

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

Interim Final

Date of Report September 26, 2019

Auditor Information

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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: April 18-19, 2019

Agency Information

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

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

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

Facility Information

Name of Facility: Gallatin County Re-Entry Program (GCRP)			
Physical Address: 675 South 16th Avenue Bozeman, MT 59715			
Mailing Address (if different than above): SAA			
Telephone Number: 406-994-0300 ext 1113			
The Facility Is:		<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit
<input checked="" type="checkbox"/> Private not for Profit			
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input type="checkbox"/> Alcohol or drug rehabilitation center	
	<input checked="" type="checkbox"/> Other community correctional facility		
Facility Mission: Same as CCCS			
Facility Website with PREA Information: www.cccscorp.com			
Have there been any internal or external audits of and/or accreditations by any other organization? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

Director

Name: Melissa Kelly	Title: Program Administrator (PA)
Email: mkelly@cccscorp.com	Telephone: 406-994-0300

Facility PREA Compliance Manager

Name: Melissa Kelly		Title: Program Administrator (PA) PREA Compliance Mgr. (PCM)	
Email: mkelly@cccscorp.com		Telephone: 406-994-0300	
Facility Health Service Administrator			
Name: NA		Title: NA	
Email: NA		Telephone: NA	
Facility Characteristics			
Designated Facility Capacity: GCRP- 45		Current Population of Facility: 39 current	
Number of residents admitted to facility during the past 12 months			86
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			51
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			81
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			86
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 36 (20-68)	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			183 days
Facility Security Level:			COMMUNITY BASED/OPEN/ MINIMUM
Resident Custody Levels:			COMMUNITY BASED/OPEN/ MINIMUM
Number of staff currently employed by the facility who may have contact with residents:			22
Number of staff hired by the facility during the past 12 months who may have contact with residents:			8
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
Physical Plant			
Number of Buildings 1		Number of Single Cell Housing Units: 0	
Number of Multiple Occupancy Cell Housing Units:		0	

Number of Open Bay/Dorm Housing Units:	4
Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.): GCRP is equipped with digital surveillance cameras. GCRP has 14 cameras, with 10 monitoring the interior of the building and four monitoring the exterior.	
Medical	
Type of Medical Facility:	Minimal medical services provided. Best described as ambulatory care.
Forensic sexual assault medical exams are conducted at:	Bozeman Deaconess Health
Other	
Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:	Volunteers (25) Contractors (0)
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	Two administrative investigators. Bozeman Police Department completes criminal investigations.

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Gallatin County Re-entry Program (GCRP) was conducted April 18-19, 2019, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

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

Following the on-site audit, the auditor contacted the Program Administrator at Bozeman Help Center-Sexual Assault Center (third-party clearinghouse for receipt of GCRP resident sexual abuse/harassment reports and provider of services to sexual abuse victims) relative to receipt of any reports of sexual abuse from GCRP. The Program Administrator advises no such reports have been received during the last 24 months.

The auditor met with the GCRP PA, CCCS PREA Coordinator (CCCS PC), CCCS PREA Specialist, and GCRP Chief of Security (COS) at 2:45PM on Wednesday, April 17, 2019. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 3:00PM and 3:45PM on the above date, the auditor toured the entire facility with the PA, CCCS PC, and COS.

It is noted the rated capacity of GCRP is 62 family members and the institutional count on April 18, 2019 was 41 residents.

During the on-site audit, the auditor was provided an office from which to review documents and facilitate confidential interviews with staff and residents. The auditor randomly selected (from a resident roster provided by the PA) 10 residents for on-site interviews pursuant to the Resident Interview Questionnaire. Interviewees represented all wings of the facility. One resident was interviewed pursuant to both the Resident Interview Questionnaire and the Disabilities Questionnaire.

According to the PA and COS, there were no resident(s), confined in the facility at the time of the on-site audit, who were Limited English Proficient (LEP), who reported sexual victimization during screening, transgender/intersex resident(s), lesbian/gay/bisexual resident(s), physically handicapped, visual or hearing impaired, or who reported a sexual abuse. Accordingly, such interviews were not conducted.

It is noted the 10 random resident interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to residents for reporting sexual abuse and sexual harassment. Overall, random resident interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random residents advised they had received training by GCRP staff, as well as, information gleaned pursuant to previous PREA training within State prisons, jails, other CCCS facilities, and transitional centers.

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

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

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

The Contract Administrator interview was not conducted as GCRP does not employ staff in that capacity.

It is noted CCCS is the umbrella company for GCRP.

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

Disabled (1- Mental Health)

The auditor reviewed 10 Staff Training records, 10 resident files, 10 staff HR files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On April 17, 2019, the auditor and the CCCS PC proceeded to the GCRP entry area and were greeted by the PA and COS. The opening meeting, as previously described, was conducted in the PA's Office.

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

A 6600 square foot, one level building, the GCRP is a 45-bed male facility and operates as a modified Therapeutic Community. All residents are housed in the same building, in four large dorm-style living units (families). The living areas are named after rivers in the Gallatin Valley; Yellowstone, Madison, Gallatin, and Jefferson. Each living area is made up of 6 bunk beds (12 beds total), and are located in the four corners of the building. The two living areas on the west side of the building are connected by a restroom, and the two living areas on the east side of the building follow the same format. Each restroom contains two private toilet stalls, two curtained shower stalls, two sinks, and a urinal which is flanked with privacy panels.

The food service department is located in the middle of the GCRP building. Residents may utilize the dining room or the connected treatment room during meal time.

There are two laundry rooms in the facility, one on the east and west sides of the building.

Directly inside the locked and monitored front entrance is the front security office. The front security office is staffed 24/7 by security staff who regulate all access to the facility. The 14 cameras which were recently installed are monitored from the front security office as well.

Pursuant to the auditor's review of several different cameras, as well as camera angles, in the front security office, he found no concerns with respect to resident privacy. Residents have sufficient protection from potential voyeurism.

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

DVD camera review and storage systems are available in the front security office. Accordingly, there are ample locations for monitoring.

Cameras are adequate and strategically positioned in hallways, capturing ingress and egress to and from family member living areas, as well as, bathrooms. Similarly, cameras are positioned in Day Rooms and eating areas. Staff office doors include windows.

The auditor identified a resident telephone wherein toll-free calls to Help Center-Sexual Assault Center can be made to report sexual abuse/harassment incidents to an outside entity. Help Center-Sexual Assault Center is discussed in depth throughout the standards narratives. As mentioned in the narratives, posters are available advertising sexual abuse reporting telephone numbers.

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

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

An On-site Audit Closeout meeting was facilitated on April 19, 2019 with the PA, CCCS PC, CCCS PREA Specialist, and COS in attendance. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the COS for her diligence in terms of ensuring prompt reporting of interviewees.

While a rating is not provided during such Closeouts, the auditor complimented the PA regarding staff's general knowledge of PREA programs and operations. Additionally, he cited the general resident knowledge of PREA standards as good. GCRP staff are clearly attentive to resident sexual safety and take PREA responsibilities in a serious manner.

Facility Characteristics

Located on the campus of the Bozeman Law and Justice Center in Bozeman, MT, the GCRP facility was designed, and constructed by Community, Counseling, and Correctional Services, Inc. (CCCS). GCRP staff began providing services in mid-December 2005, as a multiple use facility (including pre-release, work-release, drug court sanction, detention, and re-entry) for adult male offenders.

GCRP Residents are immersed in treatment through the culture of a modified Therapeutic Community, which emulates dynamics of group and individual support, honesty, and safety at all levels. It is noteworthy GCRP undergoes 6 month interim and annual audits provided by Montana Department of Corrections of which results were provided.

The Community Counseling & Correctional Services Mission Statement is as follows: CCCS is a team of individuals dedicated to meeting the Human Service needs of youths and Adults to promote Healthy Living Through Treatment, Training and Supervision.

Summary of Audit Findings

Number of Standards Exceeded: 3 115.231, 115.273, 115.286

115.231(c) As reflected above, 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).

115.273(a) GCRP PREA Policy 3.10 entitled Investigations, page 3, section II(F)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations. As GCRP policy requires notification relative to findings for both sexual abuse/harassment allegations and 115.273(a) requires only notification relative to sexual abuse allegations, the auditor finds GCRP exceeds standard requirements.

115.286 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 incident reviews. Accordingly, the auditor finds GCRP exceeds standard expectations.

The auditor reviewed mock SART reviews dated February 27, 2017, and March 15, 2018. The auditor finds this practice, despite the non-existence of sexual abuse/harassment allegations, clearly exceeds standard

expectations, demonstrating the commitment of GCRP administration and staff to the provision of a sexually safe environment. Mock SART reviews were conducted in a timely manner and included the proper composition of staff. The mock SART reviews met the requirements of 115.286.

Number of Standards Met: 36

Number of Standards Not Met: 0

115.217(b)- The auditor's random review of employee HR files as referenced in the narrative for 115.217(a) reveals no prior institutional employer(s) for any affected employees and accordingly, there is no substantiating evidence regarding 115.217(b). During a conversation with the PA, she advised many of her employees are Montana State University students and accordingly, they have not accrued such work experiences.

The issue of sexual harassment is not addressed pursuant to the PREA Questions Interview as only the three questions articulated in 115.217(a) are asked. Accordingly, only two of eight applicable initial hires addressed the issue of sexual harassment pursuant to the Disclosure of Employee Standard Violation Forms, prior to initial hire..

As alluded to in the narrative for 115.217(a), the Disclosure of Employee Standard Violation forms were not present in six of the applicable eight initial hire files. Accordingly, the auditor finds GCRP to be non-compliant with 115.217(b).

115.217(f)- 115.217(f)- During the course of interviews, the auditor learned applicants are not completing formal applications. Pursuant to other audits of CCCS facilities, the auditor is aware the three questions articulated in 115.217(a) are included in the application. Although the auditor is aware corrective action has been implemented to the extent the application is now being utilized, insufficient historical documents are available to substantiate compliance with 115.217(f) and accordingly, he finds GCRP non-compliant with the provision. Specifically, applications bearing the three questions, are not available in the random staff files reviewed by the auditor.

Summary of Corrective Action (if any)

115.217(b)- To ensure GCRP is compliant with 115.217(b), the auditor imposes a 180-day corrective action period. While January 3, 2020 is the maximum corrective action completion date, the auditor may terminate the period earlier upon satisfaction the practice is institutionalized.

Accomplishment of institutionalization will be demonstrated by submission of selected Employment Applications and Disclosure of Employee Standard Violation Forms, related to initial hires, to the auditor for at least the next 90 days. The PCM will provide the auditor a roster of new hires (since July 3, 2019 up to and including October 4, 2019), complete with actual hire dates. The auditor will subsequently randomly select names from that roster and the PCM will forward the afore-mentioned documentation to him. He will assess compliance with the standard and close the finding if he determines the practice is institutionalized.

To ensure comprehensive understanding of this protocol, the PA will provide training to the COS regarding the nuances of 115.217(b). This can be accomplished by an informational memorandum, signed and dated

by the COS. It is strongly recommended this memorandum address the totality of 115.217(a), (b), and (f), minimally. The PCM will ensure a copy of this informational memorandum is forwarded to the auditor for retention in the audit file.

115.217(f)- The corrective action period and requisite corrective action are described in the narrative for 115.217(b). Upon receipt of the applications randomly selected by the auditor, he will assess compliance with 115.217(f).

September 26, 2019 Update:

Corrective action is clearly described in the narrative for 115.217. The auditor finds GCRP compliant with all audit standards.

<h2>PREVENTION PLANNING</h2>

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 policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment and includes sanctions for those found to have participated in prohibited behaviors. The policy also 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 PA currently assumes that role however, the COS will assume the same in the near future. The auditor's review of the GCRP Organizational Chart reveals the PCM is in the facility's organizational structure.

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

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

The PA asserts she feels she has enough time to manage all PREA- related responsibilities. She 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. She makes the vast majority of decisions regarding PREA and as PREA issues are identified, the PCA implements, if prudent and feasible. If funding is required, she works with her supervisor to procure the same.

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

115.212 (c)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the 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 19, 2016/ December 19, 2017/ and December 19, 2018, the PA self reports GCRP does not contract with other agencies for the confinement of residents. Accordingly, it has been determined 115.212(a) and (b) are not applicable to 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 agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? X Yes No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? X Yes No

115.213 (b)

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

- 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 42 and the average daily number of residents on which the staffing plan is predicated is 42.

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

The auditor's review of the 2017, 2018, and 2019 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 2016, 2017, and 2018 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. She established the original staffing plan and has re-aligned staffing pattern(s) as trends changed. Video monitoring is part of the plan. The staffing plan is documented and maintained in the PA and COS offices, primarily. A copy is also maintained in the offices of the CCCS PC and her supervisor.

In regard to factors considered when developing the staffing plan, the PA considers the following:

With respect to the physical layout of the facility, GCRP is a one story building. In areas not monitored by cameras, staff rounds are increased. Blind spots are perpetually assessed to determine if additional cameras or re-alignment of staff resources is necessary. The same is the primary staffing strategy.

With respect to the composition of the resident population, younger offenders often lack the boundaries one would expect in comparison to prison inmates. Drug/alcohol abusers may cause additional scrutiny in view of debts, etc, necessitating re-alignment of resources or requests for additional resources. Careful bed assignments and monitoring throughout the facility are always a consideration.

With the prevalence of substantiated and unsubstantiated incidents of sexual abuse, the PA asserts there has not been any such incidents at GCRP.

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 COS. The COS reports to the PA for "last resort" authorization to fill vacated posts with overtime.

As previously referenced, the PA currently assumes PCM duties and accordingly, her statement is referenced above.

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 three 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; and 3. Transportation issues.

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

The auditor's review of one 2016, 20 2017, and 12 2018 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 on the Staffing Plan Deviation Form.

The PA asserts the facility documents all instances of non-compliance with the 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 staffing plan as all posts were properly filled as articulated on the Deviation Form.

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 staffing plan.

GCRP PREA Policy 3.1, pages 8 and 9, section IV(A)(7) addresses 115.13(c).

The PA asserts she facilitates a review of the staffing plan 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?
X Yes No

115.215 (b)

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

115.215 (c)

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

115.215 (d)

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

115.215 (e)

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

115.215 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 0 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) address 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 afore-mentioned 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.

Pursuant to the PAQ, the PA self reports the facility does not house female residents.

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

The auditor's observations during the facility tour confirm the statement of the PA as 0 female residents were observed at GCRP.

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 be 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 11 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 12 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.

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 12 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.

The PCM asserts 0 transgender/intersex residents are currently housed at GCRP. Accordingly, such interview could not be facilitated.

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) addresses 115.215(f).

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

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

The auditor's review of 19 2016, 17 2017, and 21 2018 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 2016 forms lack the "I understand" caveat.

Ten of the 12 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, and some demonstration. Training was provided during Annual In-Service 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*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide disabled 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) address 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. This shall be done by 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. Pages 2 and 3, section II(A)(2)(a-c) also address 115.216(a).

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

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

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

The 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.

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

The PA advises pursuant to PAQ memorandums dated December 19, 2016/2017/ and 2018, 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 another 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, page 3, section II(A)(4) addresses 115.216(c).

Seven of 12 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. Six interviewees were able to cite examples when this practice would be permissible, the majority centering on potential loss of evidence/

investigation and further harm to the reporter if not addressed in an expeditious fashion. All 12 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.

The auditor does recommend GCRP PREA trainers accentuate the nuances of 115.216(c) during staff Orientation and annual PREA training.

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, or 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)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the 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:

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

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

Five of the ten random staff HR files reviewed by the auditor reveal the above questions were asked during the application phase pursuant to applicant completion of the Disclosure of Employee Standard Violation Forms. Six of the 10 files reviewed by the auditor reveal the three questions were asked during the interview pursuant to the PREA Questions Interview document. Those document are signed and dated by the PA. The auditor notes two of the random staff files reviewed reveal a hire date covered during the last PREA audit or prior to implementation of the PREA standards. Accordingly, the same do not count in terms of the instant audit. Three promotion files reveal the questions were asked during the promotion process.

In view of the above, only eight of the 10 random files pertained to staff hired during this audit period. Accordingly, compliance with 115.217(a) was demonstrated in six of eight cases in terms of initial hiring. Compliance is demonstrated in two of three promotion cases.

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

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

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, paragraphs b addresses 115.217(b).

The auditor's random review of employee HR files as referenced in the narrative for 115.217(a) reveals no prior institutional employer(s) for any affected employees and accordingly, there is no substantiating evidence regarding 115.217(b). During a conversation with the PA, she advised many of her employees are Montana State University students and accordingly, they have not accrued such work experiences.

The issue of sexual harassment is not addressed pursuant to the PREA Questions Interview as only the three questions articulated in 115.217(a) are asked. Accordingly, only, two of eight applicable initial hires addressed the issue of sexual harassment pursuant to the Disclosure of Employee Standard Violation Forms, prior to initial hire..

As alluded to in the narrative for 115.217(a), the Disclosure of Employee Standard Violation forms were not present in six of the applicable eight initial hire files. Accordingly, the auditor finds GCRP to be non-compliant with 115.217(b).

To ensure GCRP is compliant with 115.217(b), the auditor imposes a 180-day corrective action period. While January 3, 2020 is the maximum corrective action completion date, the auditor may terminate the period earlier upon satisfaction the practice is institutionalized.

Accomplishment of institutionalization will be demonstrated by submission of selected Employment Applications and Disclosure of Employee Standard Violation Forms, related to initial hires, to the auditor for at least the next 90 days. The PCM will provide the auditor a roster of new hires (since July 3, 2019 up to and including October 4, 2019), complete with actual hire dates. The auditor will subsequently randomly select names from that roster and the PCM will forward the afore-mentioned documentation to him. He will assess compliance with the standard and close the finding if he determines the practice is institutionalized.

September 4, 2019 Update

The auditor has been provided a copy of a completed CCCS application for GCRP dated August 8, 2019. Additionally, a copy of the applicant's Disclosure of PREA Employment Standards Form dated July 11, 2019 has been provided. According to the CCCS PC, this application and attachment are the only filings since completion of the on-site audit.

The auditor's review of these documents reveals compliance with 115.217(b) and (f). Specifically, the requisite application and Disclosure of PREA Employment Standards Form are part of the pre-hire process.

The auditor's review of a Staff Development and Training Record Form dated July 25, 2019 reveals the COS completed and understands PREA-HR New Job Application/Interview Questions training on July 25, 2019.

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

To ensure comprehensive understanding of this protocol, the PA will provide training to the COS regarding the nuances of 115.217(b). This can be accomplished by an informational memorandum, signed and dated by the COS. It is strongly recommended this memorandum address the totality of 115.217(a), (b), and (f), minimally.

The PCM will ensure a copy of this informational memorandum is forwarded to the auditor for retention in the audit file.

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

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

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

There are no contractors on board at GCRP.

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(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, in the past 12 months, there were 0 contracts for services where criminal background record checks were conducted.

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

Pursuant to the PAQ, the 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) conducts criminal background record checks for current employees and contractors who may have contact with residents. Additionally, the National Lookup for Sexual Abuse Registry is accessed.

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

The auditor's random review of two staff files (relative to employees hired during or prior to 2013) reveals re-investigations were completed in 2015. 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 review of 10 random staff HR files reveals current Disclosure of PREA Employment Standards Violation forms were completed in seven cases, all bearing 2019 dates. The three remaining cases apply to staff hired in 2019. 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 staff.

During the course of interviews, the auditor learned applicants are not completing formal applications. Pursuant to other audits of CCCS facilities, the auditor is aware the three questions articulated in 115.217(a) are included in the application. Although the auditor is aware corrective action has been implemented to the extent the application is now being utilized, insufficient historical documents are available to substantiate compliance with 115.217(f) and accordingly, he finds GCRP non-compliant with the provision. Specifically, applications bearing the three questions, are not available in the random staff files reviewed by the auditor.

The corrective action period and requisite corrective action are described in the narrative for 115.217(b). Upon receipt of the applications randomly selected by the auditor, he will assess compliance with 115.217(f).

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 afore-mentioned standard provisions for 2019.

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

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).

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

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 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 considered blind spots and sufficiency of video monitoring in high traffic areas. This addition was accomplished following the last PREA audit.

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.

A memorandum dated December 20, 2017 reveals justification and function relative to the 14 cameras installed at GCRP. 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? Yes No
- Has the agency documented its efforts to secure services from rape crisis centers? X Yes No

115.221 (e)

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

115.221 (f)

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

115.221 (g)

- Auditor is not required to audit this provision.

115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness

to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.) Yes No 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 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 9, section II(E)(i, ii, and vi) addresses 115.221(a).

All 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Eight of the 12 random staff interviewees 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, ten of the 12 random staff interviewees assert the COS or PA facilitates administrative sexual abuse investigations while BPD facilitates criminal investigations.

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 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 August 25, 2015 from the Medical Director of SANE services at Bozeman Deaconess Hospital to the PA at GCRP. The letter, in question, is detailed in regard to all services provided.

According to the PA, no forensic medical examinations were conducted during the past 12 months.

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

The SAFE/SANE interviewee asserts she is one of a team of 10 SANE Trained Nurses who would be responsible for facilitation of forensic medical examinations at Bozeman Deaconess Hospital. SANE Nurses are available on a 24/7 on-call basis. In the remote circumstance wherein one of these SANE Trained Nurses is not available, a SANE Trained Emergency Room (ER) Nurse would facilitate the examination.

Sexually Transmitted Disease (STD) testing, along with the 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.

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, page 10, 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.

The PCM asserts the agency's attempt to make available a victim advocate from a rape crisis center are scripted in the MOU between CCCS and the Help Center- Sexual Assault Center, Inc. The PA further asserts the Director of Services for Help Center completed the NIC Victim Advocate course. PA maintains regular contact with her.

As previously mentioned, there has been 0 incidents of sexual abuse at GCRP. 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 10, section II(E)(v) addresses 115.221(e).

The PA 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.

The COS/PREA Investigator facilitates administrative investigations. BPD investigators facilitate criminal investigations pursuant to a carefully scripted MOU.

GCRP PREA Policy 3.4 entitled Reporting, page 10, 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's 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 such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).] X Yes No NA

115.222 (d)

- Auditor is not required to audit this provision.

115.222 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the 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 past 12 months, zero allegations of sexual abuse and sexual harassment were received.

GCRP PREA Policy 3.4 entitled Reporting, page 2, section II(A)(11) addresses 115.222(a).

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

An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s). The same involves a review of video footage, review of staff memorandums, and any staff or resident interviews are conducted. Criminal investigations are facilitated by 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 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)(12) addresses 115.222(b).

The investigative interviewee asserts 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 afore-mentioned policies and the afore-mentioned MOU with BPD are available on the same.

The auditor's review of the afore-mentioned 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

- 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:

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

GCRP 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" addresses this subject-matter.

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

The auditor's review of 21 Staff Development and Training Forms associated with staff across all facility disciplines reveals staff complete an in depth PREA refresher, first responder duties, cross-gender pat searches and searches of transgender/intersex residents in a professional and respectful manner, and video classes on an annual basis. Other PREA topics (e.g. Language Line training, conduct of victimization and aggressor assessments/reassessment training) are likewise represented in this packet of certifications. Six Orientation forms were likewise reviewed by the auditor to establish compliance with 115.231(a), resulting in validation of the same. The auditor's review of six 2018 and 22 2017 PREA and Grievance Acknowledgment Forms (addresses review and understanding of relevant PREA policies) reveals substantial compliance with 115.231(a). Additionally, the auditor's review of 17 2017 Staff Development and Training Forms reveals substantial compliance with 115.231.

The auditor's review of Pre-Service Orientation Training Schedules spanning 2016-2018 reveals PREA is included in the curriculum for that particular training.

The auditor's review of 10 random staff training files reveals the requisite topics were addressed, minimally, during 2018.

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

The PA self reports 0 staff transferred to GCRP from facilities wherein female residents are housed.

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

Pursuant to review of the Power Point training slides, the auditor has determined training is tailored to the male resident population. All employees receive PREA training prior to assumption of duties with residents.

Pursuant to the PAQ, the PA self reports 22 staff, who may have contact with residents, were trained or retrained in PREA requirements, equating to 100% of staff. Between trainings, staff are expected to facilitate policy review as they are expected to review policies periodically. 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(C) addresses 115.231(c).

As reflected above, 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(D) 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 the conduct of annual PREA training and accordingly, 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 0 contractors and 25 volunteers provide services at GCRP, having been properly trained pursuant to 115.232(a).

GCRP PREA Policy 3.6 entitled Training, page 2, section II(E)(1) addresses 115.232(a).

The auditor's review of the CCCS Volunteer and Contractor training program reveals a comprehensive program somewhat similar to that provided to staff. The same is a Power Point presentation with discussion topics addressing first responder duties, reporting, and how to detect signs of sexual abuse. Additionally, the Volunteer/Contractor Manual clearly addresses the GCRP zero tolerance policy, as well as, the aforementioned topics. The auditor's review of the Volunteer and Contractor training Outline further validates compliance with all facets of 115.232(a).

The volunteer interviewee asserts he has been trained regarding his responsibilities regarding sexual abuse/harassment prevention, detection, and response, per agency policy and procedure. The last time he completed this training was April, 2018.

The auditor's review of 30 CCCS PREA Acknowledgment Forms (dated in 2017 and 2018) reveals the signatory signs and dates the same and a witness also signs and dates. The document clearly reflects the "I understand" caveat.

Pursuant to the PAQ, the 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.

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

The interviewee asserts 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.

The auditor's review of five 2018 PREA Compliance Acknowledgments (Contractors, Visitors, Volunteers), Volunteer Staff Development and Training Forms, and Volunteer PREA Acknowledgment Forms reveals substantial compliance with 115.232(b). Three such 2017 documentation sets reveal substantial compliance during that calendar year.

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(G) 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 86 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 pamphlet) at intake. Additionally, within 48 hours of intake, Orientation is provided. Orientation includes a showing of the PREA video and further discussion.

All 11 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, pamphlet, and in some cases, viewing of the PREA video on the day of arrival. Similarly, all 11 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 provided within one week of arrival at GCRP, the majority indicating the same was provided on the day of arrival.

The auditor's review of ten 2016, ten 2017, and ten 2018 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 on the day of arrival and eight of 10 received Orientation within one day of arrival.

The auditor's review of the GCRP PREA Handbook reveals the same provides substantial information to each resident regarding all of the key components identified in 115.233(a). Review of three Receipts of GCRP PREA Handbooks each for 2016, 2017, 2018, and 2019 reveals evidence of resident receipt of PREA Handbooks.

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 51 family members 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). The intake staff interviewee asserts residents are made aware of PREA- related rights within 48 hours of arrival at GCRP.

Ten of the 11 random resident interviewees assert they were transferred to GCRP from various county jails, one from the Montana State Prison, and some 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 family member education in formats accessible to all family members, which will include written material and viewing the video "What You Need to Know". These formats shall be accessible to all 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.

While an in-depth analysis of strategies to accomplish the goals of 115.233(c) are articulated in the narrative for 115.216, the auditor did inquire of the intake staff interviewee, her method of conveying relevant PREA information to affected special needs residents. The interviewee advised she would read forms to affected residents, inclusive of reading forms and the PREA Handbook to residents. She would take extra time to educate residents, when necessary.

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 have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] X Yes No NA

115.234 (b)

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

115.234 (c)

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

115.234 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the 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(I)(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 Department of Corrections or Federal Bureau of Prisons (FBOP) trainings for investigators they may provide. Even though the PREA Manager, 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 investigative staff interviewee asserts she did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, she completed a seven hour Corporate Investigation training in Warm Springs, MT in January, 2019. The course was facilitated by the CCCS PC and START PCM. Mock scenarios were included in this training.

AUDITOR'S NOTE: The auditor reviewed the training plan for this course and finds the same parallels the content of the NIC course mentioned in the following paragraph. The auditor also reviewed the mock scenarios and finds the same to be relevant to the conduct of sexual abuse investigations in a confinement setting.

The auditor's review of the National Institute of Corrections (NIC) Certificate for a previous GCRP Chief of Security (COS, PREA Investigator), a memorandum and Staff Development and Training Record authored by the CCCS PC regarding completion of the same course by the PA, reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting.

GCRP Policy 3.6 entitled Training, page 3, section II(I)(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.

The investigative staff interviewee asserts the following training topics were addressed during the aforementioned Corporate-wide sexual abuse/harassment investigative 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 self reports the agency maintains documentation showing one investigator has completed requisite training. The auditor has also validated the investigative staff interviewee completed the Corporate-wide sexual abuse/harassment investigator's training.

Despite the above, the auditor strongly recommends the COS complete the NIC training previously mentioned. She may also desire to complete the Advanced Investigator's course. Given her brief longevity in her current position, this is a recommendation.

GCRP Policy 3.6 entitled Training, page 3, section II(I)(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? X Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? X Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? X Yes No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? X Yes No

115.235 (b)

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

115.235 (c)

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

115.235 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? X Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]
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 a policy related to the training of medical and mental health practitioners who work regularly in its facilities. The PA further self reports that two medical and mental health practitioners (100%) who work regularly at the facility received the specialized training.

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

The PCM asserts there are no medical staff assigned specifically to GCRP. Both medical staff are assigned to other facilities, one being the Butte Pre-Release Center (BPRC). The auditor interviewed that medical staff member during the November 6 and 7, 2018 on-site audit at that facility. Since that employee has completed the requisite medical training required by 115.235(a), the auditor has captured her statement as follows:

The medical interviewee asserts she received other specialized training regarding sexual abuse/harassment. She asserts the training was comprised of NIC video and on-line training. The training did cover the following topics:

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

The auditor notes 0 mental health staff are assigned to GCRP.

The auditor's review of two NIC Certificates for the course entitled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and one NIC Certificate for the course entitled PREA 201 for Medical and Mental Health Practitioners reveals substantial compliance with 115.235(a). Of note, a physician (contract) also completed the same course and the auditor reviewed his NIC Certificate.

The CCCS PC advises this contract physician resigned shortly after the last PREA audit in 2016 and the position has not since been encumbered. Accordingly, the auditor is not considering the contract physician for purposes of 115.235(a) and (d).

Pursuant to the PAQ, the PA self reports forensic medical examinations are not conducted at GCRP. The auditor has confirmed the same.

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).

Pursuant to the auditor's review of Staff Development and Training Record Forms for the afore-mentioned nurses, validation of completion of 2018 annual PREA training is validated. The same was completed at BPRC with the BPRC PCM providing the training.

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? 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, through the use of the GCRP screening tool, within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other residents or 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, Chief of Security, and Case Manager.

The staff responsible for risk screening interviewee asserts she 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 11 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. Ten of the 11 interviewees assert they were asked these questions at intake.

The auditor's review of five 2016, five 2017, and five 2018 PREA Initial Assessment/Re-assessment documents related to residents admitted to GCRP during those respective years reveals the following:

2016

Five initial assessments completed on the date of arrival and two reassessments completed within thirty days of arrival.

2017

Five initial assessments completed on the date of arrival and four reassessments completed within thirty days of arrival.

2018

Five initial assessments completed on the date of arrival and four reassessments completed within thirty days of arrival.

The auditor's review of 10 random resident files reveals the initial screening was completed on the day of arrival in all cases. The 30-day reassessment was completed in a timely manner in six of 10 cases.

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA self reports that during the last 12 months, 86 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 15 randomly selected PAQ documents reveal timely completion of the initial sexual victimization/aggressor screening within 24 hours of arrival at the facility. The same is also reflected in the narrative regarding random resident file reviews.

The staff responsible for risk screening interviewee asserts she does screen residents for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their intake. She advises the same is generally facilitated at intake.

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, page 4, section II(B)(1) addresses 115.241(c).

The auditor finds the screening instrument is objective.

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

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

The staff responsible for risk screening interviewee asserts history of sexual/physical abuse, history of violence, height and weight, self-identification as LGBTI, history of restraining orders filed against the resident, and history of both institutional/community sexual abuse are a few of the many considerations with respect to the screening tool. The interviewee further asserts she 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 from the Questionnaire script, soliciting response(s) from the interviewee. To validate responses, the screener reviews the screening packet prior to interview for relevant information.

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

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

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 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, 81 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).

Both staff responsible for risk screening interviewees assert reassessments are completed within 30 days of arrival at GCRP. The interviewee responsible for the conduct of reassessments asserts he uses his personal calendar to complete timely reassessments.

Six of 11 random resident interviewees assert they were reassessed within 30-days of arrival at GCRP.

The auditor's review of 10 random resident files, as mentioned in the narrative for 115.241(a), included follow-up review regarding three of the four residents who asserted they were not provided reassessments, as well as, those who assert they did not receive timely reassessments. One of the interviewees who assert they were not reassessed received an untimely reassessment. All were reassessed.

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 one of the staff responsible for risk screening interviewees, 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 case managers. The other interviewee confirmed the same.

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 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.

Both staff responsible for risk screening interviewees assert residents are not disciplined for any of the afore-mentioned issues associated with 115.241(h).

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 routed from the shift leader to COS to the case manager to the PA. Staff responsible for risk screening interviewees assert resident risk assessments are routed from the screener to the COS, and the PA has access to the same.

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those 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 PVs and KVs. Victims can be housed together, as well as, Aggressors can be housed together. Victims or Aggressors can be housed with Unrestricted residents.

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 6, 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 PA 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.

The PCM self-reported no transgender/intersex residents were housed at GCRP during the time of the on-site audit.

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

The PA and staff responsible for risk screening interviewees asserts transgender/intersex resident's 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 7, 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. Individual shower stalls and showering at a specific time under staff supervision would facilitate the requirements of 115.242(e).

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

The PA 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, familiarity with residents and copious oversight of housing assignments is employed by the COS. The PA also closely monitors assignments.

The PCM self-reported no gay/bisexual residents were housed at GCRP during the time of the on-site audit.

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 family members to report privately to agency officials about:

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

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 12 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-part report, submission of an emergency grievance, telephone call to PA/BPD, and call the Hotline.

All 11 random resident interviewees likewise identified two or more methods of reporting any sexual abuse/harassment incident(s) that happened to them or someone else. Methods of reporting included verbal report to staff/PA/COS, call the 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 would be accomplished pursuant to contact with family and the Hotline.

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

GCRP PREA Policy 3.4 entitled Reporting, pages 2, section II(A)(3) addresses 115.251(b).

The PREA Handbook, page 4 addresses 115.251(b).

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

All 11 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 the Help Center- Sexual Assault Center 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 is "immediately" or within 24 hours of receiving the report.

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

It is noted 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 12 random staff interviewees assert a resident can make a report regarding sexual abuse verbally, in writing, anonymously, and from third parties. All respondents advise they document such reports and 11 of the 12 interviewees assert they document verbal allegations immediately following receipt.

All 11 random resident interviewees assert reports of sexual abuse can be made both verbally and in writing. Nine of the 11 interviewees assert a friend or relative can make the report for them so that the resident does not have to be named.

Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of residents. As previously referenced in this report, telephone numbers and addresses for reporting sexual abuse and/or sexual harassment are noted on posters that are available throughout the facility. Staff can verbally, written, electronically or via mail, submit a report. 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 12 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, written report, and contact the Hotline.

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 NA

115.252 (b)

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

115.252 (d)

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

115.252 (e)

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

115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which

immediate corrective action may be taken? (N/A if agency is exempt from this standard.).

X Yes No NA

- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) X Yes No NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)
X Yes No NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) X Yes No NA

115.252 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the 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 3-5, section II(A)(13), 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 relates agency policy does not require a family member to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

GCRP PREA Policy 3.4 entitled Reporting, page 3, section II(A)(13)(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 4, section II(A)(13)(v)(5), addresses 115.252(c).

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

Pursuant to the PAQ, the 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 0 grievances were filed within the last 12 months wherein sexual abuse was alleged. The PA finally 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 4 and 5, section II(A)(13)(vi)(1-4), addresses 115.252(d).

The PA asserts there are no residents who reported a sexual abuse at GCRP, housed at the facility. Accordingly, such interview(s) could not be conducted.

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 past 12 months in which the family member declined third-party assistance, ensuring documentation of the family member's decision to decline.

GCRP PREA Policy 3.4 entitled Reporting, pages 8 and 9, 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 past 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, pages 3 and 4, section II(A)(13)(v)(1 and 2) 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 were 0 instances of resident discipline for incidents of this nature.

GCRP PREA Policy 3.4 entitled Reporting, page 4, section II(A)(13)(v)(3) 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).

Pages 7 and 8 of the PREA Handbook addresses 115.253(a) 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). Three posters bear the names of support service providers, addresses, and telephone numbers and were observed throughout the facility during the facility tour.

All 11 random resident interviewees assert services are available outside of the facility for dealing with sexual abuse, if needed. While two interviewees identified the Hotline provider (also provides VA services following a report of sexual abuse) as the service provider, three additional residents assert the names, telephone numbers, and addresses of provider(s) are posted by wing telephones. One other interviewee identified counseling as a service available to residents to assist in coping with the aftermath of sexual abuse. Eight of 11 interviewees assert the facility provides addresses and telephone numbers for outside services and nine interviewees assert telephone calls are toll-free. Ten interviewees assert 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 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).

Ten of 11 random resident interviewees assert what they say to people from support services following a report of sexual abuse remains private. Seven interviewees assert conversations with providers could be listened to or told to someone else. Reasons cited are recitation of self injurious behavior, threat to personal safety or that of others, law enforcement use, and Mandatory Reporting.

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 family members so they can provide the same to third-party reporters.

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

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

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

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

All 12 random staff interviewees assert the agency requires all staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility; retaliation against 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. Ten of the interviewees assert reporting must occur immediately to the PA, COS, or supervisor.

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 7, section II(C)(3) addresses 115.261(b).

GCRP PREA Policy 3.4 entitled Reporting, page 7, section II(C)(5) addresses 115.261(c).

As previously mentioned, medical providers are employees of BPRC. Accordingly, the following statement was provided during the auditor's review of that facility during November, 2018.

The medical staff interviewee asserts that at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. This requirement is policy, licensure, code of ethics, and education driven.

The interviewee similarly self reports she is required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. The medical staff interviewee reports such incidents to the PA, COS, and/or security supervisor.

The interviewee asserts she has not personally become aware of such incidents.

The auditor validated the same as no incident(s) of sexual abuse were alleged during the last 12 months.

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

The PA/PCM interviewee asserts no 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 MDOC.

GCRP PREA Policy 3.4 entitled Reporting, page 7, section II(C)(6) addresses 115.261(e).

The PA asserts all allegations of sexual abuse/harassment (including those from third-party and anonymous sources) are reported directly to designated facility investigators. Specifically, whenever the PA receives a report, she passes the information to the COS (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 past 12 months, there were 0 times the facility determined that a family member was subject to substantial risk of imminent sexual abuse.

GCRP PREA Policy 3.4 entitled Reporting, page 2, section II(a)(7) addresses 115.262(a). This policy stipulates in the event that sexually abusive or assaultive behaviors are alleged, threatened, or have occurred, staff will take immediate action to intervene and ensure the safety of all persons involved. Staff will immediately document all reports and notify their Shift Supervisor, who will then consult the Program Administrator for guidance.

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

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

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. The potential victim can be placed in a different pod or transferred to another facility.

All 12 random staff interviewees assert if they learned a resident is at risk of imminent sexual abuse, they would remove the resident from the danger zone. Nine interviewees assert they would immediately take this action.

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? X Yes No

115.263 (b)

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

115.263 (c)

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

115.263 (d)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation a family member was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PA further self reports in the past 12 months, the facility received 0 allegations that a resident was sexually abused while confined at another facility.

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

Pursuant to memorandums dated December 19, 2016, 2017, and 2018, 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 8, section II(C)(10) 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 8, section II(C)(10) 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 past 12 months, there were 0 allegations of sexual abuse received by the facility from other facilities.

Pursuant to memorandums dated December 19, 2016, 2017, and 2018, 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 8, section II(C)(10) 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 my knowledge, no such allegations have been received at GCRP.

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 contracting agency 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*)
- 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 family member was sexually abused, the first security staff member to respond to the report shall be required to:

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

The PA self reports 0 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).

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:

Call for back-up;
 Separate the victim and perpetrator;
 Preserve and protect any crime scene until appropriate steps can be taken to collect evidence;
 If the abuse occurred within a time period that allows for the collection of physical evidence, they don't allow either the victim or the perpetrator to destroy physical evidence;
 Contact the PA; and
 Initiate SART.

Following each interview, 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 non-security staff are provided the same PREA and First Responder training as security staff.

The auditor's review of the GCRP Coordinated Response to PREA Incidents is accurate regarding destruction of physical evidence by the victim and perpetrator and 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:

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

As noted in the narrative for 115.264(a), the PA self reports 0 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).

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.

All 12 random staff interviewees assert they know and understand the agency's protocol for obtaining usable physical evidence if a resident alleges sexual abuse. Eight of the 12 random staff interviewees 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 view of the above, the auditor 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? 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 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. Additionally, the Coordinated Response to PREA Incidents document serves as an excellent guideline for staff as they perform sexual abuse related duties.

According to the PA, the facility does have a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. Policy 3.11 scripts detailed responses for all staff stakeholders. Checklists are included. Annual Refresher Training is provided regarding the same to all staff.

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

115.266 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

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

While 115.66 is technically not applicable to 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? X Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? X 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? X 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? 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 the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident housing changes? X Yes No

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

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

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

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

115.267 (d)

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

115.267 (e)

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

115.267 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 to protect all family members and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff. According to the PA, she and the COS are the designated Retaliation Monitors at GCRP. The PA monitors potential or staff victims of retaliation and the COS monitors potential or resident victims.

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, pages 4 and 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 detention facility.

Memorandums dated December 19, 2016, 2017, and 2018 reflect no evidence of allegations made 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 asserts for allegations of sexual abuse/harassment, she initiates retaliation monitoring. She maintains an "open door" policy for staff and residents. Weekly meetings with the victim are facilitated by retaliation monitors. With respect to staff retaliation of residents, she can move staff schedules and change assignments. A staff perpetrator may also be placed on Administrative Leave. Additionally, staff victims of retaliation would be referred to Employee Assistance. Resident perpetrators would be removed from the GCRP general population. If needed, resident victims may be moved to another wing or facility. Peer support may be offered.

The staff member charged with monitoring retaliation interviewee asserts he is responsible for monitoring and reporting retaliation against residents. Of someone reports retaliation, he monitors and reports to the PA. In-person interviews, combined with observations of behavior, encompass responsibilities a retaliation monitor.

Safety strategies he might employ include moving victim and perpetrator to different pods and generally, the perpetrator is the first to be moved. However, sometimes circumstances dictate otherwise. The interviewee also advised he might recommend emotional support.

The interviewee advises he would not initiate contact with residents who have reported sexual abuse rather, he would work with the PA to receive clearance. He would be proactive in reaching out to the PA.

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 at GCRP 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).

It is noted PAQ memorandums dated December 19, 2016, 2017, and 2018 reveal no sexual abuse cases have presented at GCRP during this audit period.

The PA asserts monitors assess video, monitor movement, and monitor behavior as part of the retaliation monitoring process. She confers with HR and mulls the possibility of placement of staff who perpetrate retaliation, on administrative leave or termination from employment.

The designated staff member charged with monitoring retaliation interviewee asserts he looks for changes in resident behavior based on stress. He reviews resident schedules for deviations, assesses whether the resident is isolating, whether he is missing groups, etc. Are there interaction changes with staff and other residents? Are there avoidance actions with both staff and residents?

In regard to staff victims/potential victims of retaliation, negative performance reviews and frequent requests for shifts and assignment changes are assessed.

Monitoring is facilitated for 90 days, minimally. Monitoring occurs on a weekly basis for the first 30 days and monthly of the remaining 60 days. Monitoring could be extended beyond 90 days. There is no maximum length of time for monitoring.

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

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 afore-mentioned 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? X Yes No

115.271 (e)

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

115.271 (f)

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

115.271 (g)

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

115.271 (h)

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

115.271 (i)

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

115.271 (j)

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

115.271 (k)

- Auditor is not required to audit this provision.

115.271 (l)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the 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 investigative staff interviewee asserts investigations are generally initiated immediately following a report of sexual abuse/harassment. She 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 report.

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, 0 sexual abuse/harassment allegations were reported and investigations completed during the audit period.

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

The auditor's review of the National Institute of Corrections (NIC) Certificate for a previous GCRP Chief of Security (COS/PREA Investigator), a memorandum and Staff Development and Training Record authored by the CCCS PC regarding completion of the same course by the PA, reveals completion of the NIC course entitled PREA: Investigating Sexual Abuse in a Confinement Setting.

The auditor's review of a Certificate for the COS reveals completion of a seven hour Corporate Sexual Abuse/Harassment training course conducted in January, 2019.

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

The investigative staff interviewee asserts she did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, she attended a corporate investigative training in Warm Springs, MT in January, 2019. This seven hour course was facilitated by the CCCS PC and START PCM. The training included mock scenarios, as well as, the subject-matter referenced in 115.234.

GCRP PREA Policy 3.10 entitled Investigations, page 2, section II(C)(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. The crime scene is preserved by GCRP staff.

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

- Report to the facility (10 minutes);
- Check crime scene and photograph (15-30 minutes);
- Review staff and resident statements (15-30 minutes);
- Review associated video (15-30 minutes);
- Review resident files of victim/witness(es) and alleged perpetrator (15-30 minutes);
- Threshold questioning of victim, witness(es), and staff (40 minutes-two hours);
- Interview perpetrator (0 minutes-one hour); and
- Re-interview all principles, if necessary;
- Write report (two-three hours).

In regard to direct and circumstantial evidence, the investigative staff interviewee would be responsible for collecting interview statements, video, and file materials.

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

The investigative interviewee asserts when it is determined a prosecutable crime may have taken place, she does not conduct compelled interviews, as the same falls under the purview of criminal investigators.

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

The investigative interviewee asserts she assesses whether the fact pattern substantiates the statements of the victim, witness(es), and perpetrator. She 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, page 2, section II(A)(1)(a) and (b) addresses 115.271(f).

The investigative staff interviewee asserts she makes efforts to determine whether staff actions or failures to act contributed to the sexual abuse. Specifically, she analyzes whether staff followed policy and the Code of Conduct. Are there any inconsistencies in statements which point to staff failure to act or staff negligence.

The interviewee asserts she documents administrative investigations in written reports. She begins the report with an Executive Digest providing a thumb nail sketch of the allegation and highlights of the evidence gleaned during the investigations. Subsequently, a detailed accounting of the victim's statement/staff

witness statements/resident witness statements, physical evidence collected by BPD, if known, and circumstantial evidence are addressed. Credibility assessments and factual analysis are used to "tell the story". Findings and conclusions are the last component of the report to be documented.

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

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

According to the investigative staff interviewee, she assesses known facts and if they point to a criminal act, she refers the same to BPD for potential referral for criminal prosecution.

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

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

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

The investigative staff interviewee asserts she continues with administrative investigations when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct. HR is actively involved in such investigations of staff sexual misconduct. Similarly, she continues with the investigation when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

According to the PA/PCM, the PA or COS makes weekly contact with BPD regarding the status of sexual abuse investigations. The Lead Investigator (BPD) is a member of the GCRP Screening Committee.

The investigative staff interviewee asserts she serves as a liaison with BPD when they are conducting sexual abuse investigations at GCRP. She 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*)
- 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 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 3, section II(E) addresses 115.272(a).

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

As reflected through out this report, 0 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? X Yes No

115.273 (b)

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

115.273 (c)

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

whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? X Yes No

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? X Yes No

115.273 (d)

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? X Yes No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? X Yes No

115.273 (e)

- Does the agency document all such notifications or attempted notifications? X Yes No

115.273 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- 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 0 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 3, section II(F)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations. As GCRP policy requires notification relative to findings for both sexual abuse/harassment allegations and 115.273(a) requires only notification relative to sexual abuse allegations, the auditor finds GCRP exceeds standard requirements.

The PA asserts the facility notifies a resident who makes an allegation of sexual abuse/harassment when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The investigative staff interviewee asserts either she and/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 0 criminal investigations have been completed by BPD during this audit period.

GCRP PREA Policy 3.10 entitled Investigations, page 4, section II(F)(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 him (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 in an agency facility in the past 12 months.

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

Pursuant to memorandums dated December 19, 2016, 2017, and 2018, 0 allegations of staff-on-resident sexual abuse have occurred during the audit period.

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 4, section II(H)(1 and 2) addresses 115.273(d).

Pursuant to memorandums dated December 19, 2016, 2017, and 2018, 0 allegations of resident-on-resident sexual abuse have occurred during the audit period.

Pursuant to the PAQ, the PA self reports the agency has a policy 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 4, section II(I) 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 memorandums dated December 19, 2016, 2017, and 2019, during the audit period, 0 staff have been disciplined up to and including termination for violating sexual abuse/harassment policies.

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

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

Pursuant to the PAQ, the PA self reports agency policy requires that 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 past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

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, contact between the contractor/volunteer and residents is disallowed pending completion of an investigation. Specifically, contractor/volunteer access to the facility would be restricted. The CCCS PC and HR would be contacted, as well as, BPD if the matter pointed towards criminal implications. 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? X Yes No

115.278 (b)

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

115.278 (c)

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

115.278 (d)

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

115.278 (e)

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

115.278 (f)

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

115.278 (g)

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

Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the 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 past 12 months, zero administrative findings of resident -on-resident sexual abuse occurred at the facility. In the past 12 months, there was zero criminal findings of guilt for resident -on-resident sexual abuse 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 completes the administrative disciplinary hearing. MDOC can revoke the GCRP program participation as a sanction. 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.

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).

Although a Licensed Addiction Counselor (LAC) is on board at GCRP and she has completed the specialty training course for provision of mental health care to victims of sexual abuse in a confinement setting, she does not provide services commensurate with a licensed mental health provider. Accordingly, the LAC was not interviewed pursuant to the mental health staff questionnaire.

According to a memorandum dated December 19, 2018, mental health evaluations and continuing medical/ mental health care are not provided at GCRP however, they are provided in the community.

While the auditor is confident there is a plan relative to provision of continuing medical/mental health care in the event of sexual abuse/harassment, he strongly recommends the same be reduced to writing, in policy. For example, the same may be added to GCRP PREA Policy 3.5, stipulating that referrals for mental health or medical evaluation/treatment be made by the PA, COS, or a case manager to certain provider(s). Of course, within the context of 115.278(d), this may necessitate referral and follow-up with the community provider regarding recommendation(s).

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).

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*)
- 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.

Medical staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. As previously indicated, the majority of medical/mental health care is provided in the Bozeman area. Accordingly, the only documentation maintained by the medical staff interviewee is that relevant to incidents occurring when she is on-site.

GCRP PREA Policy 3.5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(a).

The medical staff interviewee asserts resident victims of sexual abuse receive immediate, timely, and unimpeded access to emergency medical treatment and crisis intervention services. The medical staff interviewee asserts she encourages the victim resident to go to Bozeman Deaconess Emergency Department for services, if she is on-site and if warranted. Additionally, the nature and scope of services are determined according to the practitioner's professional judgment.

As previously mentioned, the medical staff interviewee performs part-time services at GCRP. Security staff handle any such issues during hours wherein the interviewee and the other nurse are off-site.

The auditor's review of a letter dated August 25, 2015 from the Medical Director of SAFE/SANE Services to the PA stipulates services offered through Bozeman Deaconess Emergency Department and the SAFE/SANE program. The services described meet the requirements of 115.282 and 115.283. The standard of care in the surrounding community is met by virtue of the services provided at Bozeman Deaconess Hospital.

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. As part-time medical staff are on-site, the majority of medical notifications may be accomplished through 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. 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. Medical staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-

health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. As previously indicated, the majority of medical/mental health care is provided in the Bozeman area. Accordingly, the only documentation maintained by the medical staff interviewee is that relevant to incidents occurring when she is on-site.

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(d) addresses 115.282(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. SAFE/SANEs provide information at Bozeman Deaconess Emergency Department. Additionally, the resident's private physician may also provide the same.

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.) X Yes No 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.) X Yes No 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 a memorandum dated December 19, 2018 from the PA, during the audit period, 0 residents disclosed prior sexual victimization during victimization/aggressor screening.

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(a) addresses 115.283(b).

The medical staff interviewee asserts she offers medical care and consultation in terms of evaluation and treatment of residents who have been victimized. She may take vitals however, a visual body scan, other than exposed areas while clothed, would not be facilitated. The purpose of this strategy is to ensure potential evidence is not disturbed.

GCRP Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(b) addresses 115.283(c).

The medical interviewee asserts medical services are offered consistent with the community level of care.

Pursuant to the PAQ, the PA notes 115.283(d) is not applicable to GCRP as the facility is designated as all male. The auditor has confirmed the same. Accordingly, the auditor finds 115.283(d) not applicable to GCRP.

Pursuant to the PAQ, the PA notes 115.283(e) is not applicable to GCRP as the facility is designated as all male. The auditor has confirmed the same and accordingly, the auditor finds 115.283(e) 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 auditor's review of a Mental Health Referral Form reveals such referrals can be initiated by the case manager, nurse, LAC, PA, COS, and others. The document allows for documentation of issue and the attending practitioners 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

- 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 facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the past 12 months, 0 criminal/administrative sexual abuse 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 incident reviews. Accordingly, the auditor finds GCRP exceeds standard expectations.

The auditor reviewed mock SART reviews dated February 27, 2017, and March 15, 2018. The auditor finds this practice, despite the non-existence of sexual abuse/harassment allegations, clearly exceeds standard expectations, demonstrating the commitment of GCRP administration and staff to the provision of a sexually safe environment. Mock SART reviews were conducted in a timely manner and included the proper composition of staff. The mock SART reviews met the requirements of 115.286.

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the past 12 months, 0 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 sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical 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 sexual abuse incident review team (SART). She further asserts the team includes upper-level management officials and allows for input from line supervisors, investigators, and medical/mental health practitioners.

Pursuant to the PAQ, the 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/PCM asserts GCRP staff conduct mock SART reviews with the goal being enhancement of the effectiveness of the PREA program. The SART reports are forwarded to the PA/PAC 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 PA/PCM reviews, ensuring Retaliation Monitoring has been initiated and recommended changes are implemented, if feasible.

The review team considers the following:

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

The COS' response addresses the questions required in the Incident Review Team Questionnaire and parallels the statement of the PA.

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 expectations with respect to 115.286.

Standard 115.287: Data collection

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

115.287 (a)

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

115.287 (b)

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

115.287 (c)

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

115.287 (d)

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

115.287 (e)

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

115.287 (f)

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

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- 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 2016, 2017, and 2018 spreadsheets reveals substantial compliance with 115.87(a)/(c). Some of the 2019 data has also been keyed into the 2019 spreadsheet. 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 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 upon request, the agency provided the Department of Justice with data from the previous calendar year.

The auditor's review of the 2016, 2017, and 2018 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:

a. Identifying problem areas;

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

he auditor's review of the 2016, 2017, and 2018 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 procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.

The PA/PCM asserts she 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. At this point, no data is available as no sexual abuse/harassment allegations have arisen.

While the PA/PCM asserts she retains hard copy SART and investigative packets in locked file cabinets in her 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, she 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 material redacted.

The PA/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 4, section II(C)(1) addresses 115.289(a). This policy stipulates data is maintained either with the PA or PCM.

The PA/PCM asserts she 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. At this point, no data is available as no sexual abuse/harassment allegations have arisen.

While the PA/PCM asserts she retains hard copy SART and investigative packets in locked file cabinets in her 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, she would take corrective action on an ongoing basis based on the data.

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

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

Pursuant to the auditor's review of the 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 4, section II(C)(3) addresses 115.289(c).

The auditor did not observe any personal identifiers in the statistics reflected on the website.

Pursuant to the PAQ, the PA self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.

GCRP Policy 3.7 entitled Data Collection, Aggregation, and Review, page 5, section II(C)(4) addresses 115.289(d).

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.*) Yes No

115.401 (b)

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

were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) X 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 inmates, residents, and detainees?
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*)
- 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*)

The auditor was able to conduct this audit in expeditious and uninterrupted form. GCRP staff were very facilitative with respect to timely production of random staff and resident interviewees. They provided additional information, as needed, throughout the audit process.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued

in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) 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*)

No comments.

AUDITOR CERTIFICATION

I certify that:

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

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

K. E. Arnold

September 26, 2019

Auditor Signature

Date

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

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