

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

**Date of report:** February 9, 2017

<b>Auditor Information</b>			
<b>Auditor name:</b> Loree Ivanets			
<b>Address:</b> 507 4 <sup>th</sup> Avenue West			
<b>Email:</b> olivanets@gmail.com			
<b>Telephone number:</b> 701-290-1596			
<b>Date of facility visit:</b> August 26, August 27, and August 28, 2016			
<b>Facility Information</b>			
<b>Facility name:</b> Gallatin County Re-Entry Program (GCRP)			
<b>Facility physical address:</b> 675 South 16 <sup>th</sup> Avenue, Bozeman, MT 59715			
<b>Facility mailing address:</b> <i>(if different from above)</i>			
<b>Facility telephone number:</b> (406) 994-0300			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
<b>Name of facility's Chief Executive Officer:</b> Melissa Kelly			
<b>Number of staff assigned to the facility in the last 12 months:</b> 22			
<b>Designed facility capacity:</b> 45			
<b>Current population of facility:</b> 39			
<b>Facility security levels/inmate custody levels:</b> Community Based/Open Minimum			
<b>Age range of the population:</b> 20-68			
<b>Name of PREA Compliance Manager:</b> Melissa Kelly		<b>Title:</b> GCRP PREA Manager	
<b>Email address:</b> mkelly@cccscorp.com		<b>Telephone number:</b> (406)-994-0300	
<b>Agency Information</b>			
<b>Name of agency:</b> Community, Counseling, and Correctional Services, Inc.			
<b>Governing authority or parent agency:</b> <i>(if applicable)</i> Click here to enter text.			
<b>Physical address:</b> 471 East Mercury Street, Butte, MT 59701			
<b>Mailing address:</b> <i>(if different from above)</i> Click here to enter text.			
<b>Telephone number:</b> (406)-782-0417			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Mike Thatcher		<b>Title:</b> Chief Executive Officer	
<b>Email address:</b> mthatcher@cccscorp.com		<b>Telephone number:</b> (406)-491-0245	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Marwan Saba		<b>Title:</b> CCCS, Inc. PREA Coordinator	
<b>Email address:</b> msaba@cccscorp.com;		<b>Telephone number:</b> (406)-491-0245	

## **AUDIT FINDINGS**

### **NARRATIVE**

Gallatin Pre-Release Center (GCRP), located in Bozeman, MT, contracted with Loree Ivanets, DOJ PREA Auditor in early June of 2016 to conduct the on-site PREA audit on August 26, 27, and 28, 2016. The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA Auditor, has 24 years of experience in corrections, over 30 years in various clinical positions, and is the PREA Coordinator at her place of employment.

GCRP was provided a poster with the auditor's name and address which was posted six weeks in advance of the audit. These posters explained the purpose of the audit and provided Residents and staff with the auditor's contact information. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations. During the on-site audit, the posters were visible throughout the facility, including both housing units. Additionally, Resident interviews confirmed the posters had been posted for "quite some time" being consistent with the 6 week PREA auditing protocol. During the on-site audit, the auditor randomly asked both Residents and staff if they were aware if any Residents had written to the PREA auditor. No Residents or staff were aware of anyone writing the auditor. The auditor received no correspondence from GCRP Residents or staff prior to, or after the on-site PREA audit.

The CCCS, Inc. PREA Coordinator, Marwan Saba, and the auditor communicated numerous times via telephone or email to discuss the audit, expectations and needs during the on-site. Mr. Saba, and CCCS, Inc. PREA Compliance Specialist, Meg Murphy, and Melissa Kelly, GCRP Program Administrator/PREA Manager completed the Pre-Audit Questionnaire while providing a large volume of proof-documents ahead of the on-site audit. Prior to the on-site visit, the auditor conducted a comprehensive evaluation of agency and facility policies, facility procedures, program documents, and other relevant documentation, and materials.

The first PREA Audit of GCRP was conducted August 26, 27, and 28, 2016. The auditor wishes to extend sincere appreciation to Mike Thatcher, Chief Executive Officer of Community, Counseling, and Correctional Services, and Melissa Kelly, Program Administrator of GCRP, and their staff for the professionalism they demonstrated throughout the audit and for the kindness and hospitality they showed the auditor. This is the fifth CCCS, Inc. facility to be audited in 2016.

The auditor also wishes to compliment Marwan Saba, Meg Murphy, and Melissa Kelly for their work in organizing the audit files that were provided to the auditor prior to the on-site audit. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit.

Upon arrival to GCRP, the auditor met with agency and facility leadership which included Steve McArthur, CCCS, Inc. Director of Community Correctional Programs, Marwan Saba, CCCS, Inc. PREA Coordinator, and CCCS, Inc. PREA Compliance Specialist, Meg Murphy, Program Administrator/PREA Manager, Melissa Kelly, Chief of Security, Jessica Graham, and the Montana Department of Corrections PREA Coordinator, Andrew Jess. The auditor explained the audit process, expectations for the audit, and the need to triage evidence according to all subsets of every standard to achieve full compliance of said standard.

The auditor was given a thorough tour of the entire GCRP facility by GCRP administration, while accompanied by the MDOC PREA Coordinator. While on tour and through out the on-site audit, the auditor was permitted access to all areas of the facility.

At the close of the on-site tour, the auditor began the interviews and review of on-site proof documentation in a private office to ensure confidentiality.

The Daily Count of GCRP was 35 throughout each day of the audit.

Those interviewed were selected by the auditor from a list of Residents provided to the auditor. In addition, Residents who were identified as being in a designated group (i.e., disabled, gay, bisexual, those who have reported sexual abuse or sexual harassment, and from different housing areas etc.) were also interviewed. A total of 9 GCRP Residents and 2 Inmate Workers were interviewed; which included a Resident who struggles with cognitive and mental health issues, and 1 Resident who identified as bisexual. The Agency PREA Coordinator and the auditor spent time interacting with 3 GCRP Residents while conducting an informal group interview.

9 staff from GCRP were randomly selected as well as 15 other identified specialized staff were interviewed, including the CCCS, Inc. Director of Community Confinement Programs, CCCS, Inc. PREA Coordinator, GCRP Program Administrator/PREA Manager, PREA Investigator, First Responders, Medical and Behavioral health professionals, Protection Against Retaliation Staff, Staff who Screen for Risk, Case Manager, Incident Review Team, and Intake Staff. The MDOC Institutional PREA Coordinator was interviewed, as well as 4 Volunteers on-site.

When the on-site audit was completed, the auditor conducted a brief Exit Interview on August 28, 2016. The Exit Interview was held at GCRP in the presence of the majority of the team of CCCS, Inc. Administration and GCRP Facility Supervisory staff who participated in the initial audit meeting. After acknowledging agency and facility leadership for their hard work and commitment toward compliance with the Prison Rape Elimination Act. The auditor encouraged CCCS, Inc. and GCRP to utilize the support and resources available through the National PREA Resource Center website at <http://www.prearesourcecenter.org> to ensure ongoing compliance.

On August 28, 2016, the on-site audit was concluded at GCRP after the Exit Interview.

After the on-site audit, the auditor reviewed the additional proof documents secured while on-site and began to triangulate the evidence for compliance with the PREA Standards, utilizing the information gathered in post-onsite phone interviews.

On September 20, 2016, phone interviews with the Executive Director of Help Center-Sexual Assault Center and 2 Volunteers were completed.

## DESCRIPTION OF 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 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.

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.

GCRP Residents are immersed in treatment through the culture of a modified Therapeutic Community, which emulate 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.**

The Mission Statement of Gallatin County Pre-Release Program professes commitment, "To providing an environment that is treatment and security driven, and physically and emotionally safe, with a clear understanding that staff need to be cognizant and empathetic to the victims and public. Our goal is to change one life one day at a time, and get the offender prepared to release into the community. This is accomplished through treatment, education, and supervision with the goal that the offenders grow emotionally, socially, educationally, spiritually, and culturally."

## **SUMMARY OF AUDIT FINDINGS**

Gallitin County Pre-Release Program was found to be exceeding the requirements of the 115.215, and 115.241 at the conclusion of the on-site PREA audit. Community Confinement PREA Standards 115.212 and 115.266 are nonapplicable to GCRP.

As of February 8, 2017, GCRP was found to be in full compliance of Community Confinement PREA Standards. having corrected the lack of breadth of the criminal background records checks as required in 115.217(c).

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Standard 115.211 requires two components meet compliance as demonstrated through the PREA Audit triage process.

Gallatin County Re-Entry Program will be referred to by (GCRP) in this Interim Report from this point forward.

(a) Community, Counseling, and Correctional Services, Inc., Gallatin County Re-Entry Program (GCRP) Policy 3-1; entitled "PREA General Requirements" was reviewed by the auditor. The policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy also includes the agency's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The policy further includes definitions for prohibited behaviors regarding sexual harassment and sexual abuse along with sanctions for those found to have participated in prohibited behaviors.

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

CCCS, Inc. Policy 3.4.6; Resident Visitation which is part of the Resident Rights Chapter addresses the entrance of all visitors to GCRP CCCS, Inc. Policy 3.1.5 reinforces entrance procedures in the Security and Control Chapter. Both of these policies state all visitors will receive the PREA Compliance Acknowledgement form upon arrival. The form will be read and signed by the visitor acknowledging the requirements of the Prison Rape Elimination Act, and GCRP's zero tolerance towards any form of sexual abuse and sexual harassment.

The auditor was expected to review and sign the PREA Compliance Acknowledgement form upon arrival each day of the on-site audit. The auditor reviewed signed PREA Compliance Acknowledgement forms dated in 2016.

GCRP provides a "Sanctions" group for approximately 8 individuals who are referred to this group by the MT Department of Corrections Probation and Parole Division. After the first weekly group session which is provided by GCRP addiction staff, the individuals receive an intake PREA packet, and view the DOJ DVD, "What You Need to Know", as part of their orientation to GCRP. Even though these individuals are not confined to GCRP, educating the individuals who are expected to participate in this group for 6 months at GCRP, demonstrates the deep commitment GCRP has to amplifying their Zero Tolerance commitment.

A random selection of staff, Residents, the Agency Head(designee), Program Administrator/Facility PREA Manager, Chief of Security, Volunteers, and Contractors interviewed were all familiar with the agency and facility's zero-tolerance policy.

(b) Melissa Kelly, Program Administrator/Facility PREA Manager, reports to Marwan Saba, the Agency PREA Coordinator. The Agency PREA Coordinator reports to Mike Thatcher, Chief Executive Officer of CCCS, Inc. The PREA Manager feels she has sufficient time, support, and authority to carry out her PREA duties. The Agency PREA Coordinator oversees all compliance efforts of 10 CCCS, Inc. facilities, affirming sufficient time, support, and authority in regards to PREA implementation.

Agency PREA Coordinator advises annual internal audits will occur within the years GCRP is not undergoing an audit completed by a DOJ Certified PREA Auditor to ensure PREA compliance is maintained.

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

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

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

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

Not Applicable

N/A GCRP does not contract for the confinement of its Residents with private agencies.

#### **Standard 115.213 Supervision and monitoring**

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

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

Standard 115.213 requires three components meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP, Policy and Procedures Manual, Policy 3-1; entitled "PREA General Requirements" which

addresses Staffing Plans was reviewed by the auditor.

The facility has a Staffing Plan that is reviewed annually, and approved at the agency level. The facility makes its best efforts to comply on a regular basis with the staffing plan for adequate levels of staffing and video monitoring to protect Residents against sexual abuse and sexual harassment. Upon review of the Staffing Plan, it was determined GCRP 2015-2016 Staffing Plan meets the following elements as required: 1) the physical layout of the facility, 2) the composition of the resident population, 3) the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and 4) any other relevant factors.

There have been no reports of sexual harassment and sexual abuse in the last year, as well as previous years. The auditor was provided with physical plant schematics of GCRP in addition to camera locations within the facility, which include the directional view of cameras, and a sample of the surveillance camera footage. During the on-site tour, the auditor observed placement of cameras and staffing posts of Shift Leaders and Resident Assistants. Shift Leaders and Resident Assistants carry hand held radios to ensure immediate communication.

The MDOC (Montana Department of Corrections) PREA Coordinator who had accompanied the auditor on the on-site tour, indicated he felt the staff to Resident ratio regarding Resident supervision was sufficient, as well as endorsed the current Staffing Plan of GCRP.

(b) The 2015-2016 GCRP Staffing Plan addresses the possibility of, nature of, and expectation that supervisors document deviations.

All GCRP Security Shift Leaders were trained on when and how to use the Staffing Plan Deviation form(s) and logs, and the auditor was provided with completed Staffing Plan Deviation Forms as evidence. Documented staffing plan deviations included staff transports, coverage for low staff numbers, and performing a urinalysis. A binder containing the Staffing Plan Deviation Forms remains in the front security office. The forms are routed to the GCRP Program Administrator/PREA Manager, and will be integrated in the creation of the upcoming year's Staffing Plan, or used to revise the current Staffing Plan.

(c) According to PREA Standards, and CCCS, Inc policy, GCRP Program Administrator/PREA Manager and Chief of Security are expected to review the Staffing Plan on an annual basis at a minimum to determine if adjustments should be made in the staffing for the facility, deployment of monitoring technology, and the allocation of resources to commit to the staffing plan to ensure. The 2015-2016 Staffing Plan acknowledged a need for surveillance cameras; as there were no cameras. As a result of a 2016 mid-term Staffing Plan review with the CCCS, Inc. PREA Coordinator, a decision was made to install 14 high tech cameras as evidenced by an email shared between the GCRP Program Administrator/PREA Manager and the CCCS, Inc. PREA Coordinator. In the interest of respecting the integrity of security of the GCRP facility, the auditor will not reveal the exact locations or directional view of current cameras. All surveillance cameras are monitored through a DVR located in the front security office and in the Chief of Security's office. There is a Shift Leader or a Resident Assistant in the front security office at all times.

During the triage process, the results of the following interviews were considered: Agency Head (designee), Agency Program Administrator/PREA Coordinator, Chief of Security, Security Shift Leaders, and Random Staff.

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

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



relevant review period)

☐ Does Not Meet Standard (requires corrective action)

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

Standard 115.215 requires six components to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc. GCRP Policy and Procedures Manual, Policy 3-1; entitled "PREA General Requirements" governs cross-gender strip searches by nonmedical staff and cross-gender visual body cavity searches by nonmedical staff without exigent circumstances. Employees may not conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners, and only by permission of CCCS, Inc. Chief Executive Officer.

(b) This component is not applicable as GCRP does not house female residents.

(c) The auditor observed the Exigent Circumstance Log where all pat down or unclothed searches are documented. There were no pat down and unclothed searches documented. Supported by Random Staff, Program Administrator/PREA Manager, Chief of Security, Medical Staff and Agency Head (designee) interviews there have been no cross-gender strip searches or visual cavity searches completed at GCRP. While the Exigent Circumstance Log forms are available in a labeled binder in the front security office, completed Exigent Circumstance Logs are reviewed and kept in the Program Administrator/PREA Manager's office per policy 3-1.

(d) Staff of the opposite gender announces their presence when entering resident housing areas. During the on-site tour, the auditor observed female staff announcing themselves when entering housing units, and approaching entrances of restrooms.

The auditor further observed posters throughout GCRP stating opposite gender staff worked in the facility; however, as a general practice, female resident assistants do not work the night shift.

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

Residents are housed in four large dorm-style living units. Each living area is made up of 6 bunk beds (12 beds total). Two dorms on each side of the building are connected by a restroom. Each restroom contains 2 private toilet stalls, 2 curtained shower stalls, 2 sinks and a urinal, flanked with privacy panels. Each restroom serves up to 24 residents. All residents interviewed confirmed they have adequate privacy and respect concerning their use and access to showers and restroom facilities. Access to the restroom facility appears to not be an issue because of the variation of resident employment schedules, resulting in staggered use of the restroom. The GCRP reassessment tool specifically addresses whether or not residents have concerns regarding their housing, showering or access to restroom.

(e) All GCRP security staff (Shift Leaders and Resident Assistants) were clear on the policy and practice which forbid searching or physically examining a transgender or intersex residents for the sole purpose of determining the resident's genital status. There is not a camera in the private area used as an Examination Room. Interviews with Medical staff indicated more than likely if a Resident needed to undergo a broader medical exam which may include the identification of genital status, the Resident would be referred to Bozeman Deaconess Hospital, or a local medical provider in Bozeman.

(f) CCCS, Inc., GCRP, Policy and Procedures Manual, Policy 3-1 states:

*2. GCRP will train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex Residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs in the event such search is deemed necessary.*

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

Training records indicated The Moss Group Guidance in Cross-gender and Transgender Pat Searches Training Curricula was used for training staff members. In addition, CCCS, Inc./GCRP Policy 3-2, "LGBTI Gender Identity and Gender Expression, Housing, Programs and Searches" amplifies agency protocol regarding searches of LGBTI Residents.

There were no transgender or intersex Residents available during the on-site audit to interview.

A random selection of staff members were interviewed to determine staff had completed the necessary training. Several staff members were asked to describe how they would conduct a cross-gender pat down search, and descriptions appeared to be appropriate. Staff appeared to be well-trained, and comfortable with the idea of housing and programming a transgender or intersex resident placed in their care. Training records had indicated all GCRP staff had completed Cross-gender Pat Search training.

During the on-site audit, the GCRP Program Administrator/PREA Manager and the CCCS, Inc. PREA Coordinator, assisted by the CCCS, Inc. PREA Compliance Specialist consulted, and a decision was made to extend the scope of empowering a transgender or intersex resident to be able to request the gender of GCRP staff completing the acquisition of a urinalysis. Policy 10-6; Urinalysis, in the Medical Care and Health Services Chapter, Procedure II A. was updated to state the following: Urine testing will be done in a method, which is both random and non-harassing. Samples shall only be taken by staff members of the same sex with the exception of a transgender or intersex resident which will have the ability to choose the staff gender of their choice during admission to the program. Upon final approval by the CCCS, Inc. and GCRP team, this change in policy and procedure was shared with the MDOC PREA Coordinator who was in attendance during the on-site audit.

In addition to revising Policies 10-6, and 3-1, the Search, Pronoun, and UA Sampling Preference Form was revised.

GCRP's expansion of this policy and procedure regarding empowering transgender and intersex residents to choose the gender of staff they may be most comfortable with in regards to physical searches, acquisitions of

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urinalyses, and pronoun choices speaks volumes to this facility's commitment to providing a safe and dignified environment for transgender and intersex residents. GCRP administration further commits to being sensitive to staff's level of comfort as every situation driven by each transgender or intersex resident's choices will be made on an individual basis after staff consultation, weighing in the transgender or intersex resident's personal choices and perception of safety.

Standard 115.215 was exceeded by Gallatin County Re-Entry Program.

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

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

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

Standard 115.216 requires three components meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP, Policy and Procedures Manual, Policy 3-1; entitled "PREA General Requirements" states interpretation services will be made available, and a contract with CTS Language Link was reviewed by the auditor. Policy 3-1 states GCRP will not rely on Resident interpreters, Resident readers, or other types of Resident assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the Resident's safety, the performance of First Responder duties or the investigation of the Resident's allegations.

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

All Intake Staff interviewed indicate they read through the PREA Resident Handbook if the Residents have a visual, or cognitive impairment.

A random selection of staff, Residents, and the Agency Head(designee) were interviewed for compliance. The auditor interviewed a Resident identified with cognitive disabilities.

(b) Although unable to locate any limited English proficient residents during the on-site audit, CCCS, Inc. has been maintaining a contract for interpreters since early Spring, 2016. Interviews of Random Staff, and leadership staff revealed an awareness of this resource; Language Link.

A Resident who suffers from cognitive disabilities was interviewed. His interview plus documentation provided by his case manager support documents are read and explained to him by staff members. If at any time this Resident requests to submit a statement, he is allowed to dictate to a staff member who transcribes his words.

(c) GCRP is a modified therapeutic community, and individual and group support offered to the individual

Resident is at the heart of the program. Policy 3-1 states GCRP will not rely on Resident interpreters, Resident readers, or other types of Resident assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the Resident's safety, the performance of First Responder duties or the investigation of the Resident's allegations. Random Staff, Random Family Member, and Agency Head(designee) interviews confirm compliance with this subset.

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

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

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

Standard 115.217 requires eight components meet compliance demonstrated through the PREA Audit triage process.

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

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

(c) According to the completed Pre-Audit Questionnaire provided by GCRP 8 new employees in the past 12 months completed criminal background checks. Review of employee HR documents confirmed that background criminal records checks are conducted for all staff prior to having contact with Residents. The facility also attempts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment. Review of employee HR documents confirmed that background criminal records checks are conducted for all staff prior to having contact with Residents. The facility also attempts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment.

Verified in an interview with the Montana Department of Corrections (MDOC) PREA Coordinator, the contract

agencies of Montana Department of Corrections are mandated to complete criminal background records checks for CCCS, Inc. employees, volunteers, and contractors.

According to consultation with the National PREA Resource Center, the DOJ preamble to the Final Rule, states, “At a minimum, agencies should access the standardized criminal records databases maintained and widely used by law enforcement agencies.” This should include a broader sweep on a national scale; that is, the intent is for agencies/facilities to look beyond their own state borders, and beyond local or state law enforcement agency records to include information that is national in scope, and this should include criminal records, child abuse, and other institutional records that are pertinent.

The previous MDOJ criminal background records checks utilized by GCRP gathered only MT based child abuse and elder abuse records, which was insufficient; therefore, 115.217(c) entered into Corrective Action.

It should be noted the CCCS, Inc. Chief Executive Officer, and the CCCS, Inc. PREA Coordinator have been diligent in attempting to secure “best practices” NCIC background checks in partnership with local law enforcement agencies, and other sources which have included FBOP, and MDOC for all of CCCS, Inc. facilities since the conclusion of the GCRP on-site audit in August, 2016.

Further, compliance with this PREA standard has created a unique challenge for most private confinement facilities in the state of MT, and has been taken under advisement with the National PREA Resource Center, who may be providing further detailed interpretation of PREA Standard 115.217 (c) in the future, as this auditor has consulted representatives of the National PREA Resource Center regarding the dynamics of some private facilities having limited access to NCIC checks.

On February 8, 2017, GCRP came into full PREA compliance upon retaining the services of a contractor who will provide broader criminal background records checks. While “best practices” would include access to NCIC criminal background records checks, the contract with a Bozeman, MT based Private Investigator, M Group, LLC provides a comprehensive background check with a national breadth of scope.

At the time of authoring this Final Report, this auditor was informed by the CCCS, Inc. Chief Executive Officer, and the CCCS, Inc. PREA Coordinator partnership discussions with MDOC to provide NCIC criminal background checks for CCCS, Inc. facilities rigorously continue.

(d) There is currently 1 contractor and 25 volunteers at GCRP. The auditor reviewed a list of staff and contractors who work in the facility. Interviews with Administrative HR Staff, Agency PREA Coordinator, and Program Administrator/PREA Manager both indicated contractors must undergo a criminal background records check prior to entering the facility to conduct any work. The agency maintains a list of each employee and contractor who works in the facility with their hire date, and the last date the criminal background records check was completed.

(e) Agency policy indicates that staff, contractors, and volunteers will complete a criminal background records check at least once every five years, or prior to promotion. The interview of the CCCS, Inc. Director of Human Resources supports all staff, contractors and volunteers rotate on a computerized system which ensures criminal background records check updates every five years. Subsequently, employee, contractor, and volunteer documents were reviewed for compliance to ensure the necessary background checks were completed at hiring/contracting/retention.

(f) Applicants and employees who have contact with Residents are asked about prior misconduct described

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

(g) Agency PREA policy, 1.3.5.12 states, “Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination of employment, or volunteer privileges and contracts.” Interview with CCCS, Inc. Director of Human Resources supports material omissions regarding misconduct or the provision of materially false information is grounds for termination.

(h) Agency PREA policy 1.3.5.12 states, “Unless prohibited by law, CCCS, Inc. shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work.” Auditor interviewed the CCCS, Inc. Director of Human Resources to determine the facility does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, providing a release of information is presented.

#### Documentation, Interviews, and Other Evidence Reviewed:

CCCS, Inc. Application for Employment

GCRP Interview Response Rating Form

Promotion Checklist and Questions Relative to PREA

Suspension Letter Template

CCCS, Inc. Reference Checking Form

Documentation of criminal background record checks of GRCP employees hired or promoted in the last 12 months

Documentation of criminal background record checks of GRCP volunteers who have contact with Residents

Documentation of criminal background record checks of current GRCP employees at five-year intervals

Harassment and PREA Employee Investigation Checklist

Synopsis of HR Training Related to PREA Investigations

Email regarding CCCS, Inc. Director of Human Resources completed Human Resources and Administrative Investigation training on NPRC website.

Interviews of CCCS, Inc. Director of Human Resources, Agency PREA Coordinator, MDOC PREA Coordinator, GCRP Program Administrator/ PREA Manager.

Consultation with National PREA Resource Center via phone, phone conference, and emails

Contract with M Group Investigations, LLC, Bozeman, MT, dated February 8, 2017.

Correspondence from CCCS, Inc. Chief Executive Officer, dated January 24, 2017.

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

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

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

Standard 115.218 requires two components meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., and GCRP reports no acquisitions of new facilities, substantial expansions, modifications or retrofitting of the current GCRP building.

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

The GCRP program maintains surveillance systems to help monitor order in common areas and allow video footage to be archived and stored on digital format. Cameras have been placed at all major entrances, exit locations, hallways, day rooms, and outside areas to provide an enhanced level of safety when Residents and others are interacting throughout GCRP.

Cameras are not placed in sleeping areas, shower, or restroom areas per agency and facility policy. Surveillance cameras are monitored 24/7 in the front security office, which is the center security hub of GCRP.

The auditor was provided with physical plant schematics of GCRP in addition to the camera locations within the facility, which include the directional view of cameras, and a sample of the surveillance camera footage. During the on-site tour, the auditor observed placement of cameras and staffing posts of Shift Leaders and Resident Assistants. Shift Leaders and Resident Assistants carry hand held radios to ensure immediate communication.

The 2015-2016 Staffing Plan acknowledged a need for surveillance cameras; however, because of a mid-term Staffing Plan review with the CCCS, Inc. PREA Coordinator, a decision was made to install 14 high tech cameras in 2016. During the on-site tour, the auditor viewed the new 14 camera surveillance system which has 3MP cameras in every location with High Definition images as well as a 180 degree horizontal FOV (field of view). This FOV ensures there are no blind spots in any corners, including the space directly under the camera. The server for this system was custom built with high performance PC chipset/RAM, and have a total of 10 TB of hard drive space. In the interest of respecting the integrity of security of the GCRP facility, the auditor will not reveal the exact locations or directional view of cameras. All surveillance cameras are monitored through a DVR located in the front security office, and in the Chief of Security's office. There is a Shift Leader or Resident Assistant in the front security office at all times.

Policies, Documentation, Interviews, and Other Evidence Reviewed:

CCCS, Inc., GCRP Policy and Procedures Manual, Policy 3-8

Completed Pre-Audit Questionnaire submitted by GCRP

Facility Schematic Map including Placement and Directional View of Cameras

Emails from CEO to Agency PREA Coordinator in 2016

An email dated July 28, 2016 from Rock Solid Integrations to the Agency PREA Coordinator regarding the service of installing 14 cameras.

On-site tour photos taken by auditor of cameras, and screen shots of main camera monitor(s) in front security office.

Interviews with Agency Head (designee), Agency PREA Coordinator, MDOC PREA Coordinator, Program Administrator/PREA Manager and GCRP Chief of Security.

**Standard 115.221 Evidence protocol and forensic medical examinations**

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

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

Standard 115.221 requires eight components of the standard to meet compliance demonstrated through the PREA Audit triage process.

a) CCCS, Inc., GCRP Policy and Procedures Manual, Policy and Procedures Manual, Policy 3-4, states GCRP follows a uniform protocol for investigation allegations of sexual abuse that maximizes potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions. GCRP's protocol is victim-centered and the crime scene is protected and secured in anticipation of response from Bozeman Police Department. GCRP refers all allegations of sexual abuse and sexual harassment which appear to be criminal in nature to Bozeman Police Department for criminal investigation.

Additionally, all allegations of sexual abuse and sexual harassment are reported to MT Department of Corrections (MDOC). There have been no reports of sexual abuse and sexual harassment at GCRP within the past years.

GCRP conducts an internal administrative investigation of employee misconduct in conjunction with the law enforcement criminal investigation. The Program Administrator/PREA Manager is responsible to assign a trained PREA Investigator; however, having also completed Specialized Training for PREA Investigators, the Program Administrator often takes on the role of PREA Investigator in partnership with the Chief of Security. The administrative investigation of employee misconduct will also encompass the CCCS, Inc. Director of Human Resources. Residents may grieve the results of a sexual abuse or sexual harassment investigation. Their grievances can move up the chain of command through CCCS, Inc.; therefore, it is appropriate for the Program Administrator/PREA Manager to be a PREA Investigator. While acknowledging this is not an ideal arraignment, the MDOC PREA Coordinator affirmed the GCRP Program Administrator/PREA Manager also investigating PREA sexual abuse/sexual harassment allegations is a workable combination of duties. The MDOC PREA Coordinator indicated a Resident may move through the chain of command at CCCS, Inc. and access the chain of command at MDOC while grieving the result of a PREA Investigation.

b) Bozeman Police Department follows the recommended uniform evidence protocol cited in this PREA standard, evidenced by a formal Memorandum of Understanding (MOU) with GCRP executed on November 2, 2015.

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



GCRP may conduct an internal administrative investigation of employee misconduct in conjunction with the law enforcement criminal investigation. The Program Administrator/PREA Manager is responsible to assign a trained PREA Investigator; however, having also completed Specialized Training for PREA Investigators, the Program Administrator often takes on the role of PREA Investigator in partnership with the Chief of Security. The administrative investigation of employee misconduct will also encompass the CCCS, Inc. Director of Human Resources.

(c) Bozeman Deaconess Emergency Room has a SANE program where all victims of sexual assault are taken in Gallatin County. GCRP has a detailed, descriptive agreement with Bozeman Deaconess Emergency Room to provide SANE exams in the event of a sexual assault which was executed on August 25, 2015. The SANE exams will be provided at no cost to the Resident according to Policy 3-4.

There have been no forensic medical exams conducted by SANE nurses or qualified medical practitioners during the past year.

(d) GCRP also has a formal MOU with Help Center-Sexual Assault Center, a local advocacy group who provides rape crisis services. This agreement also involves Help Center-Sexual Assault Center, providing follow-up counseling, referral and advocacy services as requested by the victim; Help Center-Sexual Assault Center staff would remain with the GCRP Resident throughout the entire process from the time a GCRP Resident arrives at Bozeman Deaconess Emergency Room through the medical examination and follow-up. This MOU was officially executed on September 22, 2015.

The Executive Director of Help Center-Sexual Assault Center was interviewed via phone on September 20, 2016. The Executive Director confirmed her completion of Victim Services training offered on the National PREA Resource Center website, and her intention to have all of the victim advocates complete the same training. The Executive Director of Help Center-Sexual Assault Center stated she believes it is wonderful that PREA is partnering with client-centered module and philosophies. She acknowledged this shift in culture may require an adaptation in thought process in confinement facilities; however, the Executive Director acknowledged creating a supportive, safe culture for residents is the norm of GCRP. In addition, to speaking to the Executive Director on the phone, I reviewed a memo affirming the completion of training from the Executive Director sent to the Program Administrator/PREA Manager of GCRP, as well as the attached completed NPRC training examination.

(e) The GCRP Case Manager has completed the Victim Services training offered on the National PREA Resource Center website. The GCRP Case Manager meets criteria required as a Qualified Agency Staff member, in the very rare event Help Center-Sexual Assault Center cannot respond in a sexual abuse incident. The QASM may also provide services to a victim on-site at GCRP.

A Best Practice Recommendation was made by the auditor for the Executive Director of Help Center-Sexual Assault Center and the Qualified Agency Staff Member of GCRP to formally meet to build a professional relationship prior to a possible GCRP Coordinated Response. The Executive Director of Help Center-Sexual Assault Center mentioned in her phone interview she and the GCRP Program Administrator were attempting to synchronize schedules in order to coordinate the aforementioned meeting.

(f) The MOU with Bozeman Police Department specifically states Bozeman Police Department follows investigatory protocol that is developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.

(g) Because GCRP is a contract agency of the MT Department of Corrections, MDOC Investigators may also investigate sexual abuse and sexual harassment allegations in an orchestrated manner with law enforcement and GCRP, and/or CCCS, Inc. Director of Human Resources. The MDOC PREA Coordinator indicated MDOC Investigators are current regarding required investigatory training, and follow the referenced protocol in paragraph (f).

(h) The GCRP Case Manager has completed the Victim Services training offered on the National PREA Resource Center website. The GCRP Case Manager meets criteria required as a Qualified Agency Staff member, in the very rare event Help Center-Sexual Assault Center cannot respond in a sexual abuse incident. The QASM may also provide services to a victim on-site at GCRP.

Interviews with a random sample of staff, Agency Head (designee), Agency PREA Coordinator, MDOC PREA Coordinator, Program Administrator/PREA Manager, CCCS, Inc. Medical Providers, and the Help Center-Sexual Assault Center Executive Director support written procedure. There were no Residents on-site who had reported sexual abuse at GCRP.

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

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

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

Standard 115.222 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual, Prison Rape Elimination Act Chapter, Policy 3-4; entitled, “Reporting”, ensures an administrative or criminal investigation is completed for all reports of sexual abuse and sexual harassment.

(b) and (c) According to CCCS, Inc. GCRP Policy 3-4, GCRP staff who have completed the Specialized Training for Investigators would initially respond to a report of sexual abuse and sexual harassment upon direction of the Program Administrator/PREA Manager. All reports are also immediately communicated to MT Department of Corrections. Upon immediate suspicion or awareness of criminal element, the GCRP Program Administrator would refer the investigation to the Bozeman Police Department. If the allegation involves an employee of GCRP, the CCCS, Inc. Director of Human Resources would be involved in the ensuing investigation. An administrative investigation may occur simultaneously with a criminal investigation.

A comprehensive Memorandum of Understanding (MOU) with the Bozeman Police Department which details the responsibilities of the Bozeman Police Department and GCRP in conducting criminal investigations of

sexual abuse and sexual harassment can be viewed on CCCS, Inc.'s website at [www.cccscorp.com](http://www.cccscorp.com).

(d) The MT Department of Corrections statement of Zero Tolerance and pledge to investigate every report of sexual abuse or sexual harassment which occurs in their facilities is able to be viewed on the Official State Website of Montana Department of Corrections at [cor.mt.gov](http://cor.mt.gov).

Interviews with the Agency Head (designee), Agency PREA Coordinator, CCCS, Inc. Director of Human Services, and GCRP PREA Investigators who are the Program Administrator/Facility PREA Manager, and the Chief of Security confirm all reports of sexual abuse and sexual harassment result in an investigation. There have been no reports of sexual abuse or sexual harassment in the last year, or in past years.

#### **Standard 115.231 Employee training**

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

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

Standard 115.231 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc. GCRP, Policy and Procedures Manual, Policy 3-6; entitled, "Training", requires all new GCRP employees to complete in-depth training on PREA and Sexual Harassment in the Workplace during employee orientation. This training includes becoming familiar with CCCS, Inc. and GCRP PREA policies and procedures. A review of the PREA training curricula indicates training on the ten specific topics required in this standard. New employees must complete this training and affirm understanding prior to independent contact with Residents of GCRP. All staff including non-security staff receive the same PREA training as security staff.

(b) The training was tailored to the unique needs, attributes, and genders of the Residents of GCRP. The auditor observed female staff announcing their presence before they enter a Resident dorm, and again upon approaching the restrooms shared by the 2 dorms. This procedure demonstrates the internalization of the policy and procedure relative to gender specific training, as GCRP is an all male facility. All GCRP staff completed Gender Responsive Strategies-Adults on the NPRC website in March, 2016.

(c) GCRP employees receive annual refresher training. The Program Administrator/PREA Manager reported 22 staff were trained, or retrained regarding PREA in this past year, and understand their responsibilities therein, evidenced by a random sampling of GCRP staff interviews.

(d) Random training certificates as well as signed and dated GCRP Staff Development and Training Record Forms which included staff acknowledgements of understanding were reviewed.

Documentation, Interviews, and Other Evidence Reviewed:

New Employee Training Agenda  
 New Resident Assistant on the Job Shift Leader Security Training Folder  
 Gender Responsive Strategies for Adults Curricula on NPRC website  
 PREA Training Curricula Contents  
 PREA Training Curricula  
 PREA Staff Refresher Training Curricula Contents  
 PREA Staff Refresher Training Curricula  
 CCCS, Inc. /GCRP signed and dated PREA Policy Staff PREA Acknowledgement Form  
 CCCS, Inc. /GCRP signed and dated Staff Development and Training Record Form  
 First Responders Training Curricula  
 Interviews completed with random sample of GCRP staff, Agency PREA Coordinator, Agency Director of Human Resources, and Program Administrator/PREA Manager

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

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

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

Standard 115.232 requires three components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc. GCRP Policy and Procedures Manual, Policy 3-6; entitled, "Training", requires all volunteers and contractors who may have contact with Residents to be trained on PREA requirements. Policy 3-6 requires volunteers and contractors to complete PREA refresher training every two years. A review of training documents indicate all GCRP volunteers and contractors had completed some form of training.

At the time of the on-site audit at GCRP, 1 contractor; a part time physician was providing professional services. (22) self-help volunteers, and (3) volunteers from MT Job Service were listed as active, and fully trained, as listed on the publicshare in the volunteer binder.

(b) and (c) The auditor reviewed the training curricula for volunteers and contractors who have contact with Residents, as well as confirmation of training and understanding by signature on Volunteer/Contractor PREA Training Acknowledgement Forms. The contractor participates in the same training as GCRP employees. Auditor interviewed 6 volunteers beginning the first day of the on-site audit, concluding volunteer phone interviews on 9/20/2016. A pattern emerged throughout the volunteer interviews, supporting the volunteer's understanding of key facets of PREA, presenting as being sufficiently trained regarding their role and responsibilities.

The volunteers and contractors are current regarding criminal background records checks and rotate regarding criminal background checks updates on the same system as GCRP employees.

### Standard 115.233 Resident education

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

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

Standard 115.233 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP, Policy and Procedures Manual, Policy 3-3; entitled, "Intake/Screening" outline the mandates for PREA Resident education.

(b) All GCRP Residents whether upon transfer or direct admission, go through the complete intake process, and are provided the same comprehensive PREA information immediately upon arrival to the facility. GCRP reports 84 Residents have been processed through intake in the past 12 months.

As is standard in the Intake process, the GCRP Resident is presented with the PREA packet which includes the Resident PREA Handbook containing detailed information on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. In addition to the Resident PREA Handbook, the PREA packet contains the following: the receipt of PREA handbook signature sheet, a PREA brochure highlighting GCRP's Zero Tolerance statement, copies of PREA posters, a Grievance form, the Disclaimer sheet which serves as an introduction to the Initial Assessment/Screening tool, the Initial Assessment, and the Mental Health Assessment.

(c) If the Resident is unable to read, the entire Resident PREA Handbook, is read to the Resident. Residents with reading or vision issues, are issued a bolded, larger font Resident PREA Handbook. Highlights of the PREA information is read to other residents who are able to read during the GCRP intake process. A verbal introduction about PREA is also provided to the Resident explaining the issuance of the Resident PREA Handbook.

After completing the initial assessment tool during the Intake process, Residents view the DVD, "What You Need To Know" within 48 hours in their housing area. This DVD has the option to view subtitles for hearing impaired. The practice has been to assign a few DVDs during intake, and the Resident views the DVDs in the privacy of their housing area. A Best Practice Recommendation was made to have the Residents view the DVD, "What Have You Got To Lose" in view of Intake and/or Residential Assistant staff to ensure this task has been completed, and without distraction.

(d) Residents are expected to sign a form entitled Receipt of GCRP Resident PREA Handbook confirming receipt and understanding of all PREA materials and PREA content. Forms are retained as proof of receipt and understanding of PREA education. Residents are further expected to pass on quiz on the GCRP Resident PREA

Handbook.

(e) As viewed during the on-site tour by the auditor; upon entering GCRP and posted throughout the facility, a Resident is able to view PREA posters in various formats. Phone numbers of Help Center-Sexual Assault Center and Bozeman Police Department are mounted by Resident phones. Within 72 hours, Residents participate in orientation, and once again revisit their rights to remain safe in confinement.

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

Documentation, Interviews, and Other Evidence Reviewed:

GCRP Resident PREA Handbook

GCRP Resident PREA Handbook Quiz

Large Print, Bolded GCRP Resident PREA Handbook

GCRP PREA Brochure

GCRP PREA Packet

Random selection of Receipt of GCRP PREA Handbook forms compared against Resident Intake Screening Forms

Completed Pre-Audit Questionnaire provided by GCRP

Interviews of Random Residents, Intake Staff, Agency PREA Coordinator, Program Administrator/PREA Manager, Intake Staff

PREA Posters, and posted phone numbers by facility Resident phones.

“What You Need to Know” DVD

**Standard 115.234 Specialized training: Investigations**

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

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

Standard 115.234 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual, Policy 3-6; entitled, “Training”, states in addition to the general training provided to all employees pursuant to 115.231, CCCS, Inc. and GCRP will ensure that, to the extent GCRP itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

(b) and (c) An overview of pertinent training records revealed the GCRP Program Administrator/Facility PREA Manager and Chief of Security completed PREA: Investigating Sexual Abuse in a Confinement Setting,

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

As previously noted, the CCCS, Inc. Director of Human Resources completed this specialized training on May 22, 2016, as she is a key player in investigations of sexual abuse and sexual harassment which involve GCRP employees.

The CCCS, Inc. Director of Human Resources has had extensive training in the area of sexual harassment, and has completed specialized Human Resource training regarding PREA. Via corporate mandate, the CCCS, Inc. Director of Human Resources will be directly involved in GCRP Administrative PREA Investigations. The involvement of the CCCS, Inc. Director of Human Resources in the PREA investigations is a significant asset to the GCRP Investigation team.

(e) According to the MDOC PREA Coordinator, MDOC investigators have completed specialized training regarding PREA Investigations in Confinement.

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

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

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

Standard 115.235 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual, Policy 3-5; entitled, "Medical and Mental Health" addresses specialized training for GCRP medical and mental health providers. The completed Pre-Audit Questionnaire provided by GCRP, indicated 100% of the 2 medical practitioners have completed specialized training provided through NIC; PREA: Medical Health For Sexual Assault Victims in a Confinement Setting. The NIC PREA training meets all 4 components addressed in 115.235 (a).

(b) All forensic exams will be provided at Bozeman Deaconess Medical Center.

(c) and (d) Training records and documentation indicate all medical providers have completed specialized training entitled; PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting provided online through the National Institute of Corrections. In addition, all medical providers completed requisite PREA training. GCRP has 1 part-time RN who is on-site 2-3 times per month in addition to being available to consult with the GCRP Chief of Security and Case Managers via phone and/or email, as well as a physician who

contracts with CCCS, Inc. The physician typically is on-site once per week.

Mental Health services are accessed via community providers.

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

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

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

Standard 115.241 requires nine components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP, Policy and Procedures Manual, Policy 3-3 entitled; "Intake/Screening", governs the screening process. Policy 3-3 states all GCRP Residents are screened for risk of sexual abuse victimization or sexual abusiveness upon admission or upon transfer.

(b) The completed Pre-Audit Questionnaire provided by GCRP indicated within the past 12 months 84 Residents were screened for risk of sexual victimization or risk of sexually abusing other Residents within 72 hours of their admission into GCRP.

(c) (d) and (e) A recently revised objective screening tool is entitled as the "Initial Assessment/Reassessment" form. Hence, this same tool is used to complete reassessments of Resident's risk levels. The Initial Assessment/Reassessment contains all mandated components listed (1-9) in 115.241 (d), as well as a scoring grid as support of objectivity. The Initial Assessment/Reassessment does address prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing Residents for risk of being sexually abusive.

During the on-site visit, the Initial Assessment/Reassessment GCRP screening/assessment tool underwent thoughtful revision which set precedence for all CCCS, Inc. community confinement facilities. If a Resident acknowledges they are transgender or intersex during an assessment, or reassessment they are then asked their gender identity, if they wish to choose the gender of staff performing pat searches, how they wish to be addressed in terms of pronouns, and the gender of staff they prefer to collect urinalyses as part of the completion of the initial assessment or reassessment. This revision was completed through a process of consultation with the CCCS, Inc. PREA Coordinator, CCCS, Inc. PREA Compliance Specialist and , GCRP Program Administrator/PREA Manager. Upon final approval by the CCCS, Inc. and GCRP team, this key update to the GCRP Initial Assessment/Reassessment tool was shared with the MDOC PREA Coordinator who was in attendance during the on-site audit.

This broadening of respectful and safe procedures within the assessment process exceeds expectations of this



standard.

Interviews with Random Residents and Intake Staff confirm the use of the screening tool in the intake process which takes place immediately upon arrival at GCRP. Random review of signed Resident Disclaimers compared to Resident's admission dates confirm initial screening/assessment is consistently completed well within 72 hours. Documentation reviewed indicates every GCRP Resident has been initially screened/assessed. Intakes are completed by GCRP Shift Leaders who have received training regarding the sensitive and critical process of intake.

(f) The GCRP Case Managers reassess all Residents within a set time period, not to exceed 30 days from intake. The process of completing reassessments usually on the 21<sup>st</sup> day, or when situations require were confirmed in interviews of Random Residents, Case Managers, Program Administrator/PREA Manager, and Agency PREA Coordinator.

(g) Residents may be reassessed multiple times based on referral, request, upon making a report of sexual abuse and sexual harassment, or receipt of information which bears on the resident's risk of sexual victimization or abusiveness; however, each GCRP Resident needs to be reassessed within 30 days of intake.

It is the responsibility of the GCRP Case Managers to ensure the reassessments are completed. According to reviewed reassessments, the reassessment spread sheet, and Random Resident interviews, it is clear Residents have been consistently reassessed for the past 4 months.

Prior to honoring any room move request, a GCRP Resident is reassessed.

(h) Residents read and sign a disclaimer which informs them of GCRP's mandate to report sexual abuse and sexual harassment occurring in any confinement facility. The disclaimer serves as an introduction to the screening tool, and also informs Residents they will not be disciplined if they choose not to answer sensitive, and deeply personal questions within the screening tool; such as the Resident's sexual preference(s), whether the Resident has experienced sexual victimization, has a mental, physical, or developmental disability, and the Resident's own perception of vulnerability.

(i) All hard copy initial assessment and reassessment documents are kept in a secure area in the Program Administrator/PREA Manager's office. There are no initial assessments or reassessment documents in the Resident's case file in an effort to implement appropriate controls on the dissemination of the sensitive documents.

A color-coded GCRP Resident Cautions sheet based on the PREA Risk Assessment Tool spread sheet tracks the Resident's initial assessment, subsequent reassessment dates, and outcomes.

Random samples of assessments and reassessments were reviewed during the pre-audit phase and on-site by the auditor. In addition, the auditor was provided with reassessments of Residents who scored as "known victim", "potential victim", "potential aggressor", and "known aggressor". The majority of these Residents were interviewed during the on-site audit, confirming have been reassessed on multiple occasions.

Because all Resident dorms at GCRP share adjoining restrooms, housing assignments must take into account the other Residents who reside on the other side of the adjoining restroom. As previously mentioned, the objective reassessment tool asks specifically if there are any concerns with housing and use of restrooms.

Standard 115.241 was exceeded by Gallatin County Re-Entry Program.

### Standard 115.242 Use of screening information

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

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

Standard 115.242 requires six components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) and (b) CCCS, Inc., GCRP, Policy and Procedures Manual, Policy 3-3 entitled; "Intake/Screening", describes the practical use of the information gathered in the screening process to ensure Resident's safety.

Completing the risk-screening instrument is a comprehensive screening process designed to identify Residents who are at risk of being victimized or at risk of abusing other Residents. The information gleaned from the Initial Assessment tool and Reassessments is used in determining individualized housing assignments and program assignments. Intake Staff immediately communicate their recommendations for housing to supervisory staff. The auditor reviewed examples of recommendations for housing based on the scores of the initial assessment and reassessments.

A color-coded Room Assignment sheet based on the PREA Risk Assessment Tool spread sheet tracks the Resident's initial assessment, subsequent reassessment dates, and outcomes. This document drives housing at GCRP. The spreadsheet is continually updated, and a Resident is reassessed in response to a request for a housing change. Staff consult the Program Administrator/PREA Manager, or Chief of Security in response to a need to reassign Resident housing.

(c) (d) (e) Policy 3-3 states:

- a. In deciding whether to assign a transgender or intersex Resident to a facility for males or females, and in making other housing and in deciding programming assignments, including possible transfer to another facility if most appropriate, GCRP shall consider on a case-by-case basis whether a placement would ensure the Resident's health and safety, and whether the placement would present management or security problems.
- b. GCRP will consider facility factors, including Resident populations, staffing patterns, and physical layouts. Best practices include initial consultation and multiple reviews of a transgender or intersex Resident's housing and programming plan with administration, security, and medical and mental health staff. Housing and programming must allow for gender identity when appropriate.

- c. A transgender or intersex Resident's own views with respect to his or her own safety shall be given serious consideration.
- d. The decision as to the most appropriate housing and programming determination for a transgender or intersex Resident can be complex; however, a housing and programming decision for a transgender or intersex Resident cannot be further complicated by complaints of other Residents or staff, and other levels of discomfort when the complaints and discomfort are based on gender identity.
- e. GCRP shall not place lesbian, gay, bisexual, transgender, or intersex Residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such Residents. GCRP is not under any type of consent decree, or mandates. Gay, transgender or intersex Residents would not be segregated from general population unless they were a threat, or at serious risk for abuse.

One Resident who identified as bisexual, was interviewed and confirmed compliance. Auditor was provided with the initial assessment and reassessment of this Resident.

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

If a Resident identifies as transgender or intersex, the Resident is asked upon during initial assessment or upon reassessment to share their gender identity, preferred pronoun, and the gender of staff the Family Member would prefer to conduct pat searches, and urinalysis. This is one of the many strengths of the GCRP Initial Assessment/Reassessment process. The safety, housing and programming is assessed and reassessed on an individual case-by-case basis.

GCRP is committed to housing transgender and intersex residents by gender-identity, rather than genitalia, given consideration the individual and security and safety needs.

All of GCRP housing is dorm style, and the MDOC PREA Coordinator indicated it would be MDOC's decision where to place a known transgender or intersex Resident before a facility's screening committee. There were no transgender or intersex Residents on-site to interview.

A random sample of Residents and staff were interviewed, as well as the MDOC PREA Coordinator, CCCS, Inc. PREA Coordinator, Program Administrator/Facility PREA Manager, Intake Staff, Random Staff, and Resident interview of a bisexual individual. All interviews supported compliance.

Any GCRP Resident, who may feel vulnerable, can request to shower at a time when no other Residents are showering. As previously mentioned, the objective reassessment tool asks specifically if there are any concerns with housing and use of restrooms.

#### **Standard 115.251 Resident reporting**

☐ Exceeds Standard (substantially exceeds requirement of standard)

- ☒ Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- ☐ Does Not Meet Standard (requires corrective action)

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

Standard 115.251 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

CCCS, Inc., GCRP Policy and Procedures Manual, Policy 3-4; entitled, "Reporting" addresses this standard.

(a) GCRP Resident PREA Handbooks, encourage private reporting internally to Program Administrator/PREA Manager, and all GCRP staff. A locked Emergency Grievance box is accessible to Residents. Random Staff and Random Resident interviews confirmed knowledge of various options to privately report sexual abuse, sexual harassment, retaliation, and staff neglect, or violation of responsibilities that may have contributed to such incidents.

(b) During the on-site audit, the auditor observed many posters mounted on the walls providing information on how to privately report an incident of sexual abuse or sexual harassment. Family Members are encouraged to write to the, "MT Department of Corrections PREA Division" as an option to report. Other posters mounted by Resident's phones provide telephone numbers to Help Center-Sexual Assault Center and Bozeman Police Department. Residents are provided number codes that will support their collect calls to these external reporting resources. Residents are educated that phone calls to Bozeman Police Department can be anonymous upon their request; however, the recipients of these phone calls will immediately forward those calls to GCRP administration. Further, GCRP Residents are made aware any phone calls to Help Center-Sexual Assault Center are absolutely confidential. Interviews of a random sample of Residents and staff all stated they were aware of a variety of options/mechanisms for Residents to report an incident of sexual harassment, sexual abuse, retaliation or staff neglect, including accessing the Corporate Office of CCCS, Inc.

Residents are provided access to 2 telephones located in the main hallway, positioned near the front security office. Most Residents have access to their personal cell phones; however, both staff and Residents interviewed stated if a Resident needed to make a private phone call, they would be allowed access to a phone in a private office, with ample privacy afforded by staff during the phone call. This was affirmed by administration. The Agency PREA Coordinator and auditor checked the 2 phone lines; Help Center-Sexual Assault Center, and Bozeman Police Department to confirm the phone lines were functional.

(c) According to Random Staff, Random Resident and Specialized Staff interviews, GCRP staff accepts reports made verbally, in writing, anonymously and from third parties. Further supported in policy, staff indicates they would immediately document any verbal reports. Third-party report forms, and contact information for all CCCS, Inc. Facility PREA Managers, and the CCCS, Inc. PREA Coordinator can be accessed on CCCS, Inc.'s website at [www.cccscorp.com](http://www.cccscorp.com).

(d) The auditor interviewed a random sample of staff who all indicated they are able to privately report an incident of sexual harassment or sexual abuse by telling their immediate supervisor, the Agency PREA Coordinator, Program Administrator/PREA Manager, or any other CCCS, Inc., Administrator if they suspected a supervisor was involved. Confirmed in interviews with the CCCS, Inc. Director of Human Resources, and the

Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, "Whistleblower" Policy indicated all CCCS, Inc. employees are expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy (1.3.6.1) informs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department, if they are not comfortable reporting to their immediate supervisor.

#### **Standard 115.252 Exhaustion of administrative remedies**

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

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

Standard 115.252 requires seven components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) (b) (c) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-4; entitled, "Reporting" addresses this standard. As indicated in the Resident PREA Handbook, the facility does not require a Resident to use an informal grievance process for filing any type of grievance; however, the option is available for non-PREA issues. The auditor reviewed the aforementioned facility policy, and the grievances filed over the past year in evaluating compliance with this provision.

(d) The completed Pre-Audit Questionnaire provided by GCRP indicated there were no grievances and no emergency grievances filed over the past 12 months alleging sexual abuse. The auditor reviewed grievances and emergency grievances filed in the last 12 months while on-site provided by the Program Administrator/PREA Manager, and found no grievance or emergency grievances filed alleging sexual abuse or sexual harassment. The auditor was unable to locate a Resident who had reported sexual abuse or sexual harassment at GCRP to interview.

(e) CCCS, Inc. website provides third-party report forms which can be printed, mailed, faxed, or emailed.

GCRP utilizes one Grievance Reporting Form in which a Resident is instructed to choose and circle Informal, Formal or Emergency.

(f) There is a locked box available for Emergency Grievances, and Emergency Grievance forms are defined on the Grievance Reporting Form as "Staff on Family Member and Family Member on Family Member sexual misconduct-PREA". The Program Administrator/PREA Manager, and Chief of Security have access to the locked box, as well as Shift Leaders on the weekends. Interviews with Random Residents and Random Staff confirmed an awareness and familiarity with the process of Emergency Grievances.

(g) Policy 3-4 states Residents may be disciplined for filing a grievance related to alleged sexual abuse, only where the agency demonstrates the Residents filed the grievance in bad faith.

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

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

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

Standard 115.253 requires three components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-5; entitled, "Medical and Mental Health", supports the MOU between GCRP and Help Center-Sexual Assault Center. The MOU is posted on CCCS, Inc.'s website at [www.cccscorp.com](http://www.cccscorp.com).

Random Resident and Random Staff interviews confirmed knowledge of access to outside confidential support services. Posters with contact information for Help Center-Sexual Assault Center, and national victim advocacy centers are mounted near Resident phones as noted in the on-site audit. The Resident PREA Handbook, contains contact information and assurances of confidentiality regarding communication with Help Center-Sexual Assault Center.

(b) Prior to giving Residents access to outside support services, Residents are informed of the extent to which such communication will be monitored, and of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. Further Random Resident interviews revealed understanding of the total confidentiality of conversations with Help Center-Sexual Assault Center.

(c) CCCS, Inc., and GCRP maintains an memoranda of understanding (MOU) for collaborative services with Help Center-Sexual Assault Center, a community-based organization which provides emotional support, and advocacy services to victims of sexual abuse and sexual assault. Upon a referral by GCRP or by Bozeman Police Department on behalf of a GCRP Resident victim of sexual abuse or sexual assault, Help Center-Sexual Assault Center provides (at no charge to the victim) advocacy, and in-person support services to the victim through the forensic medical examination process as well as the investigatory interview process. Advocates provide support, crisis intervention, information and referral services to the victim. Additionally, Residents are informed they will be offered victim support and advocacy services with community service providers prior to release from GCRP. This was confirmed in interviews of case management, and the Executive Director of Help Center-Sexual Assault Center.

In an interview with the Executive Director of Help Center-Sexual Assault Center assurances were made that a GCRP Resident would be treated no differently than a sexual assault victim from the community.

### Standard 115.254 Third-party reporting

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

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

Standard 115.254 requires one component of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-4; entitled, "Reporting" identifies an established method to receive third-party reports of sexual abuse and sexual harassment, and the agency publication of the procedure to report sexual abuse and sexual harassment on behalf of a Resident.

The GCRP Grievance Policy allows third parties to assist the Resident in filing a grievance that is PREA related. Residents are provided information about the grievance process via the GCRP Resident PREA Handbook, and the Grievance Instructions on the grievance forms.

GCRP has a policy that requires all staff to accept verbal reports from third parties, document, and report forward immediately.

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

There were no third-party reports made in the past year.

### Standard 115.261 Staff and agency reporting duties

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

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

Standard 115.261 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) and (d) CCCS, Inc., NEXUS Policy and Procedures Manual Policy 3-4; entitled, “Reporting” addresses Staff and Agency Reporting Duties.

A Random selection of Staff was interviewed and the auditor determined staff are familiar with the mandates to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency, any knowledge, suspicion, or information regarding retaliation against Residents or staff who reported an incident of sexual abuse or sexual harassment, and any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

(b) Further interviews of a Random sample of Staff confirmed information related to a report of sexual abuse and sexual harassment would only be disclosed as necessary to make treatment, investigation, and other security and management decisions, or on an “need to know” basis.

(c) All GCRP employees are required to immediately report any suspected or alleged abuse or neglect to the statutorily required entities per agency policy. The agency requires all staff to comply with mandatory child abuse reporting laws, and reporting requirements applicable to the facility’s licensing requirements.

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

(e) The Agency PREA Coordinator, and Program Administrator/PREA Manager indicated the Program Administrator/PREA Manager would assign a trained PREA investigator for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. This confirms written procedure as indicated in GCRP Policy 3-10, “Investigations”.

#### **Standard 115.262 Agency protection duties**

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

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

Standard 115.262 requires one component of the standard to meet compliance demonstrated through the PREA Audit triage process.



(a) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-4; entitled “Reporting”, upon review verifies, “when facility staff learns a Resident is subject to a substantial risk of imminent sexual abuse staff shall take immediate action to protect the Resident.”

The completed Pre-Audit Questionnaire provided by GCRP, indicated no Residents were subjected to a substantial risk of imminent sexual abuse in the past twelve months.

The auditor interviewed the Agency Head (designee), Agency PREA Coordinator, the Program Administrator/PREA Manager, Chief of Security, and a Random sample of Staff to determine no cases of risk of imminent sexual abuse had been reported over the previous year.

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

#### **Standard 115.263 Reporting to other confinement facilities**

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

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

Standard 115.263 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP, Policy and Procedures Manual Policy 3-4; entitled, “Reporting” indicates upon receiving an allegation a Resident was sexually abused or sexually harassed while confined at another facility, the Program Administrator of GCRP will notify the head of the facility, or appropriate office of the agency where the alleged sexual abuse or sexual harassment occurred within 24 hours. This PREA Standard mandates the reporting must occur within 72 hours.

According to the completed GCRP Pre-Audit Questionnaire and verified in interviews of the GCRP Program Administrator/PREA Manager, and the Chief of Security there was one report from a resident regarding sexual abuse in another confinement setting. This incident was reported to the head of the other confinement setting, as well as to the Agency PREA Coordinator, and the MDOC PREA Coordinator within 72 hours.

The auditor reviewed the Disclaimers which are read, signed, and dated by Residents prior to proceeding through their initial screening/assessment. The Disclaimers states as follows, “If you report that you were sexually abused in another correctional institution, as a PREA requirement, our facility administrator must report the information to the facility head of such Correctional Institution where the event happened. The information reported by staff will be limited to what you tell us.”

(b) and (c) According to the documentation reviewed regarding the one report forwarded to the confinement agency in which the allegations of sexual abuse took place, the notification was completed with 72 hours, in accordance to the expectation of Standard 115.263.

(d) The completed GCRP Pre-Audit Questionnaire and interviews of the Agency Head (designee), GCRP Program Administrator/PREA Manager, and GCRP Chief of Security concluded GCRP has not received any allegations of sexual abuse and sexual harassment from any other confinement facilities.

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

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

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

Standard 115.264 requires two components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual, Policy 3-11; entitled, "Coordinated Response/Staff First Response Duties" outlines the duties of First Responders.

The auditor reviewed the Coordinated Response Plan for the facility. The Coordinated Response Plan provides a step-by-step process for responding to an allegation of sexual abuse. Each of the 4 mandated responses are covered in Policy 3-11. Staff in non-security job positions receive the exact same training as security staff. A Random selection of Staff, First Responders, and Non-Security First Responders (staff in non-security job positions), which included volunteers were interviewed. Each of them was able to articulate the appropriate duties when responding to an incident in accordance with their roles within the facility, including how best to preserve evidence.

All current GCRP staff, volunteers, and the contractor have been trained in First Response procedures according to the Program Administrator/PREA Manager. According to policy, all staff, volunteers, and contractors are trained upon hire or retention, and again during annual or biannual refresher training.

Interviews with a Random selection of Staff, Volunteers, and the Program Administrator/PREA Manager confirm an institutionalization of proper procedure.

It should be noted all GCRP staff, contractors and volunteers are mandated to follow a "No Touch" CCCS, Inc policy. As an employee of GCRP, staff agree in writing to not physically touch GCRP Residents. Physical restraint is not routinely used as part of a use of force continuum. Any deviation from the "No Touch" CCCS, Inc. policy requires approval and permission from the CEO of CCCS, Inc. or designee. The auditor did review all CCCS, Inc. and GCRP policies which confirm congruency. In an emergency which may require restraint, the Bozeman Police Department would be summoned in addition to contacting CCCS, Inc. Corporate.

(b) While GCRP Staff will use verbal command to attempt to separate the alleged victim and abuser, non-security staff, and GCRP Volunteers will request the alleged victim to not take any actions that could destroy physical evidence, and then immediately notify security staff. This was confirmed in interviews of GCRP Volunteers.

There have been no opportunities to enact First Response procedures and protocol as there have been no reports of sexual abuse at GCRP in the past year.

#### **Standard 115.265 Coordinated response**

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

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

Standard 115.265 requires one component of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-11; entitled, "Coordinated Response/Staff First Response Duties" outlines GCRP's written plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment among staff, contractor, volunteer, first responders, medical and mental health practitioners, investigators, and facility leadership.

GCRP's Coordinated Response Plan is well thought out, comprehensive, and not only details response by staff and administrative role to sexual assault and sexual abuse, but also addresses First Responder duties for staff, contractors and volunteers in receiving a report for sexual abuse or sexual assault post 72-96 hours, and First Responder duties for staff, contractors, and volunteers when receiving a report regarding sexual harassment.

While on-site, the auditor viewed brown paper evidence bags, evidence tape, rubber gloves, Crime Scene tape and copies of Evidence Chain of Custody Tracking Forms stored in a clear plastic tub in a locked, closet in the front security office.

The Agency PREA Coordinator, and GCRP Program Administrator/PREA Manager were interviewed regarding the development and implementation of the Coordinated Response Plan.

Random Staff and Volunteers confirmed an understanding of appropriate responses related to specific roles in GCRP's Coordinated Response Plan.

There have been no opportunities to enact emergent or nonemergent Coordinated Response Plan and protocol as there were no reports of sexual harassment, or sexual abuse at GCRP within the past year.

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

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

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

Not Applicable

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

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

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

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

Standard 115.267 requires six components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP, Policy and Procedures Manual Policy 3-9; entitled, "Findings, Sanctions, and False Reporting" outlines CCCS, Inc./GCRP's plan to keep Residents and staff safe from retaliation.

Interviews of a random sample of Residents indicated they were very familiar with CCCS, Inc. /GCRP's adamant stance against retaliation. Residents were able to identify by name and position the staff members charged with pro-actively monitoring retaliation. This information is also provided in the GCRP Resident PREA Handbook, discussed at time of intake, and in detail during orientation, identifying the GCRP Program Administrator/PREA Manager, and the Chief of Security by name. Interviews indicated both Residents and staff would not hesitate to communicate with the GCRP Program Administrator/PREA Manager, and the Chief of Security.

The auditor interviewed a Random sample of Staff, and Volunteers who all indicated they are able to privately report an incident of sexual harassment, sexual abuse, or retaliation by informing their immediate supervisor, the Agency PREA Coordinator, the Program Administrator/PREA Manager, or any other CCCS, Inc. administrative employee. Confirmed in interviews with the Agency Head (designee), Director of Human Resources, and the Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, "Whistleblower" Policy,

indicates all CCCS, Inc. employees are expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy (1.3.6.1) informs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department, if they are not comfortable reporting an incident of retaliation to their immediate supervisor. GCRP volunteers, and the contractor were informed of their duty to report in training.

(b) Multiple protection measures are available for Residents and staff who fear, or experience retaliation, as addressed in detail in Policy 3-9.

In an interview with the Agency Head (designee), the Agency Head (designee) indicated there would be no tolerance for retaliation of any kind, and discussed strategies involving disciplining a Resident who was found to retaliate by requiring the Resident to undergo the formal disciplinary process of MDOC, which could result in discharging the Resident, or doing time in a secured facility. Staff would face discipline as well.

(c) (d) (e) GCRP is a modified Therapeutic Community, which includes Residents holding “hierarchy” positions, which are leadership positions in their various “families”. Because of the close therapeutic interaction between Residents and GCRP staff, a change in a Resident’s behavior and presentation would more than likely be quickly recognized, and intervened upon.

Auditor reviewed a monthly data spread sheet entitled, “GCRP PREA MONTHLY RETALIATION MONITORING REPORT” during the on-site audit related to tracking results of protection against retaliation. In addition to completing this aforementioned form, each periodic check would be documented individually as well for at least 90 days, or beyond if the initial monitoring indicates a continuing need. Auditor reviewed a document entitled, “PREA Incident Follow Up Form”, which asks specific questions related to monitoring for retaliation. If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(f) Policy 3-9 addresses an agency’s obligation to monitor shall terminate if the agency determines the allegation is unfounded.

The completed Pre-Audit Questionnaire provided by GCRP indicated there were no incidents of retaliation in the previous 12 months.

#### **Standard 115.271 Criminal and administrative agency investigations**

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

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

Standard 115.271 requires twelve components of the standard to meet compliance demonstrated through the

PREA Audit triage process.

(a) and (c) The auditor perused CCCS, Inc., Policy and Procedures Manual Policy 3-10; entitled, "Investigations", and verified proof the facility's investigators have completed Specialized Training for Investigators, maintained at the agency level.

Interviews with GCRP's PREA Investigators affirm investigations would be handled immediately, and third-party reports would be treated the same as if the Resident filed the report. Investigators would gather direct and circumstantial evidence, including any available physical and DNA evidence, as well as electronic monitoring data. Investigative staff would interview alleged victims, suspected perpetrators and witnesses. Investigators would also review prior reports and complaints of sexual abuse involving the suspected perpetrators.

(b) GCRP currently has 2 staff members who have completed Specialized Training for PREA Investigations in a Confinement Facility; the GCRP Program Administrator/PREA Manager, and the GCRP Chief of Security.

GCRP conducts administrative agency investigations, with the involvement of CCCS, Inc. Director of Human Resources, but does not conduct criminal investigations.

GCRP reports as documented in the completed Pre-Audit Questionnaire there have been no allegations of sexual harassment, or sexual abuse within the last 12 months.

(d) When the quality of evidence appears to support criminal activity, the GCRP PREA investigator would pause the administrative investigation while the criminal investigation is being conducted, unless otherwise directed by the GCRP Program Administrator who is the designated point of contact regarding communication with Bozeman Police Department. Criminal investigations are conducted by the Bozeman Police Department; however, GCRP PREA Investigators may assist Bozeman Police Department with the collection of evidence for criminal investigations if requested.

(e) Investigative staff does not require a Resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for processing, and if a Resident leaves GCRP an investigation will continue until completion. In addition, interviews revealed if a Resident recants an allegation, the investigation will continue to completion. The credibility of an alleged victim, suspect, or witness is evaluated on an individual basis, and not based on their status as Resident or staff.

(f) GCRP conducts administrative agency investigations, with the involvement of CCCS, Inc. Director of Human Resources, and shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and shall be documented in written reports. GCRP Program Administrator/PREA Manager created a mock hard copy Investigation file which was reviewed by the auditor. The mock file contained all the original report(s), evidence, any communication with alleged, reporters, and victims, SART forms, protection against retaliation forms, and proof of resident notification. All papers in the hard files are to be secured, and the Investigation files are kept in a locked file cabinet in the Program Administrator's office, including all electronic evidence, if applicable.

(g) and (h) According to Policy 3-10, criminal investigations would be documented in a written report containing a thorough description of physical, testimonial, and documentary evidence and attached copies of all documentary evidence where feasible. Bozeman Police Department would refer substantiated allegations of conduct which appear to be criminal for prosecution.

(i) As indicated in Policy 3-10, GCRP will retain all written reports referenced in (f) and (g) for as long as the PREA Audit Report

alleged abuse in incarcerated, or employed by the agency, plus five years.

(j) It was confirmed by interviewing the CCCS, Inc. Director of Human Resources, the Agency PREA Coordinator, the GCRP Program Administrator/PREA Manager, and the Chief of Security if an alleged abuser left employment of GCRP both criminal and administrative investigations would continue until completion.

(k) The MDOC PREA Coordinator confirmed MDOC Investigators conduct investigations pursuant to the above requirements.

(l) The GCRP Program Administrator/PREA Manager is the designee who will act as a liaison when the Bozeman Police Department investigates sexual abuse, and will oversee GCRP staff cooperation with the criminal investigation.

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

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

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

Standard 115.272 required one component of the standard to meet compliance demonstrated through the PREA Audit triage process.

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

#### **Standard 115.273 Reporting to residents**

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

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

Standard 115.273 requires six components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-10; entitled, "Investigations" policy is consistent with this PREA standard, and interviews of Agency PREA Coordinator, GCRP Program Administrator/PREA Manager, and Chief of Security confirms a practice that demonstrates compliance, indicating a Resident who reported sexual abuse or sexual harassment would be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. There were no criminal and/or administrative investigations within the past 12 months.

(b) There were no investigations of alleged resident sexual abuse completed by an outside agency in the past 12 months.

(c) (d) (e) and (f) As previously noted, there were no administrative and/or criminal investigations of sexual harassment or sexual abuse at GCRP within the last (12) months.

#### **Standard 115.276 Disciplinary sanctions for staff**

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

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

Standard 115.276 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

The completed Pre-Audit Questionnaire submitted by GCRP indicates in the past 12 months, there have been no staff from the facility who have been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. Additionally, there has been no staff in the past 12 months who have been disciplined for violations of the agency sexual abuse or sexual harassment policies.

(a)(b) and (c) CCCS, Inc., GCRP, Policy and Procedures Manual Policy 3-9; entitled, "Findings, Sanctions, and False Reporting" requires staff be subject to disciplinary action up to and including termination of employment for violations of sexual abuse and sexual harassment. The policy further states that disciplinary sanctions for violations of CCCS, Inc./GCRP policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The CCCS, Inc. Code of Ethics also requires disciplinary action up to and including termination for violations; termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.

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



Interviews with the GCRP Program Administrator/PREA Manager, CCCS, Inc. Director of Human Resources, Agency PREA Coordinator, and GCRP Chief of Security support policy.

**Standard 115.277 Corrective action for contractors and volunteers**

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

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

Standard 115.277 requires two components of the standard to meet compliance demonstrated through the PREA Audit triage process.

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

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

Review of GCRP Volunteer and Contractor training curricula revealed volunteers and contractors are sufficiently notified of governing policies and procedures regarding their behavior, consequences thereof regarding their interactions with GCRP Residents.

In the past 12 months, no contractors have been reported to law enforcement agencies or relevant licensing bodies for sexual abuse or sexual harassment.

In the past 12 months, no volunteers have been reported to law enforcement agencies or relevant licensing bodies for sexual abuse or sexual harassment.

**Standard 115.278 Disciplinary sanctions for residents**

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

relevant review period)

- ☐ Does Not Meet Standard (requires corrective action)

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

Standard 115.278 requires seven components of the standard to meet compliance demonstrated through the PREA Audit triage process.

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

(b)(c) and (d) CCCS, Inc., GCRP, Policy and Procedures Manual Policy 3-9; entitled, "Findings, Sanctions, and False Reporting" indicates the disciplinary process considers whether a Resident's mental disabilities or mental illness contributed to the Resident's behavior. Further the policy states Mental Health Staff shall consider, as a condition of access to programming or other benefits, whether to require the offending Resident to participate in therapy, counseling or other interventions designed to address and correct underlying reasons or motivation for the abuse. Mental Health services are community-based.

(e) Policy 3-9 indicates may discipline a Resident for sexual contact with staff only upon a finding the staff member did not consent to the contact.

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

(g) CCCS, Inc. and GCRP prohibits consensual sex acts. These cases are treated as a disciplinary action, and not investigated as a PREA investigation, unless there coercion is involved.

#### **Standard 115.282 Access to emergency medical and mental health services**

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

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

Standard 115.282 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-5; entitled, “Medical and Mental Health”, and interviews with Medical and Behavioral Health staff indicate medical practitioners determine the nature and scope of treatment according to their professional judgment. During the intake process, all Residents are offered an opportunity to speak to the Program Administrator/PREA Manager, who is a licensed professional about mental health concerns they may have. During that meeting, the Program Administrator/PREA Manager may make a referral to a community based Mental Health practitioner. While mental health services are provided in the community, a GCRP Case Manager has been trained as a Qualified Agency Staff Member to address crises of a sexual abuse nature on-site. In the rare event that Help Center-Sexual Assault Center would not be able to provide victim advocacy services to a Resident at Bozeman Deaconess, the Qualified Agency Staff Member would do so.

(b) In the event of an emergency, if Medical Practitioners or the Qualified Agency Staff Member were not on shift, the Program Administrator/PREA Manager, who is a licensed professional and the Qualified Agency Staff Member would be summoned while security First Responders would take preliminary steps to protect the victim; however the Shift Leader, according to Coordinated Response Plan will be making arrangements for the victim to be transported immediately to Bozeman Deaconess Hospital for a forensic exam conducted by a SANE. Interviews of First Responders, GCRP Program Administrator/PREA Manager, Qualified Agency Staff Member (Behavioral Health Staff), Medical Staff, and Random Staff confirm this protocol.

(c) and (d) According to GCRP Policy 3-5, GCRP victims of sexual abuse would be examined at the Bozeman Deaconess Emergency Room by a SANE. Once a Resident is examined, the Resident would be offered access to sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care. Services are provided without financial cost and regardless of whether the victim identifies the abuser or cooperates with any investigation arising out of the incident. Interviews with Medical Staff confirm services would be provided without cost to Residents.

The completed Pre-Audit Questionnaire provided by GCRP indicates no Residents were offered forensic examinations, or emergent mental health services in the past 12 months.

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

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

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

Standard 115.283 requires eight components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) (b) and (c) CCCS, Inc., GCRP Policy and Procedures Manual, Policy 3-5; entitled, “Medical and Mental  
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Health”, indicates GCRP provides follow-up medical and mental health services, treatment plans, and when necessary, referrals for continued care following Resident transfer to, or placement in, other facilities, or their release from custody, consistent with the community level of care.

As part of GCRP’s standard of care, all Residents are offered an opportunity to address any mental health concerns by meeting with the GCRP Program Administrator/PREA Manager after they complete their initial assessment during intake. Residents who are scoring with higher risk of vulnerability or aggression are strongly encouraged to meet with the Program Administrator/PREA Manager. The Program Administrator/PREA Manager is a licensed professional and will make referrals to community Mental Health Practitioners at any time during the Resident’s treatment; however, the Mental Health Referral Forms reviewed by the auditor, indicate most referrals are made at the time of initial assessment, or upon reassessment. The Mental Health Referral Form documents the Resident’s decision to accept or deny the opportunity to meet with the Program Administrator/PREA Manager.

(d) and (e) are not applicable to GCRP because GCRP houses male Residents.

(f) and (g) Medical Staff affirm according to Policy 3-5, all victims of sexual abuse while incarcerated would be offered all treatment services, including tests for sexually transmitted infections as medically appropriate and at no cost to the Resident, regardless if the victim cooperates with the investigation or not.

Documents revealed the GCRP Resident who directed sexual abuse allegations regarding his previous experience at a former confinement facility was offered both medical and community-based mental health services while at GCRP.

(h) GCRP Residents go through a screening process prior to acceptance at GCRP. Those convicted of a sexual crime, or known Resident-on-Resident abusers are not accepted at this facility; therefore no mental health evaluations of known Resident-on-Resident abusers were completed.

#### **Standard 115.286 Sexual abuse incident reviews**

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

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

Standard 115.286 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) Even though this PREA Standard indicates unfounded incidents of sexual abuse and sexual harassment do not need to be reviewed by the Incident Review Team, interviews with a member of the Incident Review Team, Agency PREA Coordinator, and GCRP Program Administrator/PREA Manager all indicate a willingness to review all incidents of sexual abuse and sexual harassment regardless of investigation outcome to support ongoing learning and skill building.

(b) and (d) In addition, as outlined CCCS, Inc., GCRP, Policy and Procedures Manual Policy 3-7; entitled, "Data Collection, Aggregation, and Review", the Incident Review Team of GCRP has developed a template for reviewing these incidents within 30 days of the conclusion of the investigation, so the template encompasses the requirements in this provision. Review of this form by the auditor revealed each of the required elements is presented as a question to be considered by the team at the time of the incident review.

(c) GCRP has assembled a multi-disciplinary team whose purpose is to review each and every incident of sexual abuse and sexual harassment. The Incident Review Team is comprised of Upper-level management, and allows input from line supervisors, investigators, and medical and mental health practitioners.

Auditor reviewed a mock Incident Review Team meeting, dated 8/25/2016, in which the aforementioned team met and discussed all facets as noted, which resulted in a recommendation to increase security walk-throughs in all pods (dorms).

#### **Standard 115.287 Data collection**

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

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

Standard 115.287 requires five components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a)/(c) CCCS, Inc., GCRP, Policy and Procedures Manual Policy Policy 3-7; entitled, "Data Collection, Aggregation, and Review" mandates GCRP to collect uniform data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility submitted a completed survey to the Department of Justice in 2015, as required.

(b)/(f) The auditor reviewed the completed SSV survey, and the set of definitions provided. Confirmed in interviews with the GCRP Program Administrator/PREA Manager, and the Agency PREA Coordinator, the GCRP Program Administrator/PREA Manager is responsible for completing the SSV survey, and an annual aggregated data report for GCRP. The GCRP Program Administrator/PREA Manager provides the GCRP report to the CCCS, Inc. PREA Coordinator, for further inclusion and aggregation of agency-wide data. The reports are generated annually before June 30.

(d) In anticipation of authoring futuristic reports, the GCRP Program Administrator/PREA Manager will use a spreadsheet based on the categories and substandards provided in the Pre-Audit Questionnaire and the Survey of Sexual Violence to efficiently track data. The spreadsheet would assist CCCS, Inc./GCRP to maintain, review and continue to collect data from all incident-based documents, reports, investigation files, and sexual abuse and sexual harassment incident reviews. Auditor reviewed the spreadsheet, and current information as

duly entered.

(e) Not applicable as GCRP does not contract for the confinement of its Residents.

GCRP has reports posted on the website of CCCS, Inc. at [www.cccscorp.com](http://www.cccscorp.com) from 2012-2015. There have been no reports of sexual harassment or sexual abuse during that time period. All annual reports of every CCCS, Inc. facility is signed by the Chief Executive Officer of CCCS, Inc.

#### **Standard 115.288 Data review for corrective action**

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

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

Standard 115.288 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) The auditor reviewed CCCS, Inc., GCRP, Policy and Procedures Manual entitled, Policy 3-7; entitled, "Data Collection, Aggregation, and Review", which states CCCS, Inc. will review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its finding and corrective actions for each facility, as well as the agency as a whole.

GCRP has annual reports posted on the website: [www.cccscorp.com](http://www.cccscorp.com) from 2012-2015. The annual reports consist of how many and what type of allegations were received; sexual abuse or sexual harassment. The GCRP report addresses the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its findings and corrective actions.

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

(b)/(c) CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-7; entitled, "Data Collection, Aggregation, and Review", further states CCCS, Inc. and GCRP reports shall include a comparison of the current year's data, and corrective actions with those from prior years, and shall provide an assessment of GCRP and CCCS, Inc.'s progress in addressing sexual abuse and sexual harassment. These annual reports shall be approved by the CCCS, Inc. Chief Executive Officer and made readily available to the public through its website. The facility annual reports and the Annual PREA Stats are made readily available to the public through CCCS, Inc.'s website, and can be accessed at [http://www.cccscorp.com/prea/pdfs/stats\\_annual.pdf](http://www.cccscorp.com/prea/pdfs/stats_annual.pdf).

The interview with the Agency Head (designee) indicated annual reports are approved pursuant to 115.288. Auditor review of GCRP 2013-2015 reports indicated all annual reports were signed by the CCCS, Inc. Chief Executive Officer, Director of Community Correctional Programs, and the CCCS, Inc. PREA Coordinator.

The template used for the Annual PREA Stats report addressed the following: the number of sexual assault reports which were resident on resident or staff on resident, the number of sexual harassment reports which were resident on resident or staff on resident, how many reports were substantiated, unsubstantiated and unfounded, how many internal and administration investigations, the number of referrals to law enforcement for criminal investigations and the results of investigations, such as dismissed, sent to prison, under investigation, and disciplinary action.

The CCCS, Inc. Annual PREA report should also address the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole.

The Program Administrator/PREA Manager is using a spreadsheet based on the categories and substandards provided in the Pre-Audit Questionnaire and the Survey of Sexual Violence. Using the spreadsheet as a tracking template for annual data will make the creation of the annual reports efficient both at the facility and agency level. Auditor did review this document that highlights information entered in 2016.

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

#### **Standard 115.289 Data storage, publication, and destruction**

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

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

Standard 115.289 requires four components of the standard to meet compliance demonstrated through the PREA Audit triage process.

(a) Interviews with the Agency Head (designee), Agency PREA Coordinator, and GCRP Program Administrator/PREA Manager revealed sexual abuse, sexual harassment and other sensitive data required to author reports as required, and completed reports are maintained in a secure environment in the GCRP Program Administrator's office. Sexual abuse data pursuant to 115.287 will be maintained for at least 10 years after the date of initial collection.

(b)/(c) The auditor reviewed CCCS, Inc., GCRP, Policy and Procedures Manual Policy 3-7; entitled, “Data Collection, Aggregation, and Review”, and also reviewed publicly available aggregated sexual abuse data to confirm all personal identifiers were redacted or removed prior to publication.

CCCS, Inc., GCRP Policy and Procedures Manual Policy 3-7; entitled, “Data Collection, Aggregation, and Review”, further states CCCS, Inc. and GCRP reports shall include a comparison of the current year’s data, and corrective actions with those from prior years, and shall provide an assessment of GCRP and CCCS, Inc.’s progress in addressing sexual abuse and sexual harassment. These annual reports shall be approved by the CCCS, Inc. Chief Executive Officer and made readily available to the public through its website. The facility annual reports and the Annual PREA Stats are made readily available to the public through CCCS, Inc.’s website, and can be accessed at [http://www.cccscorp.com/prea/pdfs/stats\\_annual.pdf](http://www.cccscorp.com/prea/pdfs/stats_annual.pdf).

#### **AUDITOR CERTIFICATION**

I certify that:

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

Loree Ivanets, DOJ Certified Auditor

February 9, 2017

Auditor Signature

Date