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

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

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

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

## **Standard 115.218: Upgrades to facilities and technologies**

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

#### **115.218 (a)**

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing

facilities since August 20, 2012, or since the last PREA audit, whichever is later.)

Yes  No  NA

### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

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

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

The Agency Head asserts that when designing, acquiring, or planning substantial modifications to facilities, the agency considers line of sight, blind spots, potential obstructions which may inhibit effective supervision, etc. 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 there has been no substantial expansion or modifications to the facility since the last PREA audit.

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

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

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

During the facility tour, the auditor observed location and functionality of the 14 GCRP cameras. Cameras provide substantial coverage of the facility from a PREA perspective.

Memorandums dated 2020, 2021, and 2022 reveal zero camera system or equipment upgrades during the years referenced. Ten cameras are used to monitor the interior of the facility while four cameras monitor the exterior. Locations of coverage are likewise noted in the memorandum.

In view of the above, the auditor finds GCRP substantially compliant with 115.218.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (d)

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

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

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct). The PA further self reports the Bozeman Police Department (BPD) facilitates criminal investigations. When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.



GCRP PREA Policy 3.4 entitled Reporting, page 11, section II(E)(i and ii) addresses 115.221(a).

All four random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. All four random staff interviewees (staff on site throughout the on-site audit wherein specialty interviews were not conducted) assert the protocol involves the following:

- Separate the victim and perpetrator;
- Secure the crime scene;
- Request the victim not destroy physical evidence; and
- Ensure the perpetrator does not destroy physical evidence.

In addition to the above, one random staff interviewee states that the Chief of Security (cos) or PA facilitates administrative sexual abuse investigations while BPD facilitates criminal investigations. Three of the four random staff interviewees state that the CCCS PC facilitates administrative sexual abuse/harassment investigations at GCRP. All of the named investigators are properly trained however, the auditor has learned that the CCCS PC facilitates nearly all such investigations at GCRP.

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

The auditor's review of an MOU between CCCS and BPD specifically addresses tenets of 115.221(b). The auditor finds GCRP to be substantially compliant with 115.221(b).

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

All of the above is clearly articulated in a letter dated January 6, 2022 from the Forensic Nursing Program Coordinator at Bozeman Health Emergency Department to the GCRP PA. The letter, in question, is detailed in regard to all services provided. According to the PA, zero forensic medical examinations were conducted during the last 12 months.

GCRP PREA Policy 3.4 entitled Reporting, page 11, section II(E)(iii) addresses 115.221(c).

The SAFE/SANE interviewee asserts she is one of a team of five SANE Trained Nurses who would be responsible for facilitation of forensic medical examinations at Bozeman Deaconess Hospital. SANE Nurses, with the exception of the interviewee, are generally available on a 24/7 on-call basis. The interviewee is a full-time SANE and therefore, she is generally available. In the remote circumstance wherein one of these SANE trained nurses is not available, the Emergency Room physician would facilitate the examination. The interviewee has assembled an extensive binder wherein evidence collection procedures are detailed.

Three of the five SANES are certified by the International Association of Forensic Nurses (IAFN). Training includes a 40-hour on-line training program, followed by four to eight hours of clinical experience under the supervision of experienced SANES or the interviewee. The last segment of the training is comprised of two to three nights of on-call. The interviewee generally participates in the same to assess the SANES competence and readiness. Of note, the interviewee notes that two SANES are currently in various stages of the training process.

Sexually Transmitted Disease (STD) testing, along with administration of infectious disease prophylactics along with other components mentioned in 115.283, are facilitated during the forensic examination. STD testing would occur at the request of the victim, based on examination findings, or risk as determined pursuant to the history of the alleged/confirmed perpetrator.

The interviewee states that based on law enforcement involvement, the victim is not charged any fees.

The auditor's review of the aforementioned letter reveals substantial compliance with 115.221(c).

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

GCRP PREA Policy 3.4 entitled Reporting, pages 11 and 12, section II(E)(iv) addresses 115.221(d).

The auditor's review of the MOU between CCCS and the Help Center- Sexual Assault Center, Inc. reveals substantial compliance with 115.221(d). All requirements of the provision are clearly articulated in the MOU.

In addition to the above, the auditor notes that one case manager has also completed specialty training regarding victim advocacy (VA). Accordingly, he can provide 115.221(e) assistance to GCRP residents in the absence of a VA from the service reflected in the preceding paragraph.

The PCM asserts the agency's attempt to make available a victim advocate from a rape crisis center is scripted in the MOU between CCCS and the Help Center- Sexual Assault Center, Inc. The PCM asserts he did converse with Help Center executives regarding VA qualifications. Continued contact is a work in process through email communication.

Pursuant to interview with a sexual assault counselor advocate (SACA) with the Help Center, the auditor learned that VAs are employed through the Gallatin County Prosecutor's Office. SACAs are employed by the Help Center and they essentially provide very similar services as VAs. SACAs are generally licensed clinical social workers (lcsw) or licensed clinical professional counselors (lcpc) who have received substantial training through the Help Center and other applicable agencies.

The auditor notes the interviewee stated GCRP is not a familiar name in terms of reported sexual abuse incidents.

As previously mentioned, there has been zero incidents of sexual abuse at GCRP during the last 12 months. Accordingly, such interview(s) could not be facilitated.

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

GCRP PREA Policy 3.4 entitled Reporting, page 12, section II(E)(v) addresses 115.221(e).

The PAC asserts if requested by the victim, a victim advocate, 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. As previously mentioned in the narrative for 115.221, the MOU with the Help Center, as well as, a trained staff member provides sufficient validation of compliance with 115.221(e).

The cos/PREA investigator or CCCS PA facilitate administrative sexual abuse investigations at GCRP. BPD investigators facilitate criminal investigations pursuant to a carefully scripted MOU.



GCRP PREA Policy 3.4 entitled Reporting, page 12, section II(E)(vi) addresses 115.221(f).

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

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

## **Standard 115.222: Policies to ensure referrals of allegations for investigations**

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

#### **115.222 (a)**

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

#### **115.222 (b)**

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

#### **115.222 (c)**

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

#### **115.222 (d)**

- Auditor is not required to audit this provision.

#### **115.222 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

Pursuant to the PAQ, the PA self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including resident-on-resident and staff sexual misconduct). In the last 12 months, zero allegations of sexual abuse or sexual harassment were received.

GCRP PREA Policy 3.4 entitled Reporting, page 3, section II(A)(13) addresses 115.222(a).

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

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

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

GCRP PREA Policy 3.4 entitled Reporting, page 3, section II(A)(14) addresses 115.222(b).

The administrative investigative interviewee states agency policy does require that allegations of sexual abuse/sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. BPD is responsible for the conduct of criminal sexual abuse investigations at GCRP.

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

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

In view of the above, the auditor finds GCRP substantially compliant with 115.222.

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

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

#### 115.231 (b)

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

#### 115.231 (c)

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

### 115.231 (d)

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

### Auditor Overall Compliance Determination

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

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

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

GCRP PREA Policy 3.6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).

Pursuant to the auditor's review of Power Point Training Slides (Boundaries, LGBTI training, PREA- Responding to Sexual Abuse, PREA Refresher training, and the National PREA Resource Center curriculum entitled Gender Responsive Strategies), all ten provisions, as identified in 115.231(a), are addressed. Furthermore, both the PREA Training Outline and video entitled, "What You Need to Know" address this subject-matter.

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

The auditor's review of eight applicable random staff training files reveals the requisite topics were addressed, during 2019, 2020, 2021, and 2022 (Orientation and/or ART). In each applicable case, orientation was provided prior to resident contact. Two other remaining random files pertained to staff hired prior to 2019 and in both cases, staff received PREA Annual Refresher Training (ART) within the last 12 months.

Of note, the auditor's review and validation of compliance as reflected above is based on review of relevant Staff Development and Training Record Forms. An "I understand" caveat is included within the form and the same is signed and dated by the employee attendee, as well as, the training officer. The auditor notes that in the aforementioned eight cases, staff received PREA ART during the last 12 months.

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

GCRP PREA 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 training is tailored to the male resident population at GCRP. Additionally, the PA self reports zero staff transferred from opposite gender facilities during the last 24 months.

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

Pursuant to the PAQ, the PA self reports 18 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of staff. Between trainings, staff are expected to complete policy reviews. Employees who may have contact with residents receive PREA training on an annual basis.

GCRP PREA Policy 3.6 entitled Training, page 2, section II(D) addresses 115.231(c).

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

Pursuant to the PAQ, the PA self reports the agency documents that employees, who may have contact with 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 clearly finds substantial compliance with 115.231(d) as relevant training certifications referenced in the narrative for 115.231(a) reflect the employee's understanding of the training topics they completed. The employee subsequently signs and dates the certification.

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

## **Standard 115.232: Volunteer and contractor training**

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

#### **115.232 (a)**

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

#### 115.232 (b)

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

#### 115.232 (c)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with 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 contractors and 13 volunteers provide services at GCRP, having been properly trained pursuant to 115.232(a). The auditor notes that one volunteer no longer provides services at GCRP as he no longer resides in the Bozeman area.

GCRP PREA Policy 3.6 entitled Training, page 2, section II(F)(1-3) addresses 115.232(a). The auditor's review of the PREA training schedule reveals substantial compliance with 115.232(a). Specifically, relevant policies and discussion of 1st responder duties, allegations of sexual abuse, how to detect signs of sexual abuse/harassment, reporting mechanisms, consent/non-consent/coercion, and LGBTQI are addressed in the training. Additionally, the movie entitled Facing Prison Rape, parts 1 and 2, is presented and discussed. Each participant signs and dates an Employee Development and Training Record Form for PREA Orientation or annual PREAART training. The form reflects the "I understand" caveat.

Of note, volunteer services were not utilized during 2020 and 2021 as the result of COVID-19 constraints. Pursuant to another memorandum, zero contractors are utilized at GCRP.

The auditor's review of five relevant 2022 training certifications, as described in the preceding paragraph, and corresponding policy review certifications reveals substantial compliance with 115.232(a).

The four volunteer interviewees state they have been trained as to their responsibilities regarding sexual abuse/harassment prevention, detection, and response, per agency policy and procedure. They receive this training during an orientation period conducted prior to resident contact and on an annual basis.

Pursuant to the PAQ, the PA self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with residents. The PA further self reports volunteers and contractors, who have contact with residents, have been notified of the agency's

zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

CCP-E PREA Policy 3.6 entitled Training, pages 2 and 3, section II(G) addresses 115.232(b).

The aforementioned volunteer interviewees assert the PREA training consisted of, but was not limited to, presentation of the PREA video and the following topics:

How to report incidents of sexual abuse/harassment;  
GCRP's zero tolerance for sexual abuse/harassment;  
What sexual abuse looks like; and  
Dynamics of sexual abuse in a confinement setting.

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

GCRP PREA Policy 3.6 entitled Training, page 3, section II(H) addresses 115.232(c).

In view of the above, the auditor finds GCRP substantially compliant with 115.232.

## **Standard 115.233: Resident education**

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

#### **115.233 (a)**

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

#### **115.233 (b)**

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

#### **115.233 (c)**

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



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

#### 115.233 (d)

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

#### 115.233 (e)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports residents receive information at time of Intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 85 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.

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

The intake staff interviewee asserts residents are provided with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/harassment. Specifically, residents are provided a PREA packet (e.g. Third-Party Reporting Form, PREA Handbook, and PREA video) at intake. Generally, PREA Orientation is completed within 48 hours of intake and includes further discussion.

All 10 random resident interviewees assert when they first came to GCRP, they received information about the facility's rules against sexual abuse/harassment. This was accomplished pursuant to receipt of a PREA Handbook, third-party reporting form, and the PREA video on the day of arrival. Similarly, all 10 random resident interviewees assert they were told about the following when they came to GCRP:



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

According to interviewees, such information was generally provided at intake.

The auditor's review of five 2020, five 2021, and five 2022 Resident PREA and Grievance Acknowledgment Forms reveals substantial compliance with 115.233(a). The auditor's on site review of 10 random resident files reveals all affected residents received initial PREA information and Orientation on the date of arrival.

The auditor's review of five 2020, five 2021, and five 2022 GCRP PREA Handbook Receipts reveals substantial compliance (evidence of receipt of the GCRP PREA Handbook) with 115.233(a). The GCRP PREA Handbook provides substantial information to each resident regarding all of the key components identified in 115.233(a).

Pursuant to the PAQ, the PA self reports the facility provides residents who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports 27 residents were transferred to GCRP from a different community confinement facility within the last 12 months and all have received refresher training. Residents receive the same PREA information when they transfer from one CCCS facility to another CCCS facility.

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

All 10 random resident interviewees assert they were transferred to GCRP from various county jails and most related transfer from other community confinement facilities.

Pursuant to random resident interviewees, it is apparent residents are generally transferred to GCRP from other community based programs however, all new intakes receive PREA training upon intake at GCRP.

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). This policy stipulates GCRP shall provide resident education in formats accessible to all residents which will include written material and viewing the video "What You Need to Know". These formats shall be accessible to all residents including those who are limited English proficient by providing interpreters who speak the same language, deaf, visually impaired, or otherwise disabled, as well as, residents who have limited reading skills. This shall be done by reading the information to the resident.

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

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

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

The auditor's review of random resident files validated compliance with 115.233(d). The relevant forms are addressed in the narrative for 115.233(a).

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

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

A discussion regarding the PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report. Examples of four resident posters were included in the PAQ information and all provide relevant information. A poster bearing the telephone numbers and addresses for reporting sexual abuse/sexual harassment, as well as, support services in the event of sexual abuse, is also included. The auditor's observations of these posters during the facility tour validated the PAQ materials.

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

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

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

X  Yes  No  NA

#### 115.234 (b)

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

X  Yes  No  NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)

X  Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

## Auditor Overall Compliance Determination

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

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

GCRP Policy 3.6 entitled Training, page 3, section II(J)(1) addresses 115.234(a). This policy stipulates in addition to the general training provided to all employees pursuant to § 115.231, GCRP shall ensure that, to the extent GCRP itself conducts the initial sexual abuse investigations, its investigators, PREA Manager, and Program Administrator have received training in conducting such investigations in confinement settings through the NIC learning website, particularly PREA and any MDOC or Federal Bureau of Prisons (FBOP) trainings for investigators they may provide. Even though the PCM and PA may not participate in an initial sexual abuse or sexual harassment investigation, completion of the specialized investigator training is key in understanding and supporting the SART process.

The administrative investigative interviewee asserts he did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, he completed a three hour on-line National Institute of Corrections (NIC) training entitled Conducting Sexual Abuse Investigations in a Confinement Setting. Mock scenarios and a testing component were included in this training.

The criminal investigative interviewee states that he did receive training specific to conducting sexual abuse investigations in confinement settings. Some of this training was provided pursuant to Academy training and other training was conducted during on and off-site in person training programs.

The auditor's review of the training plan for this course reveals the same is compliant with the requirements of 115.234.

The auditor's review of a CCCS Certificate for a previous GCRP cos and a Staff Development and Training Record Form relative to a previous PA reveals completion of the aforementioned course. Additionally, the current cos' and PA's 2022 Staff Development and Training Record Form reveals completion of the aforementioned PREA investigator's course. Finally, the CCCS PC's Certificate also reveals completion of the same course.

GCRP Policy 3.6 entitled Training, page 3, section II(J)(2) addresses 115.234(b).

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

Both the administrative and criminal investigative staff interviewees state that the following training topics were addressed during the aforementioned sexual abuse investigative training programs, as well as, the aforementioned NIC training:

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.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that investigators have completed requisite training. The PA further self reports the agency maintains documentation showing one investigator has completed requisite training however, two additional staff are properly trained as referenced above.

GCRP Policy 3.6 entitled Training, page 4, section II(J)(3) addresses 115.234(c).

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

## **Standard 115.235: Specialized training: Medical and mental health care**

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

#### **115.235 (a)**

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

#### **115.235 (b)**

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

#### **115.235 (c)**

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if

the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X  Yes  No  NA

#### 115.235 (d)

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

#### Auditor Overall Compliance Determination

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

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

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

The CCCS PC and PA assert that zero medical staff are assigned to GCRP however, a mental health (MH) practitioner is on board. The MH practitioner was hired on May 1, 2021 and she asserts that she has received specialized training regarding sexual abuse/harassment. Specifically, she completed a three hour on-line NIC PREA mental health training. The training did address the following:

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 a Staff Development and Training Record Form reveals one pcl completed the three-hour on-line Mental Health Specialized PREA Training on July 7, 2021.

Pursuant to the PAQ, the PA self reports forensic medical examinations are not conducted at GCRP. The CCCS PC, PCM, and MH interviewee validated the PA's statement.

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

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 Policy 3.5 entitled Medical and Mental Health, page 4, section III(B) addresses 115.235(c).

The auditor's review of relevant training documentation reveals substantial compliance with 115.235(c).

Pursuant to the auditor's review of Staff Development and Training Record Forms for the aforementioned MH practitioner, validation of completion of the 2022 PREA ART is validated.

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

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.241: Screening for risk of victimization and abusiveness**

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

#### **115.241 (a)**

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

#### **115.241 (b)**

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

#### **115.241 (c)**

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

#### **115.241 (d)**

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?  
X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?  
X  Yes  No

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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)



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

### 115.241 (i)

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

### Auditor Overall Compliance Determination

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

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

GCRP PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B) addresses 115.241(a). This policy stipulates residents are screened by the resident assistants pursuant to the use of the GCRP screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies for being sexually abused by other residents or being sexually abusive toward other residents. Security staff meets with the resident within twenty-four (24) hours and completes the medical and mental health screening instrument. Housing and program assignments are made accordingly on a case-by-case basis by the admission and intake supervisor (ais), cos, and case manager (cm).

The staff responsible for risk screening interviewee asserts he does screen residents upon admission to GCRP or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other residents.

All 10 random resident interviewees assert when they first arrived at GCRP, they were asked the following questions:

Whether they had been in jail or prison before;  
 Whether they have ever been sexually abused;  
 Whether they identify as being gay, lesbian, bisexual; and  
 Whether they think they might be in danger of sexual abuse at GCRP. All 10 interviewees state they were asked these questions at intake.

The auditor's review of five 2021 and three 2022 PREA Initial Assessment/Re-assessment documents related to residents admitted to GCRP during those respective years reveals substantial compliance with 115.241(a) and (f). The auditor's on-site review of 10 random resident files reveals all initial assessments were completed at intake and seven of 10 re-assessments were completed within 30 days of arrival at GCRP. Two reassessments were not yet due in view of the resident's date of arrival at GCRP and the last reassessment was untimely (by four days).

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 24 hours of arrival at the facility. The PA self reports that during the last 12 months, 79 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.

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

As reflected in the narrative for 115.241(a), all eight randomly selected PAQ documents reveal timely completion of the initial sexual victimization/aggressor screening within 24 hours of arrival at the facility.

The staff responsible for risk screening interviewee asserts he does screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. He advises that policy dictates completion of initial screening within 24 hours of arrival at the facility. The resident cannot be assigned to a unit until screening is completed.

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

GCRP PREA Policy 3.3 entitled Intake/Screening, pages 4 and 5, section II(B)(1) addresses 115.241(c).

The auditor finds the screening instrument is objective within the meaning of 115.241(c). Specifically, all 115.241(d) objective topics, as well as others identified by CCCS as germane to indicators of sexual victimization/aggression, are considered in the instrument. Additionally, specific questions and responses are weighted differently to establish propensity towards sexual victimization/aggressiveness.

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

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

GCRP PREA Policy 3.3 entitled Intake/Screening, pages 4 and 5, section II(B)(1)(a-j) addresses 115.241(d). This policy stipulates the objective PREA screening instrument shall assess the resident's risk of sexual victimization through information pertaining to:

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

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

The staff responsible for risk screening interviewee asserts that history of sexual/physical abuse in confinement and in the community, physical stature, self-identification as LGBTI, physical/mental health disabilities, and age are a few of the many considerations with respect to the screening tool. The interviewee further asserts he interviews the incoming resident in the security office behind a closed door with just the screener and resident in the room. A camera is positioned in the room. The interviewee reads the Disclaimer and questions from the Questionnaire, soliciting response(s) from the interviewee. If there are PREA "red flags", the PCM alerts the screener to the same prior to the conduct of the interview. Following the interview, the screener assigns a bunk.

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 Policy 3.3 entitled Intake/Screening, page 5, section II(B)(2) addresses 115.241(e).

Pursuant to the PAQ, the PA self reports the policy requires that the facility reassess each resident's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA self reports that during the last 12 months, 77 residents entering the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual victimization or risk of sexually abusing other residents, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of residents who meet the above 30-day criteria and who arrived within the last 12 months.

GCRP PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(3) addresses 115.241(f).

The staff responsible for risk screening interviewees assert reassessments are completed by the cm within 30 days of arrival at GCRP. Seven of 10 random resident interviewees assert they were reassessed within 30-days of arrival at GCRP. One additional interviewee was not yet due for reassessment based upon his date of arrival at GCRP.

The auditor's review of seven 10 random resident files, as mentioned in the narrative for 115.241(a), reveals substantial compliance with 115.241(f). Reassessments were not yet due for two of the 10 residents represented. Of note, review of the files of both of the residents who stated they were not reassessed reveals they were properly reassessed and one of the two reassessments was timely.

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).

According to the staff responsible for risk screening interviewee, reassessment of a resident's risk level based on a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness falls under the purview of the cms.

The auditor has been provided no evidence reflecting the existence of scenarios identified in 115.241(g).

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 6, section II(B)(6) addresses 115.241(h).

The auditor notes each resident is issued a Disclaimer, at the commencement of the screening, which addresses failure to provide responses to the questions identified in 115.241(h). The document clearly delineates 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.

GCRP PREA Policy 3.3 entitled Intake/Screening, page 6, section II(B)(7) addresses 115.241(i).

The PCM asserts resident risk assessments are available to the PA, PCM, CCCS PC, shift leader, mh practitioner, and cm.

The staff responsible for risk screening interviewee states resident risk assessments are available to shift leaders and above.

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

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

#### 115.242 (b)

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

### 115.242 (c)

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

### 115.242 (d)

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

### 115.242 (e)

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

### 115.242 (f)

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

### Auditor Overall Compliance Determination

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

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

GCRP PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(b) addresses 115.242(a).

The PA and staff responsible for risk screening interviewees assert points are assessed to questions asked pursuant to the sexual abuse vulnerability and aggressiveness questionnaire. The tool allows for addition of points and ultimately, assignment of Potential Victim (PV), Known Victim (KV), Potential Aggressor (PA), Known Aggressor (KA), and Unrestricted status. PVs and KVs are not housed with PAs and KAs. Victims can be housed together, as well as, aggressors can be housed together. Victims or aggressors can be housed with Unrestricted residents. Programs are generally monitored by staff and video supervision while work assignments are facilitated in the community.

Geographically, one-half of the facility is used to house aggressors and the other half is used to house victims while residents assessed as unrestricted are sprinkled throughout the facility.

The spreadsheet is updated with each new arrival and the cos reviews the same for accuracy.

The auditor's limited review of a housing unit spreadsheet appears to validate compliance with 115.242(a).

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 7, section II(C)(c) addresses 115.242(b).

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

Pursuant to the PAQ, the 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 7, section II(C)(d) addresses 115.242(c).

The PCM asserts transgender/intersex residents are treated as any other resident in terms of housing placements and programming assignments. In other words, there is no specific housing unit designated for transgender/intersex residents. GCRP staff consider whether the placement will ensure the resident's health and safety, as well as, whether the placement would present management or safety problems.

According to the PA and PCM, zero transgender/intersex residents were housed at GCRP at the time of the on-site audit. Accordingly, that interview could not be conducted.

GCRP PREA Policy 3.3 entitled Intake/Screening, page 7, section II(C)(f) addresses 115.242(d).

The PCM and staff responsible for risk screening interviewees assert transgender/intersex residents' own views with respect to his/her own safety are given serious consideration in placement/programming assignments.

GCRP PREA Policy 3.3 entitled Intake/Screening, page 8, section II(C)(i) addresses 115.242(e).

The PA and staff responsible for risk screening interviewees assert transgender and intersex residents are given the opportunity to shower separately from other inmates. Generally, a specific shower time is designated. Staff monitor to ensure other residents do not enter the bathroom area during that time frame. Shift leaders and above can approve such a request, documenting the same in the shift notes.

GCRP PREA Policy 3.3 entitled Intake/Screening, page 8, section II(C)(j) addresses 115.242(f).

The PCM asserts GCRP 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. To ensure LGBTI residents are not placed in specific wings or units based on their sexual orientation, genital status, or gender identity, the PCM and PA review assessments and reassessments weekly, comparing the same against the Caution Resident Living Assignment to ensure standard compliance with the provision.

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

## REPORTING

### Standard 115.251: Resident reporting

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

##### 115.251 (a)

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

##### 115.251 (b)

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

##### 115.251 (c)

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

##### 115.251 (d)

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

#### Auditor Overall Compliance Determination

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

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



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

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

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

All four random staff interviewees were able to identify two or more methods in which residents can privately report incidents of sexual abuse/harassment. Methods of reporting include:

Verbal report to staff;  
Submission of a written note;  
Third-party report;  
Submission of an emergency grievance;  
Telephone call to PA/BPD;  
Contact MDOC; and  
Call the BACS Hotline.

All 10 random resident interviewees likewise were able to identify two or more methods of reporting any sexual abuse/harassment incident(s) that happened to them or someone else. Methods of reporting include:

Verbal report to staff/PA/cos;  
Call the BACS Hotline;  
Submit a written note;  
Call the PA/BPD;  
Third-party report; and  
Submit an emergency grievance.  
Reporting to someone who does not work at the facility could be accomplished pursuant to contact with family, BPD, and the BACS Hotline.

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

GCRP PREA Policy 3.4 entitled Reporting, page 2, section II(A)(3) addresses 115.251(b).  
The PREA Handbook, page 4, addresses 115.251(b).

The PCM asserts the facility provides at least one method for residents to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. The Hotline is established with BACS. The procedures with this entity allow for receipt and transmission of resident reports of sexual abuse or harassment to the CCCS PC, GCRP PA, and/or GCRP PCM, allowing for the resident to remain anonymous.

The auditor facilitated a test of the BACS Hotline reporting system from his personal residence. He did not test the system while on-site at the facility however, pursuant to resident and staff interviews, he was not advised of any issues regarding resident telephone operational status.

Upon follow-up with CCCS staff, the auditor learned that the CCCS PC was not notified of the test. Pursuant to follow-up, it was determined that the telephone number noted on posters and in the MOU is invalid as the same has been changed.



The CCCS PC is currently addressing this non-compliance issue to ensure the situation is addressed and that posters and other resident educational materials are reflective of the new Hotline telephone number. Upon completion of this corrective action, the CCCS PC will forward the updated materials, inclusive of the GCRP PREA Handbook, poster(s), and resident training materials to the auditor. The due date for completion of this corrective action is December 30, 2022.

#### **August 17, 2022 Update:**

**The auditor's review of the amended STOP PREA pamphlet, GCRP PREA Handbook, and Sexual Abuse or Harassment Reporting Options poster reveals that the requisite 115.251(b) information has been updated. The resident receives the GCRP PREA Handbook and the posters are in clear view for consumption by all residents. The auditor has been assured that the amended documents and posters are now in circulation and distribution to residents.**

**Of note, the BACS reporting hotline is utilized for several CCCS facilities. During an on-site of another CCCS facility on or about July, 27, 2022, the auditor conducted a test of the BACS reporting hotline and determined the same is fully operational. The call was received at the designated telephone number and the mock report was reported to the CCCS PC within minutes.**

**In view of the above, the auditor finds that GCRP is now compliant with 115.251(b).**

All 10 random resident interviewees assert they are allowed to make a report without having to give their name.

The auditor's review of the MOU between GCRP and BACS reveals substantial compliance with 115.251(b). This entity does facilitate hotline operations in conjunction with GCRP.

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

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

All four random staff interviewees assert a resident can make a report regarding sexual abuse verbally, in writing, anonymously, and from third parties. All interviewees state they document such reports and all interviewees assert they document verbal allegations immediately following receipt.

All 10 random resident interviewees state they can make a report regarding sexual abuse either verbally, or in writing. All interviewees state that a friend or relative may make the report for them without giving their (the resident's) name.

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. As previously referenced in this report, telephone numbers, minimally, for reporting sexual abuse and/or sexual harassment are noted on posters that are available throughout the facility. Staff can make reports verbally, in writing, electronically or via mail. Third party reporting forms are a means, as well. Staff are informed of reporting procedures pursuant to Pre-Service and In-Service training and policy reviews.

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

All four random staff interviewees are able to identify two or more methods in which they can privately report sexual abuse/harassment of residents. Methods cited include:

Face-to-face report to supervisor behind closed doors;  
Confidential telephonic report to supervisor;  
Third-party report;  
E-mail; and  
Written report.

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

## Standard 115.252: Exhaustion of administrative remedies

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

#### 115.252 (a)

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

#### 115.252 (b)

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

#### 115.252 (c)

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

#### 115.252 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)  Yes  No  NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension of time to respond

is 70 days per 115.252(d)(3)) , does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) X  Yes  No  NA

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

#### 115.252 (e)

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

#### 115.252 (f)

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

- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X  Yes  No  NA

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

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

GCRP PREA Policy 3.4 entitled Reporting, pages 3-6, section II(A)(15), in entirety, addresses 115.252(a).

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

GCRP PREA Policy 3.4 entitled Reporting, pages 3 and 4, section II(A)(15)(i-iv), addresses 115.252(b).

The PREA Handbook, pages 5 and 6, section entitled Grievance Procedure and Emergency Grievance, also addresses 115.252.

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

GCRP PREA Policy 3.4 entitled Reporting, page 5, section II(A)(15)(v)(e), addresses 115.252(c).

The PREA Handbook, page 5, section entitled Grievance Procedure, section b(2) addresses 115.252(c).

Pursuant to the PAQ, the PA self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PA further self reports 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, pages 5 and 6, section II(A)(15)(vi)(a-d), addresses 115.252(d).

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

Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates to assist residents in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of residents. The PA further self reports agency policy and procedure requires if the 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 declined third-party assistance, ensuring documentation of the resident's decision to decline.

GCRP PREA Policy 3.4 entitled Reporting, pages 10 and 11, section II(D)(2 and 3) addresses 115.252(e).

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 emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five days.

GCRP PREA Policy 3.4 entitled Reporting, page 4, section II(A)(15)(v)(a and b) addresses 115.252(f).

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

GCRP PREA Policy 3.4 entitled Reporting, page 5, section II(A)(15)(v)(c) addresses 115.252(g).

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

## **Standard 115.253: Resident access to outside confidential support services**

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

#### **115.253 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? X  Yes  No
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? X  Yes  No

#### **115.253 (b)**

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

#### **115.253 (c)**

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

### Auditor Overall Compliance Determination

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

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

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

GCRP PREA Policy 3.5 entitled Medical and Mental Health, page 2, section II(B)(a) addresses 115.253(a).

Page 7 of the PREA Handbook addresses 115.253(a) and (b) in terms of victim advocacy sources and counseling for provision of emotional support services following incident(s) of sexual abuse. Pages 4 and 5 also address 115.253(a). One poster bears the name, address, and telephone number of the Help Center for provision of support services related to sexual abuse incidents. This poster was observed throughout the facility during the facility tour. The telephone number for the Help Center is articulated in the GCRP PREA Handbook. The telephone number for the Help Center is also noted on a memorandum posted near the resident telephones.

Clearly, residents do have access to relevant 115.253(a) information.

All 10 random resident interviewees assert services are available outside of the facility for dealing with sexual abuse, if needed. While two interviewees identified the Help Center (provides VA services following a report of sexual abuse) as the service provider, eight additional residents assert the name, telephone number, and address(es) of the provider(s) is posted by wing telephones or in the PREA Handbook. Eight interviewees identified counseling as a service available to residents to assist in coping with the aftermath of sexual abuse. Nine of 10 interviewees state the facility provides addresses and telephone numbers for outside services and nine interviewees state that telephone calls are toll-free. Nine interviewees state they can talk with people from those services anytime.

The auditor clearly finds residents are provided ample resources to remain apprised of access to support services.

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 rule(s) 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).

Page 7 of the PREA Handbook alerts residents that any report of sexual abuse or misconduct must be reported to law enforcement in view of Mandatory Reporting requirements.

All 10 random resident interviewees assert what they say to people from support services following a report of sexual abuse remains private. Six of 10 interviewees assert conversations with providers could be listened to by or told to someone else. Reasons cited are recitation of self injurious behavior and law enforcement use.

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 GCRP and Help Center-Sexual Assault Center clearly captures the requirements of 115.253. The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

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

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? X  Yes  No
  
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of resident sexual abuse or sexual harassment. The CCCS website provides information regarding third-person reporting options. A third party reporting form is located on all pods and on the www.cccscorp.com website. All reports are directed to the CCCS PC who, in turn, disseminates the same to each facility. For purposes of this audit, all telephone calls are taken by the PA/PCM at the facility. Emails are another source of receiving third party reports and they are delivered to the PA immediately.

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

GCRP PREA Policy 3.4 entitled Reporting, page 10, section II(D)(1) addresses 115.254(a). This policy stipulates CCCS, Inc. has posted a method for third-party reporting and the reporting forms on the corporate website at www.cccscorp.com.

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

In view of the above, the auditor finds GCRP substantially compliant with 115.254.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? X  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? X  Yes  No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? X  Yes  No

#### 115.261 (b)

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

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? X  Yes  No



- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X  Yes  No

#### 115.261 (d)

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

#### 115.261 (e)

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

#### Auditor Overall Compliance Determination

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

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

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

GCRP PREA Policy 3.4 entitled Reporting, page 7, section II(C)(1) addresses 115.261(a).

All four random staff interviewees assert the agency requires all staff to immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in any facility; retaliation against residents or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. All four interviewees state reporting must be directed to the PA, shift leader, or PCM.

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

GCRP PREA Policy 3.4 entitled Reporting, page 8, section II(C)(3) addresses 115.261(b).

GCRP PREA Policy 3.4 entitled Reporting, page 8, section II(C)(5) addresses 115.261(c).

The mental health interviewee states that at the initiation of services to a resident, she discloses the limitations of confidentiality pursuant to informed consent. Specifically, she provides a form to the resident and some residents sign while others do not sign. She does read the informed consent narrative to the resident prior to commencement of services.

The interviewee states she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to the PA or PCM. She has not personally become aware of any such incidents at GCRP. Medical staff are not employed at GCRP.

GCRP PREA Policy 3.4 entitled Reporting, page 8, section II(C)(4) addresses 115.261(d).

The PA and PCM interviewees assert zero residents under the age of 18 are housed at GCRP. If a vulnerable adult is the subject victim of an allegation of sexual abuse, contact is made with Adult Protective Services.

GCRP PREA Policy 3.4 entitled Reporting, page 8, section II(C)(6) addresses 115.261(e).

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

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

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports when the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (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 that a resident was subject to substantial risk of imminent sexual abuse.

GCRP PREA Policy 3.4 entitled Reporting, page 2, section II(A)(8) addresses 115.262(a). This policy stipulates in the event that sexually abusive or assaultive behaviors are alleged, threatened, or have occurred, staff will take immediate action to intervene and ensure the safety of all persons involved. Staff will immediately document all reports and notify their Shift Supervisor, who will then consult the PA for guidance.

This provision is also addressed in slides 40 and 41 of the GCRP Power Point Training Presentation, which is provided to staff.

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

The PA asserts staff are instructed to immediately remove the potential victim from the danger zone. She and staff take every measure to ensure the safety of the potential victim, inclusive of an increase in security rounds. The potential victim can be placed in a different pod or transferred to another facility.

All four random staff interviewees assert if they learned a resident is at risk of imminent sexual abuse, they would immediately remove the potential victim from the danger zone.

In view of the above, the auditor finds GCRP substantially compliant with 115.262.

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

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

GCRP PREA Policy 3.4 entitled Reporting, page 10, section II(C)(11) addresses 115.263(a).

Pursuant to memorandums dated 2021 and 2022, allegations have not been received from residents regarding alleged sexual abuse while confined at another facility.

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

GCRP PREA Policy 3.4 entitled Reporting, page 10, section II(C)(11) addresses 115.263(b).

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

GCRP PREA Policy 3.4 entitled Reporting, page 10, section II(C)(11) addresses 115.263(c). This policy stipulates documentation of such notification will be maintained in the PA's Office.

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

Pursuant to memorandums dated 2021 and 2022, the PA has not received any notifications from other facilities regarding sexual abuse allegations originating from GCRP.

GCRP PREA Policy 3.4 entitled Reporting, page 10, section II(C)(11) addresses 115.263(d).

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

The PA opens an investigation regarding the same. To the best of the interviewee's knowledge, no such allegations have been received at GCRP during the last 12 months.

The PA asserts when the facility receives an allegation from another facility or agency regarding an incident of sexual abuse/harassment that allegedly occurred at GCRP, a full-scale investigation is immediately initiated. CCCS corporate officials, as well as, the governmental partner are kept in the loop. There are no examples of such reports being received at GCRP during the audit period.

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

## **Standard 115.264: Staff first responder duties**

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

#### **115.264 (a)**

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
X  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X  Yes  No

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

### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a first responder policy for allegations of sexual abuse. The PA further self reports agency policy requires that, 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:

Separate the alleged victim and abuser;  
 Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;  
 If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and  
 If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above. The PA self reports zero alleged incidents of sexual abuse occurred at GCRP during the last 12 months.

GCRP PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A) (1-10) addresses 115.264(a). This policy addresses all four tenets of 115.264(a).

The auditor notes that this policy has been amended as the same originally reflected that the 1st Responder shall REQUEST that both the victim and perpetrator not destroy physical evidence. Given the totality of evidence as reflected throughout the narrative for 115.264(a), the auditor finds that requisite corrective action has been completed, inclusive of amendment of the GCRP Coordinated Response to PREA Incidents schematic as addressed in the following paragraphs.

Both the security staff and non-security staff first responder interviewees (one security staff and one non-security staff) advise that in response to a report of sexual abuse, they:

Separate the victim and perpetrator;

Preserve and protect any crime scene until appropriate steps can be taken to collect physical evidence; If the abuse occurred within a time period that allows for the collection of physical evidence, they do not allow either the victim or the perpetrator to destroy physical evidence or request that both do not destroy physical evidence.

The auditor notes that all four random staff interviewees correctly identified the four 115.264(a) 1st Responder steps.

Following the security and non-security 1st responder interviews, the auditor advised of proper protocol regarding resident destruction of physical evidence. Specifically, he advised both interviewees to request the victim not destroy physical evidence and ensure the perpetrator doesn't destroy physical evidence.

The auditor notes all staff are provided a card displaying the requirements of 115.264(a). Additionally, the auditor notes that non-security staff are provided the same PREA and First Responder training as security staff.

In view of the above, staff responses were substantially correct.

The MDOC Sexual Assault Response and Containment Checklist contains the appropriate provision requirements.

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

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

As noted in the narrative for 115.264(a), the PA self reports zero alleged incidents of sexual abuse occurred at GCRP during the last 12 months.

GCRP PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A) (1-10) addresses 115.264(a), with the exceptions noted in the narrative for 115.264(a). This policy now addresses all four tenets of 115.264(a).

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

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

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)



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

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

Pursuant to the PAQ, the 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.

GCRP PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1-8 addresses 115.265(a).

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

The Sexual Assault Initial Response and Containment List is an excellent tool to memorialize dates and times at which certain milestones were completed with respect to response to the sexual abuse allegation. With respect to the Coordinated Response to PREA Incidents schematic referenced in the narrative for 115.264(a), the existing document has been properly amended and therefore, corrective action has been accomplished. This document is an integral piece for staff reference.

According to the PA, the facility does have a plan to coordinate actions among staff 1st responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Policy 3.11 scripts detailed responses for all staff stakeholders. Checklists are included. All staff receive PREAART regarding the coordinated response to sexual abuse/harassment.

MOUs with various entities, an on-site trained VA, and instruction to 1st responders are captured in the aforementioned policy.

In view of the above, the auditor now finds GCRP substantially compliant with 115.265.

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

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

#### **115.266 (a)**

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

#### **115.266 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

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

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

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

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

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

In view of the above, the auditor finds GCRP substantially compliant with 115.266.

## **Standard 115.267: Agency protection against retaliation**

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

#### **115.267 (a)**

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

#### **115.267 (b)**

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

#### **115.267 (c)**

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



- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X  Yes  No
  
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? X  Yes  No
  
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? X  Yes  No
  
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes? X  Yes  No
  
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? X  Yes  No
  
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? X  Yes  No
  
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X  Yes  No

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

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

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the following policy, the PA and cos are the designated retaliation monitors at GCRP. Operationally, pursuant to a separate memorandum, the COS/PCM is responsible for monitoring staff cases while case managers monitor residents. In the absence of the PCM, the PA assumes his responsibilities.

Pursuant to interviews and conversations with the PA and others, the auditor learned two case managers facilitate interviews with resident victims and document the results on the requisite form.

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(1) addresses 115.267(a).

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(2) addresses 115.267(b). This policy stipulates 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 unit or to another facility.

Memorandums dated 2020, 2021, and 2022 reflect no evidence of allegations of sexual abuse made during the audit period. Accordingly, it was not necessary to facilitate any retaliation monitoring during the audit period.

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, we allow staff and residents to move to another facility, change shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility. There are many facilities within the CCCS structure.

The PA/designated staff charged with monitoring retaliation interviewee asserts that for allegations of sexual abuse/harassment, she initiates retaliation monitoring. Strategies to address the victim of sexual abuse or retaliation include the following:

- Work with MDOC to remove the perpetrator from the facility;
- Refer the victim to counseling;
- Move victim to a safe place, either within the facility or at another facility, if agreeable;
- Address any mental health needs;
- Aid in the safety equation pursuant to increased safety rounds, close monitoring of perpetrator associates;
- Enforce the zero tolerance policy regarding retaliation.

With respect to protection of residents and staff from retaliation for sexual abuse/harassment allegations:

- Staff and/or residents may be moved to another facility;
- Staff shifts may be changed; and
- A staff perpetrator may be placed in an HR accommodation, inclusive of administrative leave.

With respect to frequency of meetings with victims of sexual abuse, retaliation monitors minimally meet with victims every two weeks for one month and then reassess. Meetings are subsequently tapered or increased based on need and situation.

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

The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. The PA self reports retaliation has not occurred within the last 12 months.

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(3)(a-c) addresses 115.267(c).

The PA/designated staff charged with monitoring retaliation interviewee asserts resident monitors assess marked changes in victim behavior, isolation, avoidance of common areas, hygiene decompensation, calling off from work, staff avoidance, decreased contact with family, and changes in associations as potential red flags for resident retaliation.

In regard to staff victims, increased call-offs, decrease in performance, isolation, avoidance, and changes in demeanor are potential red flags.

Retaliation monitoring can be continued until the resident's discharge from the program however, the minimum monitoring is 90 days.

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 5, section II(J)(3)(a) addresses 115.267(d).

In regard to 115.267(e) requirements, the relevant policy citation is reflected in the narrative for 115.267(a).

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

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 monitors effect the same.

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

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

##### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not

responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a.) X  Yes  No  NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) X  Yes  No  NA

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

#### Auditor Overall Compliance Determination

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

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

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

The administrative investigative interviewee states investigations are generally initiated immediately following a report of sexual abuse/harassment. He would generally report to the facility for sexual abuse cases. Aside from basic fact gathering conducted when reported, the interviewee may initiate a sexual harassment investigation on the day following the report.

The criminal investigative interviewee likewise states that if the incident had occurred within the last few hours or days, a patrol sergeant would report to the facility immediately. If the allegation centered on an incident occurring months or years prior, the investigation would be triaged to determine a timeline for conduct of the same.

Both administrative and criminal investigative interviewees state that anonymous and third-party reports of sexual abuse/harassment are investigated in the same manner as any other investigation. There are no procedural differences.

As mentioned throughout this report, zero sexual abuse/harassment allegations were reported and consequently, no investigations were completed during the audit period.

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

A discussion regarding trained administrative and criminal sexual abuse/harassment investigators is provided in the narrative for 115.234.

The administrative investigative interviewee states he did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, he completed the three hour on-line NIC course entitled PREA: Investigating Sexual Abuse Allegations in a Confinement Setting course. The training included mock scenarios, as well as, the subject-matter referenced in 115.234. Additionally, a testing component was included in the course format.

GCRP PREA Policy 3.10 entitled Investigations, page 3, section II(E)(3) addresses 115.271(c).

Of note, DNA and physical evidence is not processed by facility staff, rather the same is handled by BPD investigators and/or staff. The crime scene is preserved by GCRP staff.

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

- Report to the facility (60-90 minutes);
- Check 1st Responder duties and responses (5-15 minutes);
- Review reports (staff, witnesses, victim, perpetrator) (30 minutes);
- Review associated video (60 minutes);
- Threshold questioning of victim (30-60 minutes);
- Witness interviews (staff, 1st responder(s), residents) (15 minutes per interviewee);
- Review resident files and data bases of victim(s)/witness(es) and alleged perpetrator (30-60 minutes);
- Interview perpetrator if investigation is released by law enforcement (0-60 minutes);
- Conduct re-interviews, if necessary; and
- Write report (two-three hours).

The criminal investigative interviewee states an investigative outline of tasks is as follows:

- The report of sexual abuse would received by either dispatch or an information specialist;
- A patrol sergeant is dispatched to the facility dependent upon the fact pattern of the allegation(s) and he/she obtains a basic idea of the timeline of the alleged incident and fact pattern;
- Following triage of the above findings, a decision is made regarding dispatch of the the on-call detective to the scene;
- Detective and/or evidence collection team commences physical evidence collection;
- Collect and review written reports (victim, witnesses, all involved parties);
- Ensure forensic examination is in process, if warranted;
- Threshold questioning of victim;
- Witness interviews;
- Collect and review video and files;
- Re-interviews, if necessary;
- Perpetrator interview; and
- Write report.

In regard to direct and circumstantial evidence, the administrative investigative interviewee would be responsible for collecting documentation, interview notes, video, and file materials. The criminal investigative interviewee states the detective/evidence collection team is responsible for collecting clothing, bedding, DNA, bodily fluids, letters, and cellular telephones, etc.

GCRP PREA Policy 3.10 entitled Investigations, page 2, section II(C) addresses 115.271(d). GCRP administrative sexual abuse/harassment investigator(s) do not facilitate compelled interviews.

The administrative investigative interviewee asserts when it is determined a prosecutable crime may have taken place, he does not conduct compelled interviews, as the same falls under the purview of BPD criminal investigators. According to the criminal investigative interviewee, he and his team consult with prosecutors quite often regarding compelled interview nuances.

GCRP PREA Policy 3.10 entitled Investigations, page 3, section II(E)(4) and (5) addresses 115.271(e).

The administrative investigative interviewee states he assesses whether the fact pattern substantiates the statements of the victim, witness(es), and perpetrator. Victim, witness, and perpetrator statements are deemed to be credible until proven otherwise. He further states that under no circumstances would a resident who alleges sexual abuse be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The criminal investigative interviewee states that determinations regarding victim, witness, perpetrator credibility are driven by whether the fact pattern and evidence substantiate the statement(s) of the interviewees. Specifically, the interviewee is believable because it is more likely the incident occurred, than not, based on available evidence and the fact pattern. He further asserts that under no circumstances would a resident who alleges sexual abuse be required to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

GCRP PREA Policy 3.10 entitled Investigations, pages 1 and 2, section II(A)(1)(a) and (b) addresses 115.271(f).

The administrative investigative interviewee states he makes efforts to determine whether staff actions or failures to act contributed to the sexual abuse. Specifically, he analyzes whether staff followed policy consistent with the Code of Ethics. Are there any inconsistencies in statements which point to staff failure to act or staff negligence?

The administrative interviewee states he documents administrative investigations in written reports in the following format:

Brief history of the allegation, inclusive of timeline;  
Victim interview(s), inclusive of credibility analysis;  
Witness interview findings, inclusive of credibility analysis;  
Video footage recapitulation;  
Perpetrator(s) interview(s), inclusive of credibility analysis;  
Conclusion(s);  
Finding(s).

The administrative investigative interviewee states that criminal investigations are documented. The report essentially mirrors the administrative investigation report. The interviewee asserts that rarely do they receive a copy of a criminal investigative report.

The criminal investigative interviewee states that criminal investigations are documented in the following general format:

Timeline of investigative process;



Physical evidence assessment;  
Victim, witness(es), perpetrator(s) credibility assessment;  
Conclusion(s);  
Finding(s); and  
Status of prosecution referral, if appropriate.

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

According to the administrative investigative interviewee, he assesses known facts and if they point to a criminal act, he refers the same to BPD for potential referral for criminal prosecution. The criminal investigative interviewee states that the presence of a criminal code violation and the weight of the evidence are determining factors for prosecution referrals.

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 4, section II(F) addresses 115.271(i).

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

The administrative and criminal investigative interviewees assert they continue with investigation(s) when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. HR is actively involved in such investigations of staff sexual misconduct. Similarly, both interviewees state they continue with the investigation when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

GCRP PREA Policy 3.10 entitled Investigations, page 3, section II(E)(2) addresses 115.271(l).

According to the PA and PCM, the PA or PCM generally makes weekly telephonic or email contact with BPD investigator(s) regarding the status of sexual abuse investigations. If weekly contacts are not practical, minimal monthly contacts are effected.

The administrative investigative interviewee states he serves as a liaison with BPD when they are conducting sexual abuse investigations at GCRP. He provides whatever BPD investigator(s) need.

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

## **Standard 115.272: Evidentiary standard for administrative investigations**

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

#### **115.272 (a)**

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

### **Auditor Overall Compliance Determination**



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

Pursuant to the PAQ, the 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.

GCRP PREA Policy 3.10 entitled Investigations, page 4, section II(G) addresses 115.272(a).

According to the administrative investigative interviewee, preponderance of evidence is the standard required for substantiation of a sexual abuse/harassment allegation in an administrative investigation. Preponderance is best described as 51%. In other words, it is more likely, than not, that the incident occurred.

The criminal investigative interviewee states that the criminal evidence standard for referral of a case for prosecution is probable cause.

As reflected throughout this report, zero sexual abuse/harassment investigations were conducted at GCRP during this audit period.

In view of the above, the auditor finds GCRP substantially compliant with 115.272.

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

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

resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? X  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

The auditor notes he has confirmed there has been no sexual abuse incidents or allegations at GCRP during the last 12 months.

GCRP PREA Policy 3.10 entitled Investigations, page 4, section II(H)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations.

In view of the above, the auditor finds GCRP exceeds standard requirements as pursuant to 115.273(a), such notifications apply only to sexual abuse cases.

The PA asserts the facility notifies a resident who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The CCCS PC facilitates the administrative sexual abuse/harassment investigation and the PA and CCCS PC collaboratively determine who completes the notification. The administrative investigative interviewee states that either he or the PA notifies the resident who makes an allegation of sexual abuse/harassment whenever the allegation has been determined to be substantiated, unsubstantiated, or unfounded following conclusion of an investigation.

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 investigations have been completed by BPD during this audit period.

GCRP PREA Policy 3.10 entitled Investigations, page 5, section II(H)(2) addresses 115.273(b).

Pursuant to the PAQ, the PA self reports that following a resident's allegation a staff member has committed sexual abuse against him, the facility subsequently informs the victim (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 on a charge related to sexual abuse within the facility.  
There has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a resident at GCRP during the last 12 months.

GCRP PREA Policy 3.10 entitled Investigations, page 5, sections II(I)(1-4) addresses 115.273(c).

Pursuant to the PAQ, the PA self reports following a resident's allegation he 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 5, section II(J)(1 and 2) addresses 115.273(d).

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

GCRP PREA Policy 3.10 entitled Investigations, page 5, section II(K) addresses 115.273(e).

In view of the above, the auditor finds GCRP exceeds standard expectations with respect to 115.273.



## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

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

#### 115.276 (b)

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

#### 115.276 (c)

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

#### 115.276 (d)

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

#### Auditor Overall Compliance Determination

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

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

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

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

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

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

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

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

Pursuant to the PAQ, the 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 agencies or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(H)(3) addresses 115.276(d).

In view of the above, the auditor finds GCRP substantially compliant with 115.276.

## **Standard 115.277: Corrective action for contractors and volunteers**

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

#### **115.277 (a)**

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

#### **115.277 (b)**

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

### **Auditor Overall Compliance Determination**

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

Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with residents. 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 violations of 115.277(a).

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(1) addresses 115.277(a).

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

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(2) addresses 115.277(b).

In response to any violation of agency sexual abuse/harassment policies by a contractor or volunteer, the PA asserts that contact between the contractor/volunteer and residents is disallowed pending completion of an investigation. Specifically, contractor/volunteer access to the facility would be restricted. There are no such incidents to report.

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

## **Standard 115.278: Interventions and disciplinary sanctions for residents**

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

#### **115.278 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### **115.278 (b)**

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

#### **115.278 (c)**

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



#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

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

#### Auditor Overall Compliance Determination

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

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

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

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

According to the PA, GCRP staff write the disciplinary report and MDOC Probation and Parole staff complete the administrative disciplinary hearing. MDOC staff can revoke GCRP program participation as a sanction. Either/or the PA or the PCM attend the hearing and provide recommendations. The sanction(s) is/are proportionate to the nature and circumstances of the abuses committed, the

residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Mental disability or mental illness is considered when determining sanctions.

The hearings officer imposes sanctions and addresses mental health disability/mental health issues as part of the hearing process.

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1) addresses 115.278(c).

Pursuant to the PAQ, the PA self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. In view of the above, facility staff consider whether to require the offending 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 3, section II(D)(2 and 3) addresses 115.278(d).

The mental health interviewee states that therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are offered at GCRP. She considers whether to offer these services to the offending resident. Such services are offered to both the victim and perpetrator.

Such services are generally voluntary and the perpetrator is generally removed from the facility. The mental health interviewee states she may refer the perpetrator to a community provider if he remains at the facility.

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

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(G) addresses 115.278(e).

The auditor finds no evidence substantiating resident discipline as the result of 115.278(e) conduct.

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.

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(E) addresses 115.278(f).

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

GCRP PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(F) addresses 115.278(g).

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

## **MEDICAL AND MENTAL CARE**

## Standard 115.282: Access to emergency medical and mental health services

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

### 115.282 (a)

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

### 115.282 (b)

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

### 115.282 (c)

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

### 115.282 (d)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports 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. Facility mental health staff maintains mental health documentation and the administrative investigator would 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. Documentation regarding the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis would be maintained at the hospital. As previously indicated, the majority of medical/mental health care is provided in the Bozeman area.

GCRP PREA Policy 3.5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(a).

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

As previously mentioned, medical staff are not employed at GCRP. Any staff may handle 1st Responder duties during both regular and non-regular business hours. Pursuant to the coordinated response plan, on-site shift supervisors address movement to a medical facility, if warranted.

Pursuant to a letter dated January 6, 2022 from the Forensic Nursing Program Coordinator at Bozeman Health Emergency Department to the GCRP PA, all forensic examination services provided are detailed. Services offered in conjunction with the forensic examination are addressed in the narrative for 115.221(c).

The steps to be taken by first responders are clearly articulated in the narrative for 115.264 and a synopsis of interviewee statements is included in the same. On-site shift supervisors would make contact with the GCRP command structure, as well as, BPD and subsequent contact with Bozeman Deaconess Hospital. Decisions to transport for a forensic examination and follow-up would normally fall to decisions by the shift leader, cos, and PA, following contact with BPD. GCRP Policy 3-11 clearly articulates these responsibilities.

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. 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; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis are addressed in the narrative for 115.282(a). As previously indicated, the majority of medical/ mental health care is provided in the Bozeman area.

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(d) addresses 115.282(c).

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.

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(c) addresses 115.282(d).

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

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

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

#### **115.283 (a)**

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

#### **115.283 (b)**

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

#### 115.283 (c)

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

#### 115.283 (d)

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

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*)  Yes  No X  NA

#### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X  Yes  No

#### 115.283 (g)

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

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? X  Yes  No

#### Auditor Overall Compliance Determination

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

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

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(a) addresses 115.283(a).

Pursuant to memorandums dated 2021 and 2022 from the PA, zero residents disclosed prior sexual victimization in a confinement setting, during victimization/aggressor screening.

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(a) addresses 115.283(b).

The mental health interviewee states victims of sexual abuse are offered a meeting with her in a safe place. She offers support services and strives to keep victims calm. She follows-up subsequent to the victim's return to the facility from a forensic examination. She educates the resident regarding services she can offer and those that can be offered by community providers.

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(b) addresses 115.283(c).

The mental health interviewee states mental health services are offered consistent with the community level of care.

Pursuant to the PAQ, the PA notes 115.283(d and e) are not applicable to GCRP as the facility is designated as all male and the auditor has confirmed the same. Accordingly, the auditor finds 115.283(d and e) are not applicable to GCRP.

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) addresses 115.283(f).

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

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

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(a-d) addresses 115.283(g).

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known 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 interviewee states that a mental health evaluation is conducted of all resident-on-resident abusers and treatment is offered, if appropriate. Generally, this evaluation is conducted within one month of the date on which staff became aware of the prior sexual abuse.

The auditor's review of a Mental Health Referral Form reveals such referrals can be initiated by the cm, licensed addiction counselors (lacs), PA, cos, and others. The document allows for documentation of the issue and the attending practitioner'(s) comments.

There is no evidence such an evaluation was conducted regarding GCRP residents during the audit period.

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



## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

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

#### 115.286 (b)

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

#### 115.286 (c)

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

#### 115.286 (d)

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

#### 115.286 (e)

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

## Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review (SART) at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, zero criminal/administrative sexual abuse/harassment investigations were facilitated at GCRP.

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 assault and sexual harassment incidents. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incidents. Accordingly, the auditor finds GCRP exceeds standard expectations with respect to 115.286.

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a SART within 30 days of the conclusion of the criminal or administrative sexual abuse/harassment investigation. The PA further self reports in the last 12 months, zero criminal/administrative sexual abuse/ 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).

Pursuant to the PAQ, the PA self reports the SART 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 2, section II(A)(1)(c) addresses 115.286(c).

The PA asserts the facility has a SART team. She further asserts the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical/mental health practitioners. Pursuant to the PAQ, the PA self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

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

The PA asserts GCRP staff conduct SART reviews with the goal of enhancement of "all things PREA" and to highlight positive achievements.

The PA and SART team interviewee assert that the review team considers the following:

Whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI identification/ status/or perceived status, gang affiliation, or motivated/caused by other group dynamics at the facility;

Examine the area in the facility where the incident allegedly occurred to assess physical barriers in the area that may enable abuse;  
Assess the adequacy of staffing levels in that area during different shifts; and  
Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts that SART reports are forwarded to the PA for review. Given the fact no allegations of sexual abuse/harassment have been received during this audit period, no trends have been noted. In follow-up to the SART review, the PCM ensures recommended changes are implemented, if feasible, and if not implemented, the same is justified, in writing.

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).

In view of the above, the auditor finds GCRP exceeds standard compliance with respect to 115.286.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

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

## 115.287 (f)

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

### Auditor Overall Compliance Determination

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

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

GCRP Policy 3.7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-k) addresses 115.287(a)/(c).

The auditor's review of PREA Data spreadsheets for audit years reveals substantial compliance with 115.287(a)/(c). The PA further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

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

GCRP Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2) addresses 115.287(b).

The auditor's review of the spreadsheet(s) validates annual aggregation of sexual abuse data.

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, page 3, section II(A)(3) addresses 115.287(d).

The auditor has learned neither CCCS nor GCRP contract with any other private facilities for the confinement of any offenders designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) not-applicable to GCRP.

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

The auditor's review of the 2021 Survey of Sexual Violence (SSV) reveals the same coincides with the data reflected in the standardized instrument and set of definitions discussed in the narrative for 115.287(a)/(c).

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

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

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

#### 115.288 (b)

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

#### 115.288 (c)

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

#### 115.288 (d)

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

### Auditor Overall Compliance Determination

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

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

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

The auditor's review of the 2019, 2020, and 2021 GCRP Annual Reports and CCCS Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the reports are approved by the Agency Head and the same are posted on the CCCS website. The reports reveal no redactions pursuant to 115.288(d).

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

The PCM asserts he provides GCRP data to the PA and CCCS PC for the annual report. The PA actually writes the GCRP Annual PREA Report. Annual PREA report data is maintained electronically in password protected systems at both GCRP and the corporate office. Hard copies of documents are maintained by the CCCS PC. GCRP would take corrective action on an ongoing basis based on retained data.

While the PCM asserts he retains hard copy SART and investigative packets in locked file cabinets in his office, electronic copies of the same are retained in the CCCS PC's office. Should recommendations be made in response to SARTS, routine CCCS PREA audits, and MBWA, he would take corrective action on an ongoing basis based on the data.

Additionally, 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.

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

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

The auditor's review of the previously referenced GCRP Annual PREA Reports reveals the same are signed by the CCCS CEO.

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

Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further asserts the agency indicates the nature of the material redacted.

The PCM asserts names and confidential issues are typically redacted from the annual report. Information that constitutes security vulnerability information may also be redacted.

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

## **Standard 115.289: Data storage, publication, and destruction**

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

### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
X  Yes  No

### 115.289 (b)

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

### 115.289 (c)

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

### 115.289 (d)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures that incident-based and aggregate data are securely retained.

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 PCM.

The PCM asserts he would review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of GCRP's sexual abuse prevention, detection, and response policies and training, if such data was available. He would then report the same to the PA.

The PCM asserts hard copy SART packets are maintained at GCRP and included with electronic investigative packets maintained by the CCCS PC.

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

GCRP Policy 3.7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(2) addresses 115.289(b).

Pursuant to the auditor's review of the GCRP website, all relevant statistics captured on the SSVs are posted on the same.



Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

GCRP Policy 3.7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(3) addresses 115.289(c).

The auditor did not observe any personal identifiers in the statistics reflected on the website.

Pursuant to the PAQ, the PA self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

GCRP Policy 3.7 entitled Data Collection, Aggregation, and Review, page 5, section II(D)(4) addresses 115.289(d).

During the on-site audit, the auditor discovered zero 115.289(d) deficiencies.

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

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

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

#### 115.401 (b)

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

#### 115.401 (h)

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

#### 115.401 (i)

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

#### 115.401 (m)

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

#### 115.401 (n)

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

#### Auditor Overall Compliance Determination

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

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

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

Report writing has not been inhibited whatsoever.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

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

#### Auditor Overall Compliance Determination

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

None.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

**K. E. Arnold**

**August 18, 2022**

**Auditor Signature**

**Date**

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

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