

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

Interim       Final

**Date of Report**    October 10, 2019

## Auditor Information

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<b>Company Name:</b> KEA Correctional Consulting LLC	
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<b>Telephone:</b> 484-999-4167	<b>Date of Facility Visit:</b> August 19, 20, 2019

## Agency Information

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

## Agency Chief Executive Officer

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

## Agency-Wide PREA Coordinator

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

<b>PREA Coordinator Reports to:</b> Mike Thatcher	<b>Number of Compliance Managers who report to the PREA Coordinator:</b> Nine
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**Facility Information**

**Name of Facility:** WATCH East Program

**Physical Address:** 700 Little Street, **City, State, Zip:** Glendive, Mt 59330

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

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

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

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

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

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

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
 Reviews by Montana Department of Corrections and internal CCCS Corporate reviews.

**Facility Director**

**Name:** Derek Gibbs

**Email:** [dgibbs@cccscorp.com](mailto:dgibbs@cccscorp.com) **Telephone:** 406-377-6001 ext 2110

**Facility PREA Compliance Manager**

**Name:** Zeke Beeber

**Email:** [zbeeber@cccscorp.com](mailto:zbeeber@cccscorp.com) **Telephone:** 406-377-6001 ext 2118

**Facility Health Service Administrator  N/A**

**Name:** NA

**Email:** NA

**Telephone:** NA

Facility Characteristics	
Designated Facility Capacity:	58
Current Population of Facility:	39
Average daily population for the past 12 months:	52
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males
Age range of population:	24-74
Average length of stay or time under supervision	180 days
Facility security levels/resident custody levels	Alternative Secure
Number of residents admitted to facility during the past 12 months	96
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	96
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	94
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <a href="#">Click or tap here to enter text.</a> <input type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with residents:	29
Number of staff hired by the facility during the past 12 months who may have contact with residents:	9
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	1

Number of individual contractors who have contact with residents, currently authorized to enter the facility:	1
Number of volunteers who have contact with residents, currently authorized to enter the facility:	30
<b>Physical Plant</b>	
<p><b>Number of buildings:</b></p> <p>Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	2
<p><b>Number of resident housing units:</b></p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	1
Number of single resident cells, rooms, or other enclosures:	1
Number of multiple occupancy cells, rooms, or other enclosures:	23
Number of open bay/dorm housing units:	0
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

## Medical and Mental Health Services and Forensic Medical Exams

<b>Are medical services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Where are sexual assault forensic medical exams provided? Select all that apply.</b>	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> )

### Investigations

#### Criminal Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b>	2 Administrative Investigators, Glendive Police Department- Criminal
<b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b>	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input checked="" type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b>	<input checked="" type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input type="checkbox"/> N/A

#### Administrative Investigations

<b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b>	2
<b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply</b>	<input checked="" type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
<b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b>	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <a href="#">Click or tap here to enter text.</a> ) <input checked="" type="checkbox"/> N/A



# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Warm Springs Addiction Treatment and Change East (WATCH East) facility was conducted August 19-20, 2019, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

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

It is noted that participants in the WATCH East program are formally known as family members. Accordingly, the family member terminology is reflected throughout this report.

The auditor's telephonic interview with a Dawson County Domestic Violence (DCDV) Victim Advocate (VA) reveals he/she is not aware of any sexual abuse reports from WATCH East family members or staff. The interviewee has been employed at DCDV for eight years and is a Victim Advocate in the Transitional Housing Program. He/she responded to the auditor in the Director's absence.

Of note, the interviewee asserts DCDV VAs facilitate a monthly meeting at WATCH East, addressing sexual abuse trauma with family members. Accordingly, it is apparent the WATCH East and DCDV partnership extends beyond expectations regarding curtailment of sexual abuse/harassment at WATCH East.

The auditor met with the Program Administrator (PA), CCCS PC, CCCS PREA Specialist/Compliance (PS/C), Clinical Supervisor, PREA Compliance Manager (PCM), and an RN at 8:00AM on August 19, 2019. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 9:40AM, the auditor toured the entire facility with the PA and PCM.

It is noted the rated capacity of WATCH East is 58 family members and the institutional count on August 19, 2019 was 39 family members.

During the on-site audit, the auditor was provided an office from which to review documents and facilitate confidential interviews with staff and family members. The auditor randomly selected (from a family member roster provided by the PCM) 11 (seven of which required no specialty interviews) family members for on-site interviews pursuant to the Resident Interview Questionnaire and specialty interview questionnaires. Interviewees represented all wings of the facility.

According to the PCM, there were no family member(s) confined at the facility at the time of the on-site audit, that were transgender/intersex family members, family members who reported a sexual abuse

incident at WATCH East, physically disabled/blind/deaf/or hard of hearing, Limited English Proficient (LEP), or cognitively disabled. Accordingly, such interviews were not conducted.

It is noted the seven random family member interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to family members for reporting sexual abuse and sexual harassment. Overall, random family member interviewees presented good knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random family members advised they had received training by WATCH East staff, as well as, information gleaned pursuant to previous PREA training within State prisons, jails, other CCCS facilities, and transitional centers. Of note, the Random Resident Questionnaire was also administered to the four specialty family member interviewees.

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

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

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

The contract administrator interview was not conducted as WATCH East does not employ staff in that capacity.

It is noted CCCS is the umbrella company for WATCH East.

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

- Disabled- 1 mental health
- LGB- 1 gay and 1 bisexual
- Reported Prior Sexual Abuse During Victimization Screening- 1

The auditor reviewed 10 staff training records, 10 family member files, 10 staff HR files, two PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On August 19, 2019, the auditor, the CCCS PC, and CCCS PREA Specialist/Compliance (PS/C) proceeded to the WATCH East entry area where we were processed pursuant to standard security procedures. The auditor also read, signed, and dated the PREA Notification referenced in the narrative for 115.232.

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

The facility is comprised of one floor and three wings. With few exceptions, staff offices are confined to the Treatment Building. Family member rooms are located on either side of wing hallways. The auditor notes community bathroom doors are solid. Additionally, two rooms on C and D Wings include a bathroom/shower.

Community showers are shielded by an acceptable curtain. Toilet areas are also properly shielded. Genitalia cannot be seen as the result of this configuration.

The auditor noted staff offices, with the exception of one, are equipped with a window. .

The auditor notes there is a library Multi-Purpose Room (MPR) in each Wing, equipped with a family member telephone. Reports of sexual abuse/harassment can be made from these telephones. One telephone was re-positioned during the facility tour to ensure confidentiality. The MPRs are located such that the same are subject to video surveillance.

Currently, there are 34 cameras scattered throughout the facility between residential and treatment buildings. Camera coverage is noted to be effective throughout the facility. The auditor notes one camera is located in the basement of the treatment building. This area would be accessed in the event of a tornado or other emergency circumstances. Additionally, three cameras were observed in one secure transport vehicle.

Camera resolution was noted to be good at the time of the on-site audit. There were no inoperative cameras at the time. The auditor was advised an alert sounds at the security desk whenever a camera is inoperative. The Security Coordinator (SC) alerts the PA and he alerts the vendor to facilitate a re-boot.

Notices of the PREA audit were generously posted throughout the facility and both residents and staff were aware that a PREA audit would be conducted on August 19 and 20, 2019.

Pursuant to the auditor's review of several different cameras, as well as camera angles, at the security desk, he found no concerns with respect to family member privacy. Family members have sufficient protection from potential voyeurism.

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

An On-site Audit Closeout meeting was facilitated on August 20, 2019 with all attendees reflected for the August 19, 2019 Opening Meeting, excluding the Nurse.. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the PCM for his diligence in terms of ensuring prompt

reporting of interviewees and follow-up regarding the auditor's requests for clarification and additional documentation.

While a rating is not provided during such Closeouts, the auditor complimented the PA regarding both staff and family member general knowledge of PREA programs and operations. Additionally, he cited the staff/contractor PREA training programs and Victimization and Predator Screening process/ implementation of the same as a strength.

## Facility Characteristics

Located in Glendive, Montana, WATCH East provides a 58-bed felony DUI treatment center, housing men and women. Admission to this six-month intensive program, cognitive behavioral based Modified Therapeutic Community, which assists Family Members (clients) in developing those skills necessary to create prosocial change, reduce antisocial thinking/criminal behavior patterns/ and the negative effects of chemical addictions while integrating more fully into society, follows intense screening by a panel law of law enforcement officials, elected representatives, Department of Corrections staff and local citizens.

WATCH East is a partnership between Community, Counseling, and Correctional Services, Inc. (CCCS) and the Montana Department of Corrections (MDOC). As previously mentioned, the program is based on a Modified Therapeutic Community model of treating addiction and the subsequent social issues.

The WATCH East Program opened on February 1, 2005 and is the culmination of efforts by CCCS and the MDOC to provide an alternative, proactive response to traditional sentencing of adult felony DUI offenders.

Correctional programming and treatment staff have established the following objectives to enable WATCH East family members to best achieve program goals:

- All Family members will be assessed upon intake using the following cross referenced diagnostic tools:
  - 1 Diagnostic and Statistical Manual, 4th Edition (DSM-IV)
  - 2 Substance Abuse Subtle Screening Inventory (SASSI)
  - 3 Short Michigan Alcoholism Screening Test — the "short" being a shorter version of the original version (Short MAST)
  - 4 CAGE, which is a verbal screening method used to establish an index of suspicion. The acronym, CAGE, is based on these questions:
    - Have you ever decided to cut down on your drinking?
    - Have you ever been annoyed by questions about your drinking?
    - Have you ever felt guilty about your drinking?
    - Have you ever needed a morning eye-opener?
- All Family Members will participate in developing a Phase I individualized treatment plan.
- Ninety-eight percent of the Family Members admitted to the WATCH Program will progress from Phase I to Phase II and will have developed an individualized recovery plan by the end of Phase II.
- Each Family Member advancing to Phase II will participate in developing a Phase II individualized treatment plan.
- Ninety-eight percent of all Family Members advancing to Phase II will progress to Phase III.
- All Family Members advancing to Phase III will participate in developing a Phase III individualized treatment plan.
- All Family Members will participate in an individual counseling sessions upon admission into the program.

- All Family Members will participate in an individual counseling session with his/her lead counselor upon advancement to Phase II.
- All Family members will participate in an individual counseling session with his/her lead counselor upon advancement to Phase III.
- All Family Members will participate in a staffing and continued stay session at least once every 30 days.
- All Family Members will meet with the Aftercare Coordinator at least 60 days before program completion.
- Ninety-eight percent of the Family members will have developed a community-based aftercare placement by the end of the program.
- All Family Members will participate in a discharge conference with the treatment and aftercare staff prior to discharge.

To achieve the above, a plethora of behavioral programming is provided. Family member days are long in terms of programming, group interaction, and individual treatment.

## Summary of Audit Findings

### Standards Exceeded

**Number of Standards Exceeded:** 4

**List of Standards Exceeded:** 115.231, 115.232, 115.273, 115.286

### Standards Met

**Number of Standards Met:** 35

### Standards Not Met

**Number of Standards Not Met:** 0 Of note, corrective action was required with respect to 1 standard.

**List of Standards Not Met:** NA The 1 standard referenced above was 115.217(a) and (b). Corrective action, as articulated in the individual narrative for 115.217, was completed during the post-audit report writing period.

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse/harassment and sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of family members.

WATCH East PREA Policy 3-1 entitled PREA General Requirements, pages 1-11 addresses 115.211(a).

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

WATCH East PCM is in the facility's organizational structure. Additionally, the PA self reports he has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at WATCH East.

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

The WATCH East PCM asserts if he ever feels he doesn't have sufficient time to facilitate PREA- related responsibilities, he coordinates with the PA. Working 2nd Shift, he has "down time" and can catch up with PREA responsibilities. He sometimes conducts both initial PREA assessments, as well as, reassessments. He always monitors PREA policy and procedure implementation concurrent with performance of his duties as a supervisor.

On a daily basis, he ensures the PA is briefed regarding any PREA matters. Similarly, he briefs Corporate PREA staff to ensure "all stakeholders are in the loop". Pursuant to Management by Walking Around (MBWA- walking and talking, observing), he ensures he maintains a pulse regarding PREA issues and/or potential PREA issues. Any issues requiring monetary expenditures are discussed with the PA.

PREA issues are generally resolved on an immediate basis.

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

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

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

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

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

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

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

#### **115.212 (c)**

- If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the

agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

- In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract for confinement of family members since the last PREA audit. Accordingly, it has been determined 115.212(a) and (b) are not applicable to WATCH East.

Pursuant to the PAQ, the PA self reports since August 20, 2012, the agency has not entered into one or more contracts with a private agency or other entity that failed to comply with PREA standards.

Absent any evidence of failure with respect to the requirements of this standard, the auditor finds WATCH East substantially compliant with 115.212.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

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

#### 115.213 (b)

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

### 115.213 (c)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect family members against sexual abuse. The PA self reports the average daily number of family members since the last PREA audit is 50 and the average daily number of family members on which the staffing plan is predicated is 52.

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

The auditor's review of the February 15, 2017, March 17, 2018, and January 25, 2019 WATCH East Staffing Plans reveals the facility meets standard expectations. Additionally, review of the May 20, 2017 and June 20, 2018 Annual Staffing Plan Reviews reveals all four of the requisite community confinement facility issues are considered during development and documentation of the initial staffing plan. All staffing plans are extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services, as an absolute last resort.

Of note, the Staffing Plans are reviewed and signed by the CCCS PC, as evidenced by the actual plans.

The PA asserts the facility does have a staffing plan and the plan is adequate to protect family members against sexual abuse. Effective and strategic assignment of staff minimizes the impact of blind spots, etc. Video monitoring is considered in the plan and is addressed pursuant to Sexual Abuse Review Team (SART) reviews. A discussion regarding video surveillance appears in the narrative for 115.218. The staffing plan is documented and maintained by the PA, Clinical Director, Security Coordinator (SC), PCM, and CCCS PC.

The following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:

1. The physical layout of the facility

Blind spots are the primary considerations in regard to staffing plan development. We often compensate for blind spots with realignment of staff duties, requests for additional cameras, and/or requests for additional staffing.

2. The composition of the family member population

Gang members and "wannabes" are minimal at WATCH East. Increases in the female population may warrant realignment of staff placements. Transports (increase in geriatric population) may also warrant a request for additional staffing.

3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse

As previously mentioned, there has been no PREA incidents within the last two years. Increases may warrant reconsideration and realignment of staff responsibilities to offset weaknesses.

Any other relevant factors

There are no other relevant factors.

The Director asserts the shift supervisors and SC monitor staffing plan compliance on a daily basis and alert the PA as to any areas of concern. A strategy is developed to cover the vacancy. Often times, treatment staff, etc. are used to offset post vacancies and overtime may also be employed, dependent upon the circumstances. A Deviation Form is completed whenever a vacancy occurs, complete with rationale and strategy used to fill the same.

MBWA results in the PA's personal knowledge of daily staffing.

As previously indicated, there has been no PREA incidents within the last two years. Increases in the same may warrant reconsideration and realignment of staff responsibilities. monitoring, the PCM asserts the following factors are considered:

1. The physical layout of the facility

Blind spots and locations where camera surveillance may be insufficient are assessed. If necessary, deficiencies can be offset by reassignment of staff responsibilities and camera enhancements. Facility routines are continuously evaluated, ensuring supervision throughout the physical plant.

2. The composition of the family member population

Gang members and "wannabes" are minimal at WATCH East. An increase in violent offenders may trigger realignment of staff responsibilities or requests for additional staffing, camera installation. An increase in population may also trigger the same.

The prevalence of substantiated and unsubstantiated incidents of sexual abuse

At WATCH East, there has been no allegations within the last two years. Trends and repetitive locations may trigger staffing plan adjustments.

Any other relevant factors

There are none.

Pursuant to the PAQ, the PA self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PA further self reports the four most common reasons for deviating from the staffing plan in the last 12 months are as follows: staff sick call; staff vacation; staff shortage; and lack of same sex staff.

WATCH East Policy 3.1 entitled PREA General Requirements, page 9 section IV(A)(6) addresses 115.213(b).

The auditor's review of five random 2017, five 2018, and one 2019 CCCS WATCH East Deviation Forms reveals substantial compliance with 115.213(b). Of note, the auditor finds there are no deviations from the staffing plan as essential positions are covered as articulated in the Annual Staffing Plan Reviews.

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

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

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

WATCH East PREA Policy 3.1 entitled PREA General Requirements, page 9, section IV(A)(7) addresses 115.213(c).

The staffing plan reviews reveal cameras can be monitored from four locations. During the facility tour, the auditor validated locations as prescribed in the staffing plan reviews.

The PCM asserts the staffing plan is reviewed at least once every year and he is part of the writing and review process.

The auditor's review of the 2017, 2018, and 2019 staffing plan reviews reveals substantial compliance with 115.213(c). All four considerations are clearly given weight on an annual basis.

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

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

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

#### **115.215 (a)**

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

#### **115.215 (b)**

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

#### 115.215 (c)

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

#### 115.215 (d)

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

#### 115.215 (e)

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

#### 115.215 (f)

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

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts cross-gender strip or cross-gender visual body cavity searches of family members only in exigent circumstances or when performed by medical practitioners. In the past 12 months, the PA self reports 0 cross-gender strip or cross-gender visual body cavity searches of family members were facilitated by WATCH East staff.

WATCH East PREA Policy 3.1 entitled PREA General Requirements, page 9, section IV(A)(8) addresses 115.215(a).

The non-medical staff involved in cross-gender strip or visual searches interviewee asserts when a family member is believed to be carrying dangerous contraband (e.g. shank) in his rectum or a life or death situation is before her, the same would be considered an exigent circumstance, thereby warranting a cross-gender strip or visual search if no same sex staff are available.

The auditor's review of Exigent Circumstances Logs validated the PA's statement above regarding the frequency of such searches. The auditor's on-site review of the same log during the facility tour validated the findings articulated in the preceding sentence(s).

Pursuant to the PAQ, the PA self reports the facility does house female family members. He asserts cross-gender pat-down searches of female family members are not facilitated at WATCH East. The PA further self reports the facility does not restrict female family members' access to regularly available programming or other outside opportunities in order to comply with this provision. In the past 12 months, no female family member pat-down searches were conducted by male staff.

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

All of the 12 random staff interviewees assert if female staff are not available to conduct pat-down searches of female family members, the facility does not restrict those family members' access to programs or outside opportunities. Several interviewees assert female staff are always on shift or available pursuant to being called in/deployment of female staff from other job titles, for searches.

Six of the seven random resident interviewees are female. All six interviewees assert they have never (during this audit period) been unable to participate in outside activities or programs because female staff were unavailable to conduct pat-down searches. Many interviewees assert female staff are always on shift.

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

WATCH East PREA Policy 3.1 entitled PREA General Requirements, page 9, section IV(A)(11) addresses 115.215(c).

As referenced in the narrative for 115.215(a), 0 cross-gender visual or body cavity searches of family members were conducted during the last 12 months. Additionally, pursuant to a memorandum dated July 9, 2019, zero cross-gender pat searches of female family members have been conducted during the last 36 months.

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

WATCH East PREA Policy 3.1 entitled PREA General Requirements, page 10, section IV(A)(12 and 13) addresses 115.215(d).

All seven random family member interviewees assert opposite gender staff announce their presence when entering housing areas. Additionally, family members are not naked, or in full view, of opposite gender staff (not including medical staff such as doctors or nurses) when showering, toileting, or changing clothes.

All 12 random staff interviewees assert staff announce their presence when entering a housing unit that houses family members of the opposite gender. Additionally, family members are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour and throughout the on-site audit, the auditor observed both male and female staff announce their presence when entering wings wherein opposite gender family members are housed, stating, "Male or Female on the floor" or some equivalent.

Additionally, the auditor observed camera monitors, noting family member privacy is maintained in accordance with 115.215(d). The auditor also noted, based on the physical plant layout and barriers, compliance with 115.215(d) is maintained in bathroom/shower areas.

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

WATCH East PREA Policy 3.1 entitled PREA General Requirements, page 10, section IV(A)(11)(a)(iii) addresses 115.215(e).

All 12 random staff interviewees assert they are aware staff are prohibited from searching or physically examining transgender/intersex family members for the sole purpose of determining the family member's genitalia.

The PCM asserts there are 0 transgender/intersex family members at WATCH East. Accordingly, such interview was not conducted.

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

WATCH East PREA Policy 3.1 entitled PREA General Requirements, page 10, section IV(A)(14) addresses 115.215(f).

The auditor's random PAQ review of five Staff Development & Training Record Forms (covering 2019) reveals staff understand Gender Responsive Strategies. This training was provided to staff representing several different institutional disciplines, inclusive of Security.

The auditor's review of 12 random PAQ staff training files reveals all affected staff completed and understand Cross Gender and Transgender/Intersex family member pat search techniques. Additionally, documentation reveals training was facilitated, minimally, during 2017, 2018, and 2019.

The auditor's on-site review of 10 random training files reveals each employee received the requisite training, minimally during 2019. Of note, three reviewed files pertained to staff selected during 2018 and 2019. The auditor also notes the file was absent evidence of completion of the requisite course when one of the 2018 hires commenced employment.

The auditor is satisfied this practice is institutionalized at WATCH East.

The auditor's review of the National PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches reveals substantial compliance with 115.215(f).

All 12 random staff interviewees assert they received training on how to conduct cross-gender pat down and searches of transgender/intersex family members in a professional and respectful manner. Generally, training was presented in a combination of video, Power Point, and/or demonstration formats. They received this training during either Pre-Service, In-Service, or separate training.

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

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

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

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

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

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

#### 115.216 (b)

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

#### 115.216 (c)

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

## Auditor Overall Compliance Determination

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

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

WATCH East PREA Policy 3-3 entitled Intake Screening, page 2, section II(A)(2) addresses 115.216(a).

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

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

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

The one family member with disabilities (mental health) interviewee asserts the facility provides information about sexual abuse/harassment he was able to understand.

Pursuant to four random family member interviewees selected by the auditor during the facility tour, PREA information is readily available and presented in understandable formats. The auditor found WATCH East substantially compliant with 115.216(a).

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

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

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

The PA advises pursuant to a PAQ memorandum, WATCH East has not provided an interpreter during the last 36 months.

The PCM asserts zero LEP family members were housed at WATCH East during the on-site audit. Accordingly, such interview could not be conducted.

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

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

Eleven of 12 random staff interviewees assert the agency does allow the use of family member interpreters, readers, and assistants to assist disabled family members or LEP family members when making an allegation of sexual abuse/harassment. Eleven of the 12 interviewees cited a delay in obtaining an effective interpreter could either compromise the family member's safety leading to possible life or death, impede the investigation of the family member's allegations, cause loss of evidence, or impede first responder effectiveness.

All 12 interviewees assert, to the best of their knowledge, family member interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/harassment.

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

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

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

the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? X  Yes  No

- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X  Yes  No

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)

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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

### 115.217 (h)

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

### Auditor Overall Compliance Determination

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

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

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

CCCS Policy 1.3.1.12, pages 1 and 2, section IV (B)(1-3) addresses 115.217(a).

The auditor's on-site review of three of five random staff files reveals substantial compliance with 115.217(a) and (b). In the remaining six cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle. The questions articulated in 115.217(a) and (b) were also asked with responses documented by three promoted staff.

The auditor has been advised the contractor's contract is renewed annually. There is no evidence the contractor was asked the 115.217(a) and (b) questions during 2017 and 2018 as there is no application in his file or contractual evidence the questions were asked, nor is there evidence he completed a Disclosure of PREA Employment Standards Violation form in conjunction with his contract. Accordingly, the auditor finds WATCh East non-compliant with 115.217(a) and (b).

Of note, the contractor commenced provision of services during 2006.

The auditor notes the contractor did complete a Disclosure of PREA Employment Standards Violation form on October 8, 2019. Contact with CCCS Corporate staff has revealed the practice has been discussed with the WATCh East PCM and the same will be completed henceforth on an annual basis in conjunction with the contract.

In view of the above, the auditor finds WATCh East has completed corrective action to ensure institutionalization of the 115.217(a) and (b) practices with respect to contractor(s). Accordingly, the auditor now finds WATCh East substantially compliant with 115.217(a) and (b) and no further action is required.

The auditor's review of either criminal background records checks or five-year re-investigations reveals non-existence of the three questions articulated in 115.217(a) and/or the sexual harassment question articulated in 115.217(b).

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

CCCS Policy 1.3.5.12 entitled PREA, page 5, section entitled Hiring and Promotion Decisions, paragraph b addresses 115.17(b).

A discussion regarding the subject-matter of 115.217(b), as applied to the single contractor, is reflected in the narrative for 115.217(a). Likewise, WATCh East is non-compliant with 115.217(b) based on the rationale cited for 115.217(a). The same corrective action cited in the narrative for 115.217(a) is applicable to 115.217(b).

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

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A)(1 and 2) addresses 115.17(c).

The HR interviewee asserts the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with family members and all employees, who may have contact with family members, who are considered for promotion. The PA notifies CCCS Human Resources and they request requisite background checks through the State of Montana. Corporate tracks five-year re-investigations.

The same procedure applies to contractors who may have contact with family members.

Of the nine random staff files reviewed by the auditor, none of the applicants documented a prior institutional employer. Accordingly, zero verification requests were forwarded to previous employers prior to the date of hire.

The auditor notes, in the above cases, seven criminal background record checks were completed prior to the date of hire and none of the same reflected any hiring concerns as related to requisites of 115.217(a) and (b). In the remaining two cases, timely 5-year re-investigations were completed during the last audit cycle.

Pursuant to the PAQ, the PA self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with family members. The PA further self reports, in the past 12 months, there was one contract for services where a criminal background record check was conducted. However, the auditor finds the same was completed during 2017 for recurring services.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A) addresses 115.17(d).

The auditor's review of the contractor's criminal background records check is dated October 30, 2017.

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

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 2, section IV(C) addresses 115.17(e).

The HR interviewee asserts the Montana Department of Justice (DOJ) and National Lookup for Sexual Abuse Registry conducts criminal background record checks for current employees and contractors who may have contact with family members.

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

The auditor notes the Montana Public Criminal History Record encompasses only those arrests/convictions occurring within the State of Montana. Given the transient society in which we work, this process leaves the possibility of hiring employees who have been involved in the offenses articulated in provision 115.17(a) in a State other than Montana.

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

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

The auditor's review of five-year re-investigations applicable to random staff reveals adequate compliance with 115.217(e), as articulated the narrative for 115.217(c). Accordingly, the auditor finds WATCH East substantially compliant with 115.217(e).

CCCS Policy 1.3.5.12 entitled PREA, page 6, section entitled Hiring and Promotion Decisions, paragraph f addresses 115.17(f).

As previously mentioned throughout this narrative, the three questions noted in 115.217(a) are asked pursuant to the application, during hiring and promotion interviews, and annually in conjunction with the performance review process.

During an audit of a CCCS facility conducted during November, 2017, this auditor discovered the three questions were not asked on an annual basis in conjunction with the performance appraisal process. Accordingly, the Disclosure of PREA Employment Standards Violation form was implemented on an annual basis, commencing with calendar year 2018. This document includes the three questions referenced in the narrative for 115.17(a), as well as sexual harassment [115.17(b)], an affirmative duty to report any such misconduct, and an admonition that material omissions regarding such misconduct or the provision of

materially false information are grounds for termination. The employee must sign and date this document on an annual basis, as does a staff witness.

The auditor notes this form is completed during the application and hiring/promotion interview phases of the employment process.

As previously indicated in the narrative for 115.17, the auditor reviewed nine random staff HR files to determine compliance with the totality of 115.17. All nine files included the above properly executed form for calendar year 2018, 2019, or both.

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

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

CCCS Policy 1.3.5.12 entitled PREA, page 6, section entitled Hiring and Promotion Decisions, paragraph g addresses 115.17(g).

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses the majority of 115.217, inclusive of 115.217(g). The auditor's random review of completed documents (relative to the auditor's randomly selected HR files referenced throughout the narrative for 115.217) validates these forms were completed in conjunction with the afore-mentioned standard provisions for 2018 and 2019 in many cases.

CCCS Policy 1.3.5.12 entitled PREA, page 6, section entitled Hiring and Promotion Decisions, paragraph h addresses 115.217(h).

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

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

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
- Yes  No  NA

#### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

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

WATCH East Policy 3.8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).

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

Pursuant to the PAQ, the PA self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

WATCH/ East Policy 3.8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).

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

The PA asserts when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, he considered blind spots and sufficiency of video monitoring in high traffic areas. This addition was accomplished following the last PREA audit.

The PA further relates he and the facility manager assessed blind spots and positioned cameras accordingly. Blind spots are a PREA consideration, as opposed to, pure security.

Currently, there are 34 cameras scattered throughout the facility. Pursuant to memorandum dated April 18, 2018, a camera upgrade was completed on April 14, 2018. The auditor notes the chronology of initial camera needs identification and the genesis of installation is addressed in the 2017 and 2018 WATCH East Annual PREA Reports.

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

## RESPONSIVE PLANNING

## Standard 115.221: Evidence protocol and forensic medical examinations

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

#### 115.221 (a)

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

#### 115.221 (b)

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

#### 115.221 (c)

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

#### 115.221 (d)

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

- Has the agency documented its efforts to secure services from rape crisis centers?  
X  Yes  No

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

#### 115.221 (h)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including family member-on-family member sexual abuse or staff sexual misconduct). Criminal investigations are conducted by the Glendive Police Department (GPD). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

WATCh East PREA Policy 3.4 entitled Reporting, page 8, section II(e)(a) addresses 115.221(a).

As previously mentioned, GPD investigators secure all crime scene physical evidence. Commensurate with 115.264(a), WATCh East staff assist in the evidence process pursuant to the protocol defined in the afore-mentioned standard provision.

Eleven of 12 random staff interviewees properly assert their role in that the uniform evidence protocol includes separation of the victim and perpetrator, securing the crime scene, requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.

Ten of 12 random staff interviewees properly assert the PCM facilitates administrative sexual abuse/harassment investigations while all of the 12 interviewees assert GPD investigators facilitate criminal sexual abuse/sexual harassment investigations.

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

The auditor's review of an MOU between CCCS and GPD specifically addresses tenets of 115.221(b). The MOU is dated July 12, 2018. A follow-up meeting and development of a subsequent MOU dated August 7, 2019 more appropriately addresses 115.221(b). The auditor finds WATCh East to be substantially compliant with 115.221(b).

Pursuant to the PAQ, the PA self reports the facility offers to all family members who experience sexual abuse access to a forensic medical examination. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by SAFE/SANEs.

When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. The majority of the above is clearly articulated in an MOU with Glendive Medical Center. According to the PA, no forensic medical examinations were conducted during the past 36 months.

The auditor's review of a letter dated September 10, 2018, co-signed by the PA and CEO of Glendive Medical Center, specifically addresses the subject-matter of 115.221(c) and provision of SAFE/SANE services. The letter, in question, is detailed in regard to all services provided.

WATCh East PREA Policy 3.4 entitled Reporting, page 8, section II(e)(c) addresses 115.221(c).

The SAFE/SANE interviewee asserts there are five SAFE/SANE trained Nurses on staff at Glendive Medical Center. These staff are State certified. They are not on-call and accordingly, if they are not available, the victim would be transported to Mile City or Billings Hospitals for follow-up with SAFE/SANE staff.

Of note, the interviewee asserts infection prophylaxis treatment is provided at Glendive Medical Center. However, pregnancy testing would not be provided at the facility and would be available through the primary care physician or the Health Department.

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The PA further self reports the facility provides victim advocate services pursuant to an MOU between CCCS and Dawson County Domestic Violence (DCDV).

WATCh East PREA Policy 3.4 entitled Reporting, page 8, section II(e)(d) addresses 115.221(d).

The auditor's review of the MOU between CCCS and DCDV reveals substantial compliance with 115.221(d). All requirements of the provision are clearly articulated in the MOU.

The PCM asserts there is an MOU between WATCH East and DCDV regarding provision of Victim Advocates (VAs) for family members in need of the same. DCDV VAs volunteer at the facility and are PREA trained. They provide a class to female family members.

The PCM asserts he has not made contact with the DCDV Director to ensure proper training of VAs. Accordingly, the auditor recommended the PCM complete the call.

Of note, the MOU, as referenced above, stipulates DCDV VAs are properly trained.

The PCM asserts no residents who reported a sexual abuse at WATCH East were confined at the facility during the on-site audit. Additionally, the absence of family member sexual abuse victims is addressed above. Accordingly, such interview could not be conducted.

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

WATCH East PREA Policy 3.4 entitled Reporting, page 8, section II(e)(e) addresses 115.221(e).

The PCM asserts if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. We do have an in-house VA and an MOU with DCDV.

The PCM facilitates administrative investigations at WATCH East. GPD facilitates criminal investigations pursuant to an MOU.

WATCH East PREA Policy 3.4 entitled Reporting, page 9, section II(e)(f) addresses 115.221(f).

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

The August 7, 2019 MOU with GPD further expounds upon investigative protocols and the role of both WATCH East investigator(s) and GPD investigators. The auditor finds the cumulative approach compliant with 115.221(f).

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

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

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

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

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

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

#### 115.222 (b)

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

#### 115.222 (c)

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

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including family member-on-family member and staff sexual misconduct). In the past 12 months, one anonymous allegation of sexual harassment was received/completed and the same was investigated administratively.

WATCH East PREA Policy 3.4 entitled Reporting, page 2, section II(a)(xi) addresses 115.222(a).

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

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

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

WATCH East PREA Policy 3.4 entitled Reporting, page 2, section II(a)(xii) addresses 115.222(b).

The investigative staff staff interviewee asserts agency policy requires that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. GPD investigators facilitate all criminal sexual abuse investigations. If the PCM determines there may be criminal implications/overtone, he would refer the matter to GPD.

The auditor's review of the CCCS website reveals the afore-mentioned policy and the afore-mentioned MOU with GPD are available on the same.

The auditor's review of the MOUs referenced in the narrative for 115.221 reveals substantial compliance with 115.222(c).

The auditor's review of the CCCS website reveals substantial compliance with 115.222(c).

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

## TRAINING AND EDUCATION

### Standard 115.231: Employee training

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

#### 115.231 (a)

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

#### 115.231 (b)

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

#### 115.231 (c)

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

#### 115.231 (d)

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

#### Auditor Overall Compliance Determination

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

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

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

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

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

All 12 random staff interviewees assert they have received training regarding the afore-mentioned PREA topics either during Orientation training, or during annual PREA training. Additionally, such training is received on a monthly basis pursuant to on-line training.

The auditor notes WATCH East staff receive a plethora of PREA training, provided in piece-meal fashion on a monthly basis throughout the calendar year.

The auditor's review of 10 Cross Gender/Transgender Pat Search Staff Development and Training Forms associated with staff across all facility disciplines, reveals completion of the same during 2019 annual In-Service training. Review of six such forms relative to the What You Need to Know video reveals primary Pre-Service participants were Security Technicians and they completed the training during 2018 and 2019. Review of 30 2018 forms reveals staff representing all facility disciplines completed the Sexual Abuse Detection and Prevention class and 34 forms validate staff completion of the inmate's right to be free from sexual abuse/harassment and inmate's and staff's right to be free from retaliation for reporting the same. Again, staff represented all facility disciplines.

The auditor's review reveals all participants sign the "I understand" caveat and date a training form each time they complete a course. A plethora of different classes are provided to staff on an annual basis as reflected on the training matrix. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS facilities is enhanced.

The auditor's on-site review of 10 random staff training files reveals substantial compliance with 115.231(a) and (c). Three staff were hired during 2018 and 2019 and PREA training was provided prior to contact with family members. All files reveal annual PREA training was provided during 2018 and 2019. Seven files pertain to employees hired prior to or during the last audit period.

Pursuant to the PAQ, the PA self reports training is tailored to the male and female genders of the family members at the facility. All employees who are reassigned from other facilities receive PREA training unique to the male and female genders of the family member population at WATCH East.

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

Pursuant to review of the Power Point training slides, the auditor has determined that the training is tailored to the male and female family member population. Additionally, the WATCH East PCM self reports 0 staff transferred from opposite gender facilities during the last 24 months.

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

The PCM asserts 0 staff transferred to WATCH East from opposite gender facilities as both gender family members are housed at WATCH East.

Pursuant to the PAQ, the PA self reports 29 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of staff.

Between trainings, policy reviews are the expected form of staff self-directed training. Staff are expected to review policies periodically. All staff receive PREA orientation within two days of hire and PREA training is conducted on an annual basis.

The auditor notes WATCH East exceeds standard expectations as 115.231(c) requires refresher training every two years, as opposed to, annually.

WATCH East PREA Policy 3.6 entitled Training, page 2, section II(C) addresses 115.231(c).

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

WATCH/ East PREA Policy 3.6 entitled Training, page 2, section II(D) addresses 115.231(d).

The auditor's review of relevant training records, as described in the narrative for 115.31(a), clearly reveals verbiage regarding the employee's understanding of the subject-matter presented.

In view of the above, the auditor finds WATCH East exceeds the requirements of 115.231.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

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

#### 115.232 (b)

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

#### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with family members have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention, detection, and response. The PA further self reports 30 volunteers and one contractor have provided services at WATCH East during the past 12 months and all have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Pursuant to contact with the CCCS PC, the auditor has learned many volunteers are one time and infrequent and AA/NA volunteers are generally under staff supervision.

WATCH East PREA Policy 3.6 entitled Training, page 2, section II(E)(1-3) addresses 115.232(a).

The auditor's review of the CCCS Volunteer and Contractor PREA training program reveals a comprehensive program similar to that provided to staff. The same is a Power Point presentation with significant discussion topics.

The volunteer interviewee asserts he has been trained in his responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. The last training he completed was in calendar year 2018. He asserts he will complete annual PREA training this next week for calendar year 2019.

The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals one volunteer executed the same on 12 occasions during 2018 and six occasions during 2019. The same addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. The document also includes verbiage reflecting the individual's understanding of the material presented.

The auditor reviewed documents entitled Volunteer/Contractor Acknowledgment Form and various other training certifications dated 2016, 2017, and 2018 and signed/dated by the medical contractor (physician). Clearly, the contractor has received requisite training on an annual basis.

The auditor's review of three 2016, three 2017, and three 2018 Volunteer/Contractor Acknowledgment Forms relative to the same volunteers reveals substantial compliance with 115.232(a). Five such 2019 forms pertain to other volunteers.

Given the fact 115.232 does not require the provision of annual PREA training to contractors and volunteers and the evidence previously cited, the auditor finds WATCH East exceeds standard expectations with respect to 115.232.

Pursuant to the PAQ, the PA self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with family members. The PA further self reports all volunteers and contractors who have contact with residents have been notified of the agency's zero-tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.

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

The volunteer interviewee asserts the training is presented in a Power Point presentation format and includes a video presentation. The same did include instruction regarding the agency's zero tolerance policy on sexual abuse/harassment, as well as, the multiple methods of reporting sexual abuse/harassment.

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

WATCH East PREA Policy 3.6 entitled Training, page 2, section II(G) addresses 115.232(c).

The auditor notes this policy prescribes training every two years. As the standard is silent regarding any training frequency, the auditor finds WATCH East exceeds standard requirements for 115.232(a-c).

Documentation of volunteer/contractor training participation is addressed in the narratives for 115.232(a) and 115.235(d).

In view of the above, the auditor finds WATCH East exceeds standard expectations with respect to 115.232.

## **Standard 115.233: Resident education**

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

### 115.233 (a)

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

### 115.233 (b)

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

### 115.233 (c)

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

### 115.233 (d)

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

### 115.233 (e)

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

## Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports family members receive information at time of Intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 96 WATCH East family members were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the family members admitted to WATCH East during the last 12 months.

WATCH/ East PREA Policy 3.3 entitled Intake/Screening, page 1, section II(A)(1)(a)(i-iv) addresses 115.233(a).

The intake staff interviewee asserts he/she does provide family members with information about the zero-tolerance policy regarding sexual abuse/harassment of family members and how to report incidents or suspicions of sexual abuse/harassment. The PREA Handbook, PREA pamphlet, and PREA video are provided at Intake as a means of educating family members regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. Additionally, the interviewee asserts he/she walks family member admissions through the facility, pointing out posters, telephones, and relevant PREA information.

All seven random family member interviewees assert they received information about the facility's rules against sexual abuse/harassment upon arrival. Specifically, they receive the PREA Handbook, PREA pamphlet, and PREA video review.

All seven random family member interviewees assert when they first arrived at the facility, they were told about:

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

The auditor's review of random PAQ Receipts of WATCH East PREA Handbook and Orientation forms, as well as, Montana Department of Correction Probation and Parole Division Offender PREA Acknowledgments for both male and female family members reveals substantial compliance with 115.33(a). Findings are broken out statistically by year as follows:

### Female Family Members

2017- five of five compliant  
2018- five of five compliant  
2019- one of one compliant

### Male Family Members

2017- five of five compliant  
2018- four of five compliant  
2019- three of three compliant

The auditor's on-site review of 10 random resident files reveals timely and comprehensive provision of PREA information initially at intake and subsequently (within a maximum of two days) at Orientation.

Compliance is established by virtue of timeliness and substance of information provided.

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

Pursuant to the PAQ, the PA self reports the facility provides family members who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports 0 family members were transferred to WATCH East from a different community confinement facility within the last 12 months.

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

The intake staff interviewee asserts family members are educated regarding their rights to be free from sexual abuse/harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents pursuant to provision of the PREA Handbook at intake and subsequently through Orientation training. Generally, the interviewee asserts the family member is alerted to the above at intake within 24 hours of arrival at the facility.

A discussion regarding time frames for presentation of these materials is clearly scripted in the narrative for 115.233(a).

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

WATCH East PREA Policy 3.3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(b) addresses 115.233(c). Additionally, WATCH East PREA Policy 3.3 entitled Intake/Screening, page 3, sections II(A) (3 and 4) addresses 115.233(c).

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

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

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

The auditor's review of random family member files and documentation as described in the narrative for 115.233(a) reveals substantial compliance with 115.233(d).

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

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

A discussion regarding the PREA Handbook is reflected in the narrative for 115.233(a) and throughout this report. Examples of three family member and one staff posters were included in the PAQ information and all provide relevant information. A poster bearing the telephone numbers and addresses for reporting sexual abuse/sexual harassment, as well as, support services in the event of sexual abuse, is also included.

The auditor notes the agency's zero-tolerance policy towards sexual abuse/harassment and reporting procedures/applicable address(es) and telephone numbers are clearly visible throughout the facility. This condition was observed during the facility tour.

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

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

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

X  Yes    No    NA

#### 115.234 (b)

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

X  Yes    No    NA

#### 115.234 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does

not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a.)  
X  Yes  No  NA

#### 115.234 (d)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

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

WATCH East PREA Policy 3.6 entitled Training, page 3, section II(I)(1) addresses 115.234(a).

The investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line NIC sponsored training, as well as, the advanced course. A description of the same is provided in the following paragraph.

Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed.

The auditor's review of NIC Certificates for the PA, PCM, and a prior Security Coordinator reveals completion of the NIC Conducting Sexual Abuse Investigations in a Confinement Setting course. The PCM also completed the NIC Advanced Course regarding the same subject matter.

The PCM and another Security Coordinator completed a similar course developed by the CCCS PC and another facility PCM. The auditor's review of the lesson plan and mock scenarios related to this seven hour course reveals substantial compliance with 115.234.

WATCH East PREA Policy 3.6 entitled Training, page 3, section II(I)(2) addresses 115.234(b).

The auditor's review of the NIC specialty training (Conducting Sexual Abuse Investigations in a Confinement Setting) lesson plan reveals the same is commensurate with the requirements of 115.234(b). Specifics regarding the training points are articulated in the narrative for 115.221.

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

Techniques for interviewing sexual abuse victims;  
Proper use of Miranda and Garrity warnings;  
Sexual abuse evidence collection in confinement settings; and  
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that investigators have completed requisite training. The PA self reports the agency maintains documentation showing two investigators have completed requisite training.

WATCh East PREA Policy 3.6 entitled Training, page 3, section II(I)(3) addresses 115.234(c).

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

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

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

#### 115.235 (a)

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
X  Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X  Yes    No    NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X  Yes    No    NA406-377-6001 ext 2110
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X  Yes    No    NA

#### 115.235 (b)

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

#### 115.235 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) X  Yes    No    NA

#### 115.235 (d)

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

### Auditor Overall Compliance Determination

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

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

WATCH East PREA Policy 3.5 entitled Medical and Mental Health, page 3, section III(A)(1-4) addresses 115.235(a).

The medical staff interviewee asserts she has completed a three hour on-line National Institute of Corrections (NIC) course regarding medical treatment of sexual abuse victims in a confinement setting and the mental health interviewee asserts she completed an NIC course regarding behavioral health care for sexual abuse victims. The same included the following topics:

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

Additionally, the mental health interviewee asserts she completed a victims of sexual abuse training through DCDV. The same was facilitated in an on-line format.

The auditor's review of two NIC Certificates for the course entitled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and one NIC Certificate for the course entitled Behavioral Health Care for Sexual Assault Victims apply to three staff.

In addition to the above, the auditor notes the contract physician has also completed the requisite course, as evidenced by his NIC Certificate dated April 23, 2016.

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

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

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

Certificates are addressed in the narrative for 115.235(a).

As reflected in the narrative for 115.232, the contract physician has completed annual PREA training at WATCH East. Volunteer/Contractor Acknowledgment Forms dated October 29, 2017 and November 29, 2018 are evidence of annual completion of such In-Service training. Of note, the auditor has been advised the contract physician has been under contract at WATCH East since 2006.

The auditor's review of three 2017, 2018, and one 2019 Staff Development and Training Record Forms reveals completion of annual PREA training, inclusive of the "What You Need to Know" video, among other topics. Additionally, the auditor's on-site review of two random medical staff employee training files reveals completion of annual In-Service PREA training during 2018 and 2019. This is validated pursuant to review of the respective Staff Development and Training Record Forms for each year.

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

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

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

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

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

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

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

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

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

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

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

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability? X  Yes  No

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

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

#### Auditor Overall Compliance Determination

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

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(a). This policy stipulates family members are screened through the WATCh/ East screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other family members or sexually abusive toward other family members.

Security staff meets with the family member within twenty-four (24) hours and completes the medical and mental health screening instrument. Medical staff will screen the Family Member within seven (7) days. Housing and program assignments are made accordingly on a case-by-case basis by the admissions and intake supervisors, PA, security coordinator, and case manager.

The two staff responsible for risk screening interviewees assert they do screen family members upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual

abusiveness toward other family members. One of the interviewees advises he completes both initial screenings and reassessments.

All seven random family member interviewees assert when they first came to the facility, they were asked the following questions:

Whether they had been in jail or prison before;  
Whether they had ever been sexually abused;  
Whether they identify as being gay, lesbian, or bisexual; and  
Whether they think they might be in danger of sexual abuse at the facility.

All seven random interviewees also assert they were screened within 24 hours of arrival at the facility.

The auditor's review of random WATCH East PREA Initial Assessment/sReassessments for both male and female family members reveals substantial compliance with 115.241(a). Findings are broken out statistically by year as follows:

#### Female Family Members

2017- five of five compliant  
2018- five of five compliant  
2019- one of one compliant

#### Male Family Members

2017- five of five compliant  
2018- five of five compliant  
2019- three of three compliant

The auditor's on-site review of 10 random family member files likewise reveals timely and comprehensive completion of initial assessments in accordance with 115.241(a). The same is likewise correct in terms of the reassessment.

Compliance is established by virtue of timeliness and degree of completion.

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA further self reports that during the last 12 months, 96 family members entering the facility (either through Intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other family members, within 72 hours of their entry into the facility. This equates to 100% of family members admitted to the facility during the last 12 months, for 72 hours or more.

WATCH East PREA Policy 3.3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(b). This policy stipulates family members are screened pursuant to the WATCH East screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other family members or sexually abusive toward other family members.

The auditor's findings with respect to PAQ document reviews are clearly articulated in the narrative for 115.241(a).

The staff responsible for risk screening interviewees assert they generally screen family members for risk of sexual victimization or risk of sexually abusing other family members at intake, always within 24 hours of arrival.

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(1) addresses 115.241(c).

The auditor finds the screening instrument is objective.

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

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(1)(a through i) addresses 115.241(d).

The staff responsible for risk screening interviewees assert the initial risk screening considers history of violence, existence of a sexual crime or sexual victimization in confinement or the community, sexual victimization either inside or outside a facility, LGBTI self-identification or perception, physical size and stature, age, physical disabilities, and whether the family member has been confined in a correctional facility before.

In terms of the process for conducting initial screening, the family member is escorted to and screened in Food Service. No staff or family members are in the area during screening. Questions are read to the family member and they respond accordingly.

Pre-screening materials are perused by the screener prior to conduct of the interview.

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(2) addresses 115.241(e).

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(3) addresses 115.241(f).

The PCM facilitates 30-day reassessments at WATCH East. He asserts family member risk assessments are facilitated around 30-days subsequent to arrival. He accesses a spread sheet to ensure timely reassessments.

All seven random family member interviewees assert they were again screened within 30-days of arrival. One interviewee did not recall the exact time frame for reassessment and accordingly, the auditor reviewed his file. The reassessment was facilitated in a comprehensive and timely manner.

The PAQ documents reviewed by the auditor as described in the narrative for 115.241(a) also reflect comprehensiveness and timeliness pursuant to 115.241(f) requirements.

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

WATCH East PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(4) addresses 115.241(g).

The PCM asserts he does reassess a family member's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.

The PCM asserts 0 incidents occurred within the last 12 months wherein a reassessment was warranted.

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

Whether or not the family member has a mental, physical, or developmental disability;  
Whether or not the family member is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;  
Whether or not the family member has previously experienced sexual victimization; and  
The family member's own perception of vulnerability.

WATCH East PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(6) addresses 115.241(h).

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

Both staff responsible for risk screening interviewees assert family members are not disciplined in any way for refusing to respond to (or for not disclosing complete information related to the following:

Whether or not the family member has a mental, physical, or developmental disability;  
Whether or not the family member is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;  
Whether or not the family member has previously experienced sexual victimization; and  
The family member's own perception of vulnerability.

Family members sign a Disclaimer which clearly scripts non-discipline as indicated.

WATCH East PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(7) addresses 115.241(i).

The PCM asserts supervisors facilitate Initial PREA screening and route the completed screening instrument to him. The PCM maintains hard copies of the same in his locked cabinet and office. Assessments may be shared with the PA. Assessments are not maintained electronically.

Auditor's Note: The auditor did validate storage practices as described by the PCM.

Both staff responsible for risk screening interviewees assert completed assessments are routed from the supervisors to the PCM. The instruments are placed in a locked box for retrieval by the PCM.

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

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

#### 115.242 (b)

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

#### 115.242 (c)

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

- When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? X  Yes  No

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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

#### Auditor Overall Compliance Determination

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

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(9)(b) addresses 115.242(a).

In response to how the facility uses information from risk screening during intake to keep family members from being sexually victimized or being sexually abusive, the PCM asserts Potential Victims (PVs) and Known Victims (KVs) are geographically separated from Potential Aggressors (PAs) and Known Aggressors (KAs). Vs are not housed in the same room with As. They may be housed with family members designated as Unrestricted. Either Vs or As may be housed closer to the security desk for additional supervision.

The staff responsible for risk screening interviewees assert the facility primarily uses information gleaned from the risk screening to ensure safe housing assignments. PVs/KVs and PAs/KAs are not housed together. The screening tool generates a score and staff add the calculations, assigning a status. The tool is not keyed into a data base. The classification is noted on the master bed roster to ensure separation, and programs/routines are monitored by staff. The master roster is updated every time a new commitment is processed.

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

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 5, section II(B)(9)(c) addresses 115.242(b).

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

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

WATCh East PREA Policy 3.3 entitled Intake/Screening, pages 5 and 6, section II(B)(9)(d) addresses 115.242(c).

The PCM asserts there are no designated wings or housing units for transgender/intersex family members. Transgender/intersex family members are generally housed with family members bearing Unrestricted status or in the single rooms. They may be paired with family members of similar build and criminal history. The family member's personal feelings regarding vulnerability are considered.

The PCM further asserts the family member's health and safety are primary considerations. Additionally, potential management and security problems are also considered.

The PCM asserts there are no transgender/intersex family members housed at WATCh East. Accordingly, such interview(s) could not be conducted during the on-site audit.

WATCh East PREA Policy 3.3 entitled Intake/Screening, page 6, section II(B)(9)(f) addresses 115.242(d).

The PCM asserts transgender/intersex family members' own views with respect to safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewees confirm the PCM's assertion with respect to the same subject-matter.

WATCH East PREA Policy 3.3 entitled Intake/Screening, page 6, section II(B)(9)(i) addresses 115.242(e).

The PCM asserts transgender/intersex family members are given the opportunity to shower separately from other family members. The staff responsible for risk screening interviewee confirms the PCM's assertion.

According to the PCM, transgender/intersex family members may shower in the community shower (with staff monitoring entrance and egress) during the early morning or later in the evening. Additionally, as there are showers in the private rooms, a family member may be placed in the same at their request.

WATCH East PREA Policy 3.3 entitled Intake/Screening, pages 6 and 7, section II(B)(9)(j) addresses 115.242(f).

The PCM asserts the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) family members. LGBTI family members are not placed in a designated wing or housing area. The PCM closely monitors the afore-mentioned housing spreadsheet, taking such housing into consideration.

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

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

# REPORTING

## Standard 115.251: Resident reporting

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

#### 115.251 (a)

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

#### 115.251 (b)

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

#### 115.251 (c)

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

#### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

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

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

WATCH East PREA Policy 3-4 entitled Reporting, pages 1 and 2, section II(a)(i-vi) addresses 115.251(a).

The auditor's review of the WATCH East Handbook reveals significant information regarding reporting options. Pages 3 through 6 of this resource clearly provide necessary information for family members to be educated regarding reporting options as required pursuant to the totality of 115.251.

All 12 random staff interviewees were able to identify at least two methods in which family members can privately report pursuant to 115.251(a).

Methods of reporting include verbal report to staff, submission of an emergency grievance, third-party report, Hotline call, write a letter, anonymous report, and report to GPD.

Six of the seven random family member interviewees were able to identify at least two methods of private reporting of incidents prescribed in 115.251 (a). The remaining interviewee identified one such method. Methods of reporting identified are third-party report, verbal report to staff, call the Hotline, write a letter, and submit an emergency grievance. All interviewees identified either/or the Hotline and third-party report from family or friends as methods to report sexual abuse/harassment to someone who doesn't work at the facility.

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

WATCH East PREA Policy 3.4, pages 2, section II(a)(iv and v) addresses 115.251(b).

The PREA Handbook, pages 3 and 4 addresses 115.251(b).

The PCM reports the facility provides family members the opportunity to report sexual abuse/harassment to a public or private entity or office that is not part of the agency pursuant to placement of a Hotline call to the Crisis Line, DCDV, Montana DOC, and GPD. All such calls are toll-free and none are monitored. The Hotline telephone number is posted near family member telephones. This procedure does enable receipt and immediate transmission of family member reports of sexual abuse/harassment to agency officials.

The PCM asserts information from calls to DCDV is subsequently forwarded to GPD and they contact the PA to advise of the same.

All seven random family member interviewees assert they can make a report without having to give their name. Additionally, they assert family members or friends can facilitate third-party reports, as well as, the Hotline is not manned by WATCH East staff.

As mentioned in the narrative for 115.222(a), one anonymous allegation of sexual harassment was received from GPD during the last 12 months. The auditor's review of the investigation reveals a substantive investigation of the same was completed. This allegation was reported pursuant to 115.251(b).

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

CCCS PREA Policy 1.3.5.12, page 14, section IV(115.51)(e) addresses 115.251(c).

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

All 12 random staff interviewees assert family members can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. They assert they document any verbal reports immediately following receipt.

All seven random family member interviewees assert reports of sexual abuse/harassment can be made both verbally and in writing. Six of the seven interviewees assert such reports can be made by a friend or relative so the family member does not have to be named.

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

WATCh East PREA Policy 3.4, pages 1 and 2, section II(a)(iii-v) addresses 115.251(d).

All 12 random staff interviewees were able to cite at least two methods which staff can use to privately report sexual abuse/harassment of family members. Methods of reporting cited were verbal report to supervisor, submission of a written report, submission of e-mail to supervisor, telephonic report to supervisor/PA/SC/PCM, telephonic report to GPD, and third-party report.

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

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

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

#### **115.252 (a)**

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

#### **115.252 (b)**

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

### 115.252 (c)

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

### 115.252 (d)

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

### 115.252 (e)

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

### 115.252 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) X  Yes  No  NA

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

#### 115.252 (g)

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

#### Auditor Overall Compliance Determination

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

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

WATCH East PREA Policy 3.4, page 3, section II(a)(xiii)(1-6) addresses 115.252(a).

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

WATCH East PREA Policy 3.4, page 3, section II(a)(xiii)(1-4) addresses 115.252(b).

The PREA Handbook, pages 4 and 5, section entitled Grievance Procedure and Emergency Grievance, also addresses 115.252.

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

WATCh East PREA Policy 3.4, page 4, section II(a)(xiii)(5)(e) addresses 115.252(c).

PREA Handbook, page 5, sections b and 2 addresses 115.252(c).

Pursuant to the PAQ, the PA self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The PA further self reports 0 grievances were filed within the last 12 months wherein sexual abuse was alleged. The PA further self reports the agency always notifies the resident, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

WATCh East PREA Policy 3.4, page 4, section II(a)(xiii)(6)(a-d) addresses 115.252(d).

The PCM self reports there are no residents at WATCh East who reported a sexual abuse at the facility. Accordingly, an interview could not be conducted during the on-site audit. Additionally, as mentioned throughout the report narrative, no such incidents have occurred at WATCh East during the last 12 months, minimally.

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

WATCh East PREA Policy 3-4, page 7, section II(d)(ii and iii) addresses 115.252(e). Family member PREA Handbook page 5, section d(2) addresses 115.252(e).

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

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

WATCh East PREA Policy 3-4, page 3, section II(a)(xiii)(5)(a and b) addresses 115.252(f).

During the facility tour, the auditor observed Emergency Grievance Boxes affixed to the wall. The auditor learned the same are checked three times daily by shift leaders and such grievances are immediately forwarded to appropriate authorities.

Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a family member for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the

family member filed the grievance in bad faith. The PA further self reports that during the last 12 months, there were 0 instances of family member discipline for incidents of this nature.

WATCh-CCP PREA Policy 3-4, page 4, section II(a)(xiii)(5)(c) addresses 115.252(g).

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

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

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

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

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

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

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

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

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

### **Auditor Overall Compliance Determination**

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

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

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

WATCH East PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(1) addresses 115.253(a).

The family member PREA Handbook, page 4, section entitled Family Member Access to Outside Confidential Support Services, section (a) also supports 115.253(a).

The auditor's review of photographs of the notice posted near family member telephones advising of emotional support provider addresses and telephone numbers, reveals substantial compliance with 115.253(a). According to policy and the PREA Handbook, these notices are posted near the telephones.

Auditor's Note: During the facility tour, the auditor was able to validate the above. Clearly, this information is widely advertised throughout the housing wings.

Six of the seven random family member interviewees assert services are available outside of the facility for dealing with sexual abuse, if they needed the same. Six interviewees identified DCDV and victim advocates as the advertised service. The auditor notes DCDV is a VA group, providing counseling.

Six interviewees assert the name, telephone number, and address for service(s) is posted on unit walls near the telephones or requisite information is noted in the PREA Handbook. Seven interviewees assert the number(s) is/are free to call. Seven interviewees assert they can talk to staff from the service(s) anytime.

Family member interviewees are clearly well informed regarding this information and if not aware from memory, they are resourceful and knowledgeable as to where the information can be found.

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

WATCH East PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b).

The Family Member PREA Handbook, page 6, section entitled Counseling Programs for Victims of Sexual Abuse also addresses 115.253(b). Clearly, reports of sexual abuse, either in the community or at the facility, must be reported by Dawson County Domestic Violence VAs.

Seven random family member interviewees assert what they say to staff from the services referenced in the narrative for 115.253(a) remains private. One interviewee asserts conversations with them may be listened to or told to someone else. One interviewee cited a reason for sharing the content of such conversations, is a criminal matter.

Given the numerous resources available to family members wherein the subject-matter of 115.253(b) is articulated, the auditor finds sufficient education and efforts to educate family members are abundant. Family members have plentiful methods in which they are informed and can remain informed regarding this matter. Accordingly, the auditor finds WATCH East substantially compliant with 115.253(b).

Of note, the auditor provided refresher information to the six random interviewees regarding the subject-matter of 115.253(b). Many interviewees remembered the correct information upon initial discussion.

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

The MOU between CCCS and DCDV clearly captures the requirements of 115.253. The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

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

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of family member sexual abuse or sexual harassment.

A third party reporting form is located on all wings and the www.cccscorp.com website. Family members can mail forms to their visitors, etc. for use, when necessary.

All reports go directly to the CCCS PC who, in turn, disseminates the same to each facility. All phone calls will be taken by the PA or the PCM at the facility. If the CCCS PC is contacted, he will immediately contact the PA. Emails are another source of receiving third party reports and they will be disseminated to the PA immediately.

According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. Additionally, third-party report forms are located in the front entry for use by visitors, etc.

The auditor's observations throughout the facility tour validate the above.

WATCH East PREA Policy 3-4 entitled Reporting, page 7, section II(d)(i) addresses 115.254(a). This policy stipulates third party reports may be sent via mail or email to the WATCH East PREA Manager or CCCS PREA Coordinator. Third Party reporters may call or report to the CCCS PREA Coordinator or PREA Compliance Manager personally. Third Party reporting forms are available on each facility floor; however, they can be accessed by asking any staff member, case manager, family member, volunteer, contractor, program administrator or security chief.

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

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.261: Staff and agency reporting duties

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

#### 115.261 (a)

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

#### 115.261 (b)

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

#### 115.261 (c)

- Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section? X  Yes  No
- Are medical and mental health practitioners required to inform residents of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services? X  Yes  No

#### 115.261 (d)

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

### 115.261 (e)

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

### Auditor Overall Compliance Determination

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

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

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

WATCH East PREA Policy 3-4 entitled Reporting, page 5, section II(c)(i) addresses 115.261(a).

All 12 random staff interviewees assert the agency requires all staff to report:

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

Minimally, agency policy/procedure requires all staff to immediately report the above to their supervisor, PA, Treatment Supervisor, or PCM.

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

WATCH East PREA Policy 3-4 entitled Reporting, page 6, section II(c)(iii) addresses 115.261(b).

The medical and mental health staff interviewees assert at the initiation of services to a resident, they disclose the limitations of confidentiality and their duty to report. This practice is driven by Code of Ethics, policy, education, Continuing Education Units (CEUs), license, and practice requirements.

Both interviewees further report they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. Both would report to the PA, PCM, or SART.

Neither interviewee asserts he/she became aware of such incidents at WATCH East during the audit period. However, they would report the same immediately if they became aware of such an incident.

WATCH East PREA Policy 3-4 entitled Reporting, page 6, section II(c)(iv) addresses 115.261(d).

The PA asserts juveniles are not housed at WATCH East. The PA asserts the screening committee closely assesses mental health/physical health in an effort to ensure the family member can complete the program. Both must be acceptable for placement.

The PCM corroborated the statement of the PA with respect to reporting an allegation of sexual abuse/harassment lodged by family member under the age of 18. However, he asserts reports from vulnerable adult(s) would be referred to MDOC for further notification(s).

WATCH East PREA Policy 3-4 entitled Reporting, page 6, section II(c)(vi) addresses 115.261(e).

Pursuant to memorandum dated July 9, 2019, the PA asserts 0 sexual assault/harassment allegations have been lodged at WATCH East during the last 24 months. However, the auditor reviewed one allegation, occurring on March 10, 2017 with the same being referred to the Security Coordinator on the same date, for investigation.

The PA asserts he receives all family member reports of sexual abuse/harassment and he forwards the same to designated facility investigator(s).

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

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports when the agency or facility learns a family member is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the family member (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the past 12 months, there were 0 times the facility determined a family member was subject to substantial risk of imminent sexual abuse.

WATCH.East PREA Policy 3-4 entitled Reporting, page 2, section II(a)(vii) addresses 115.262(a).

115.262(a) provisions are also addressed in slides 40 and 41 of the WATCH East Power Point Training Presentation, which is provided to staff.

According to the Agency Head interviewee, when it is learned a family member is subject to a substantial risk of imminent sexual abuse, the family member may be removed from the facility. Minimally, alert the PA and recommend the family member be moved to another wing.

When it is learned a family member is subject to risk of imminent sexual abuse, the PA asserts he is removed from the danger zone and a better housing location is considered, inclusive of transfer to WATCH West.

All 12 random staff interviewees corroborate the statements of the Agency Head and PCM in terms of removal from the danger zone with subsequent staff supervision. Eleven of the 12 interviewees assert such action is implemented immediately while the remaining interviewee asserts action is taken ASAP.

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

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

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

WATCh East Policy 3-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(a).

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

WATCh.East PREA Policy 3-4 entitled Reporting, page 7, section II(c)(x) addresses 115.263(b).

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

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

Pursuant to the PAQ, the PA self reports facility policy requires allegations received from other facilities/agencies are investigated in accordance with PREA standards. The PA further self reports in the past 12 months, there were 0 allegations of sexual abuse received by the facility from other facilities.

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

In regard to referrals of sexual abuse/harassment allegations (allegedly occurred at a CCCS facility), the PA is generally the point of contact for receipt of the same. The PA opens an investigation regarding the same.

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

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

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

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

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

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
X  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? X  Yes  No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? X  Yes  No

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

### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a first responder policy for allegations of sexual abuse. The PA further self reports agency policy requires, upon learning of an allegation that a family member was sexually abused, the first security staff member to respond to the report shall be required to:

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

The PA self reports 0 alleged incidents of sexual abuse occurred at WATCH East during the last 12 months.

WATCH East PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(a).

The security staff first responder interviewee asserts all first responder steps as scripted in 115.264(a). However, the non-security first responder interviewee asserts the first responder makes every attempt to ensure victim and perpetrator do not destroy physical evidence.

Auditor's Note: The auditor did advise the interviewee that the first responder requests the victim not destroy physical evidence while ensuring the perpetrator does not destroy physical evidence.

As previously mentioned in the report narrative, no residents who reported a sexual abuse were interviewed, given the lack of incidents.

The auditor's review of the WATCH East Coordinated Response to PREA Incidents flow chart reveals substantial compliance with 115.264(a). Additionally, the MDOC Sexual Assault Response and Containment Checklist also contains the appropriate provision requirements.

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

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

The PA further self reports that of the allegations of sexual abuse within the past 12 months, there were 0 times a first responder was a non-security staff member.

WATCH East PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.264(b).

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

Commensurate with 115.264(a), WATCH East staff assist in the evidence preservation process.

Eleven of 12 random staff interviewees properly assert their role in that the uniform evidence protocol includes separation of the victim and perpetrator, securing the crime scene, requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.

In view of the above, the auditor finds WATCH East substantially compliant with 115.264.

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

WATCh East PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1-9 addresses 115.265(a).

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

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

The PA asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. A First Responders Flow Chart is posted on the walls scripting duties and responsibilities. Of note, the auditor validated the same.

Policy 3.11 details specific responsibilities by functional area. Notification responsibilities and decision-making regarding referral for forensic examination, securing the crime scene, etc. are clearly delineated in the document.

In view of the above, the auditor finds WATCh East substantially compliant with 115.265.

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

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

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

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

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

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

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

While 115.266(a) is technically not applicable to WATCh East, the facility is substantially compliant as there are no deviations from standard.

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

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

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all family members and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment

investigations from retaliation by other family members or staff. According to the PA, the Treatment Supervisor is the designated retaliation monitor at WATCH East.

WATCH East PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J) (1) addresses 115.267(a).

WATCH East PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J) (2) addresses 115.267(b). This policy stipulates staff and family members who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc. Alternative protection against retaliation may include moving a family member to another housing unit or to another treatment facility if deemed necessary by the PA.

According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of family members and staff from retaliation for sexual abuse/harassment allegations, we allow staff and family members to move to another facility, change shifts, etc., if feasible. There are multiple layers of monitoring. Specific staff are charged with this responsibility. There are many facilities within the CCCS structure.

The PA asserts for allegations of sexual abuse/harassment, the treatment supervisor monitors for a minimum of 90 days. Closer supervision checks and increased frequency may be implemented. The victim may be moved closer to the Security Desk and in closer proximity to video surveillance. Additionally, movement of the victim to WATCH West may be facilitated, dependent upon the circumstances.

Staff may be moved to another facility, placed on administrative leave, and their shift/assignment may be changed, if deemed appropriate.

The designated staff member charged with monitoring retaliation interviewee asserts in response to a report of sexual abuse/harassment or family members who cooperate with sexual abuse/harassment investigations, he initiates retaliation monitoring. He monitors behavior (staff and family members) to assess victimization or potential victimization. He meets with the family member or staff on a weekly basis, documenting notes of the meeting on the Retaliation Monitoring Form (in the case of sexual abuse investigations).

Strategies available to protect these family members and staff from retaliation include family member room changes, intensified supervision efforts throughout the facility, and movement to WATCH West. With respect to staff, the interviewee asserts he may refer them to the Employee Assistance Program, move them to another facility, or move them to a non-contact with family member position.

Of note, the PCM would normally refer victims to the Retaliation Monitor for follow-up.

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

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

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

The PA asserts when he suspects retaliation, he immediately alerts CCCS CEO. Retaliation monitoring is both implemented and increased, dependent upon the circumstances. The perpetrator of retaliation may be moved to another facility or return to MDOC and staff would be placed on administrative leave or employment may be terminated following due process.

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

- Change in behavior;
- Isolation;
- Accrual of misconduct reports;
- Not engaging in groups and change(s) in work habits;
- Monitors personal hygiene;

In regard to staff, the following are monitored:

- Increased receipt of disciplinary charges;
- Frequent shift and post change requests;
- Isolation;
- Increase in negative performance reviews.

Monitoring is conducted for a minimum of 90 days and continued until the threat is gone, the potential victim requests termination of monitoring, or the potential victim releases from the program.

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

The auditor's review of one substantiated 2017 sexual harassment case conducted during the audit period reveals 90-day completion of retaliation monitoring was accomplished in the case. Retaliation monitoring was initiated as indicated on the WATCH East PREA Retaliation Monitoring Form. Technically, the afore-mentioned allegation is not subject to retaliation monitoring pursuant to 115.267 as the standard and applicable policy apply only to allegations of sexual abuse.

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

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

The CCCS PC asserts periodic status checks are documented in the family member's progress notes.

The relevant policy citation for 115.267(e) is reflected in the narrative for 115.267(a).

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

The Agency Head asserts if an individual who cooperates with an investigation expresses a fear of retaliation, the agency implements retaliation monitoring. The afore-mentioned retaliation monitors effect the same.

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

## INVESTIGATIONS

## Standard 115.271: Criminal and administrative agency investigations

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

#### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) X  Yes  No  NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).) X  Yes  No  NA

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

### Auditor Overall Compliance Determination

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

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

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

The investigative staff interviewee asserts he initiates action on investigations of sexual abuse/harassment allegations immediately following receipt of the report. He generally reports to the facility for both sexual abuse/harassment matters.

With respect to third-party or anonymous reports of sexual abuse, they are investigated in the same manner as any other allegation.

The auditor's review of one 2017 sexual harassment investigation (included in the PAQ packet) and one additional 2019 sexual harassment investigation (Unfounded) reveals substantial compliance with 115.271. The investigations were initiated in a timely manner; comprehensive in terms of content, inclusive of witness statements (victim, perpetrator, staff, and other family members); and witness credibility was assessed pursuant to analysis of statements. Of note, the current investigator did not investigate the 2017 matter.

While the 2017 investigation was not crafted in a single report but rather, the same included e-mails and disciplinary reports, the totality of 115.271 was addressed. The fact pattern and results of an interview with the perpetrator resulted in an admission of guilt and accordingly, credibility of the victim was established.

The current investigator did investigate the 2019 allegation and the auditor's review of the matter reveals substantial compliance with 115.271.

The auditor recommends all future reports be compiled in one document covering all requisite components of 115.271. This enhances readability and analysis by all reviewers.

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

Investigator certifications are addressed in the narrative for 115.234.

The investigative staff interviewee asserts he completed specialized training specific to conducting sexual abuse investigations in confinement settings. The basic training was a three-hour on-line course presented by NIC. The interviewee also completed the advanced training, inclusive of scenario resolution. Additionally, he completed a seven hour CCCS training regarding the same subject-matter. Participants resolved scenarios during this training.

WATCh East PREA Policy 3.10 entitled Investigations, page 2, section II(C)(3) addresses 115.271(c).

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

- Review initial staff reports (30 minutes);
- Check crime scene, ensuring proper handling (10-15 minutes);
- Threshold questioning of victim (15 minutes);
- Check video footage and ask PA to listen to telephone monitoring (30 minutes to hours);
- If victim and perpetrator are known, review files (45 minutes);
- Interview staff and family member witnesses- (1-2 hours);
- Re-interview victim (30-60 minutes);
- Interview perpetrator (5 minutes to 30 minutes);

Review any ancillary evidence (30-60 minutes);  
Report writing (minimum of two hours); and  
Notify victim (10 minutes).

Direct evidence is generally handled by GPD investigators. The facility investigator would secure staff and family member files, staff reports, video and telephone monitoring, and interview notes.

The auditor finds 0 sexual abuse investigations were conducted at WATCH East during the audit period. However, the auditor's review of a 2017 sexual harassment and a 2019 sexual harassment allegation (Unfounded) reveals substantial compliance with 115.271(c). The auditor finds WATCH East substantially compliant with 115.271(c) with respect to these investigations.

WATCH East PREA Policy 3.10 entitled Investigations, page 2, section II(B) addresses 115.271(d). This policy stipulates compelled interviews are not facilitated at WATCH East.

The investigative staff interviewee asserts compelled interviews are not facilitated at WATCH East. GPD investigators handle the same.

The auditor finds 0 allegations were referred to GPD for criminal investigation.

WATCH East PREA Policy 3.10 entitled Investigations, pages 2 and 3, section II(C)(4) and (5) addresses 115.271(e).

The investigative staff interviewee asserts victims, suspects, or witnesses are considered credible until proven otherwise. He would not, under any circumstances, require a family member who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

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

The investigative staff interviewee asserts when assessing whether staff actions or failure to act contributed to an incident of sexual abuse, he considers where staff actions were reasonable for a corrections professional in relationship to the fact pattern. He assesses what they knew and how they reacted, assessing any potential Code of Conduct or policy violation issues. Were staff negligent or deliberately indifferent?

The interviewee further asserts he documents administrative investigations in written reports. The introduction constitutes a narrative of the allegations. The body of the report addresses the Who?, What?, When?, Where?, and Why? of the allegations and investigative findings. Interview findings, credibility assessments related to the victim/perpetrator/ and witnesses, any additional evidence, findings of the investigation, and the investigative conclusion(s) are also included in the report.

The auditor's review of the administrative sexual harassment investigations is detailed in the narrative for 115.271(a). The allegations encompass family member-on-family member incidents.

Pursuant to the auditor's review of a memorandum dated July 9, 2019 authored by the PA, 0 criminal investigations of sexual abuse have been facilitated at WATCH East during the last 36 months.

The investigative staff interviewee asserts criminal investigations are properly documented in a report. As previously reported, zero criminal sexual abuse investigations have been conducted at WATCH East during this reporting period. The format is actually similar to that identified for administrative reports.

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

WATCH East PREA Policy 3.10 entitled Investigations, page 2, section II(B) addresses 115.271(h). This policy stipulates it is the policy of CCCS, Inc and WATCH East to refer criminal investigations of sexual abuse to Glendive Police Department, who will further refer substantiated allegations for prosecution, if warranted.

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

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

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

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

The investigative staff interviewee asserts he continues with the investigation both when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and when an alleged victim who alleges sexual abuse/harassment leaves the facility prior to completion of the investigation into the incident.

WATCH East PREA Policy 3.10 entitled Investigations, page 2, section II(C)(2) addresses 115.271(l).

The PA asserts he maintains regular contact with the GPD Chief of Police in an endeavor to remain informed about the progress of the investigation.

The PCM is also the facility investigator and he asserts either the PA or he maintains contact with GPD investigator(s) on a weekly basis to remain informed of the progress of a sexual abuse investigation. The interviewee also asserts he assists GPD investigators in any manner needed throughout the conduct of their investigation.

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

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

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

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

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

### **Auditor Overall Compliance Determination**

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

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

Pursuant to the PAQ, the PA self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

WATCH East PREA Policy 3.10 entitled Investigations, page 3, section II(E) addresses 115.272(a).

The investigative staff interviewee asserts a preponderance of evidence is required to substantiate administrative investigations of sexual abuse/harassment. The same equates to approximately 51% of 100%. There is more evidence substantiating the allegation than not.

The auditor's review of the afore-mentioned investigations conducted during this audit period reveals compliance with both policy and standard in regard to the standard of evidence.

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

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

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

#### 115.273 (b)

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

#### 115.273 (c)

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

resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? X  Yes  No

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any family member who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PA self reports 0 criminal and/or administrative investigations of sexual abuse were conducted at WATCH East during the last 12 months. However, the 2019 allegation was anonymous (no absolute known identity of the victim) and accordingly, provision of a notification pursuant to 115.273(a) could not be accomplished.

WATCH East PREA Policy 3.10 entitled Investigations, page 3, section II(F)(1) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273, is completed in both sexual abuse and sexual harassment situations.

Since 115.273(a) requires family member notification in response to sexual abuse allegations and the afore-mentioned policy requires notification in response to both sexual abuse/harassment investigations, the auditor finds WATCh East exceeds standard requirements for 115.273(a). As noted below, evidence reveals WATCh East staff demonstrated compliance with policy in terms of performance.

The PA asserts the victim is notified when the allegation of sexual abuse/harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

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

The auditor's review of one 2017 sexual harassment investigation reveals timely notification was completed in this case. Specifically, pursuant to documentation dated March 30, 2017, the victim was verbally notified of the outcome of the investigation and removal of the perpetrator from the program. The notification, as referenced above, could not be provided in response to the 2019 Unfounded allegation as the allegation was made anonymously and the exact identity of the victim could not be established.

Pursuant to the PAQ, the PA self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the family member of the outcome of the investigation. The PA further self reports 0 criminal and/or administrative investigations of sexual abuse were conducted at WATCh East during the last 12 months. Additionally, GPD did not facilitate any administrative or criminal investigations of sexual harassment during the subject time period. Accordingly, 0 investigations were facilitated by an outside agency.

WATCh East PREA Policy 3.10 entitled Investigations, page 3, section II(F)(2) addresses 115.273(b).

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

The staff member is no longer posted within the family member's unit;  
The staff member is no longer employed at the facility;  
The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or  
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.  
The PA further self reports there has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a family member in an agency facility in the past 12 months.

WATCh East PREA Policy 3.10 entitled Investigations, pages 3 and 4, sections II(G)(1-4) addresses 115.273(c).

Pursuant to the PAQ, the PA self reports following a family member's allegation he has been sexually abused by another family member at WATCh East, the agency subsequently informs the alleged victim whenever:

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

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

WATCH East PREA Policy 3.10 entitled Investigations, page 4, section II(H)(1 and 2) addresses 115.273(d).

The auditor notes there were no such incidents wherein either indictments or convictions for family member sexual abuse at WATCH East occurred during the audit period. Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented. Written notifications in accordance with 115.273(e) are discussed above in the narrative for 115.273(a).

WATCH East PREA Policy 3.10 entitled Investigations, page 4, section II(I) addresses 115.273(e).

In view of the above, the auditor finds WATCH East exceeds standard expectations with respect to 115.273.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? X  Yes  No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? X  Yes  No

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? X  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal? X  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

WATCH East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H) addresses 115.276(a).

Pursuant to memorandum dated July 9, 2019 from the PA, there has been 0 incidents at WATCH East during the last 24 months, wherein staff-on-family member sexual abuse/harassment was alleged.

Pursuant to the PAQ, the PA self reports in the past 12 months, 0 facility staff members are alleged to have violated agency sexual abuse or sexual harassment policies.

WATCH East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(1) addresses 115.276(b).

The auditor's review of PAQ information confirms no terminations from employment during the last 12 months, for staff engaging in sexual abuse.

Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports that in the past 12 months, 0 staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

WATCH East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(2) addresses 115.276(c).

Pursuant to the PAQ, the PA self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports during the last 12 months, 0 facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

WATCH East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.276(d).

In view of the above, the auditor finds WATCH East substantially compliant with 115.276.

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

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

#### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? X  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal? X  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? X  Yes  No

#### **115.277 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? X  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with family members. According to the PA, in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

WATCH East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(1) addresses 115.277(a).

Pursuant to the auditor's review of the sexual harassment investigation conducted during 2017, the allegation did not involve contractors or volunteers. As previously indicated, the incident was family member-on-family member.

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

WATCH East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 4, section II(I)(2) addresses 115.277(b).

The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, family member contact with the contractor or volunteer and contractor/volunteer access to the facility would be denied pending completion of the investigation. There are no examples of such contact during this audit period.

In view of the above, the auditor finds WATCH East substantially compliant with 115.277.

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

#### 115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process? X  Yes  No

### 115.278 (b)

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

### 115.278 (c)

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

### 115.278 (d)

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

### 115.278 (e)

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

### 115.278 (f)

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

### 115.278 (g)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports family members are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding the family member engaged in family member-on-family member sexual abuse. The PA also self reports family members are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for family member-on-family member sexual abuse.

The PA asserts, in the past 12 months, there were no administrative findings of family member-on-family member sexual abuse that occurred at the facility. The PA further asserts, in the past 12 months, there were zero criminal findings of guilt for family member-on-family member sexual abuse that occurred at the facility.

WATCh East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) (1-3) addresses 115.278(a).

Page 8 of the WATCh East PREA Handbook reflects Prohibited Acts of which offenders may be administratively charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment.

The auditor's review of a completed Montana Department of Corrections Adult Probation and Parole Summary of Disciplinary Hearing form reveals the perpetrator in a 2017 sexual harassment incident was subjected to a disciplinary hearing facilitated by MDOC staff. The aggressor in the incident was removed from the facility for Threatening Another Person or Their Possessions as an Intermediate Sanction. While this does not meet the literal language of the standard, P&P staff provide Due Process in this scenario. It is noted this document references the zero tolerance standard for sexual harassment at WATCh East.

WATCh East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) (1-3) addresses 115.278(b).

The PA asserts administrative facility hearings are facilitated by MDOC staff. Generally, program revocation, imposition of additional charges, and transfer to MDOC custody are potential sanctions.

The report completed by MDOC staff referencing the incident addressed in the narrative for 115.278(a) appears to substantiate compliance with 115.278(b) and (c).

WATCh East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D) (1) addresses 115.278(c).

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

WATCh East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, pages 2 and 3, section II(D)(2) and (3) addresses 115.278(d).

The mental health staff interviewee asserts the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility considers whether to offer these services to offending family members.

The interviewee further elaborated when such services are provided, an offender's participation is not required as a condition of access to programming or other benefits.

Pursuant to the PAQ, the PA self reports the agency disciplines family members for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

WATCh East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(G) addresses 115.278(e).

Pursuant to a memorandum dated July 9, 2019, the PA asserts there has been no incidents of family member-on-staff sexual abuse within the last 36 months.

Pursuant to the PAQ, the PA self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

WATCh East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(E) addresses 115.278(f).

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between family members. The PA further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

WATCh East PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(F) addresses 115.278(g).

In view of the above, the auditor finds WATCh East substantially compliant with 115.278.

## MEDICAL AND MENTAL CARE

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

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

##### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
X  Yes  No

##### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? X  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X  Yes  No

##### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X  Yes  No

##### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
X  Yes  No

### Auditor Overall Compliance Determination

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

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

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

The medical staff interviewee asserts family member victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The same typically occurs immediately following a report. The nature and scope of these services is determined according to the practitioner's professional judgment.

The medical/mental health interviewees assert the family member victim would be transported to Glendive Medical Center (GMC). The nature and scope of services are determined according to the professional judgment of both WATCH East medical/mental health practitioners (transport to GMC) and subsequently, professionals at GMC.

The auditor's review of the PREA Response Checklist- Medical Response Form captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials.

A synopsis of security staff and non-security staff first responder interviewees regarding responsibilities is captured in the narrative for 115.264(a). Additionally, the same is captured for all random staff interviewees.

As referenced in the narrative for 115.282(a), the auditor's review of the PREA Response Checklist- Medical Response Form captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials. The subject-matter of 115.282(b) is clearly captured within this document.

Pursuant to the PAQ, the PA self reports family member victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the

appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

Of note, the PA asserts no family members requested medical/mental health services as the result of sexual abuse/harassment allegation(s) during the last 24 months.

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

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The same is addressed at GMC.

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

WATCH East PREA Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.282(d).

In view of the above, the auditor finds WATCH East substantially compliant with 115.282.

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

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

#### **115.283 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X  Yes  No

#### **115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? X  Yes  No

#### **115.283 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X  Yes  No

#### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X  Yes  No  NA

### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) X  Yes  No  NA

### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X  Yes  No

### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? X  Yes  No

### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? X  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all family members who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

WATCH East Policy 3.5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).

As previously mentioned, the auditor finds there were no allegations of sexual abuse at WATCH East during this audit period. The 2017 allegation was clearly that of sexual harassment. Despite the same, the family member victim was offered mental health follow-up.

In addition to the above, the PCM self reports during this reporting period, that 0 family members have reported prior sexual victimization in a prison, jail, lockup, or juvenile facility.

WATCH East Policy 3.5 entitled Medical and Mental Health, page 2, section II(C)(1) addresses 115.283(b).

The medical staff interviewee facilitates a clothed visual scan of extremities and torso not covered by clothes. She also calms and encourages the victim, keeping the victim and area safe. She provides basic medical care.

The mental health staff interviewee asserts she calms and provides support to the victim and advises of services, inclusive of follow-up care, offered through mental health.

WATCH East Policy 3.5 entitled Medical and Mental Health, page 2, section II(C)(2) addresses 115.283(c).

The medical/mental health staff interviewees assert medical and mental health services are offered consistent with the community level of care. The forensic examination and accompanying services, as the same are conducted at GMC, constitute the community standard.

Pursuant to the PAQ, the PA self reports female victims of sexually abusive vaginal penetration, while incarcerated, are offered pregnancy tests.

WATCH East Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(3) and (4) addresses 115.283(d).

Pursuant to a memorandum dated July 9, 2019 from the PA, there has been no need to offer pregnancy tests to WATCH East family members during the last 36 months.

Pursuant to the PAQ, the PA self reports if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related services.

WATCH East Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(3) and (4) addresses 115.283(e).

The medical staff interviewee asserts if pregnancy results from sexual abuse while incarcerated, at the time pregnancy is discovered, victims are given timely information and access to all lawful pregnancy-related services. Such services are completed at GMC. Some services are offered by WATCH East medical staff, as well as, MDOC.

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

WATCH East Policy 3.5 entitled Medical and Mental Health, pages 3, section II(C)(3) and (4) addresses 115.283(f).

AUDITOR'S NOTE: The auditor's review of the fact pattern in the 2017 investigation referenced above reveals no situation invoking the requirements of 115.283(f).

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

WATCH East Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.283(g).

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

WATCh East Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(5) addresses 115.283(h).

The mental health staff interviewee asserts she conducts a mental health evaluation of all known family member-on-family member abusers and offers treatment, if appropriate. The evaluation is facilitated within 60 days of learning of such abuse history.

The interviewee did identify one family member who supposedly met the description of 115.283(h). The individual was supposedly identified at screening and was referred to the interviewee for follow-up. The interviewee asserts no evaluation was conducted however, a meeting was facilitated.

Following the auditor's request for documentation regarding the meeting, the interviewee determined the individual was a community sexual abuse victim, as opposed, to an institutional abuser or aggressor. The auditor confirmed the same pursuant to review of the notes.

Accordingly, the parameters of 115.283(h) are not applicable to this situation.

The PCM asserts during the last 36 months, no family member-on-family member abusers or family members with a prior history of resident/inmate-on-resident/inmate abuse have been housed at WATCh East.

In view of the above, the auditor finds WATCh East substantially compliant with 115.283.

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

#### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? X  Yes  No

#### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X  Yes  No

#### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? X  Yes  No

#### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X  Yes  No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? X  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? X  Yes  No

#### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? X  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse or sexual harassment incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the past 12 months, 0 administrative/criminal sexual abuse investigations were facilitated at WATCH East. The auditor finds one Unfounded sexual harassment allegation was conducted within the last 12 months.

WATCH East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(a) addresses 115.286(a). The auditor notes this policy includes the conduct of SART reviews for both sexual assault and sexual harassment allegations. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds WATCH East exceeds standard expectations.

The auditor's review of one 2017 Sexual Assault Response Team (SART) report relative to an allegation and investigation of sexual harassment reveals the same was facilitated in a timely manner (within 30 days of conclusion of the respective investigation), the requisite composition of the SART team was present during the reviews, the review team considered all requisite checklist items as described in 115.286(d), a report was generated, and recommendations were documented.

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the past 12 months, 0 administrative sexual abuse investigations were facilitated at WATCH East. However, one 2017 sexual harassment allegation was investigated and a SART was properly conducted pursuant to WATCH East policy.

WATCH East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.286(b).

The auditor also reviewed an Unfounded family member-on-family member sexual abuse investigation of an allegation, occurring on May 17, 2019. The investigation was concluded on May 22, 2019 and a SART, although not required, was facilitated on June 12, 2019. The SART was comprehensive and timely, compliant with the requirements of 115.286.

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

WATCH East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(c) addresses 115.286(c).

The PA asserts the facility has a sexual abuse incident review team and the same is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

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

WATCh East Policy 3.7 entitled Data Collection, Aggregation, and Review, pages 1 and 2, section II(A)(1)(d) addresses 115.286(d).

In regard to how the team uses the information gleaned from the sexual abuse incident review, the PA asserts assessments of what was done correctly and incorrectly, whether all policies were followed, and whether additional training is required, are made. The information is used to assess the efficiency of the PREA program and make changes accordingly.

The team does consider whether:

The incident or allegation was motivated by race; ethnicity; gender identity; LGBTI status or perceived states; gang affiliation; and/or other group dynamics at the facility;  
The area in the facility where the incident allegedly occurred contains physical barriers in that area may enable abuse;  
The adequacy of staffing levels is appropriate in that area during different shifts; and  
Monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts SART facility staff prepare a report of their findings from the reviews, including any determinations made regarding the components identified in the PA's statement and any recommendations for improvement. The PCM prepares the report and pursuant to his review of the 2017 SART report and comparison against daily operations, no trends are noted. In regard to any recommendations, the PCM asserts he follows through on the same, if warranted. If not warranted, the basis for failing to follow through is documented.

The PCM asserts SART facility staff prepare a report of their findings from the reviews, including any determinations made regarding the components identified in the PA's statement and any recommendations for improvement. The PCM prepares the report and pursuant to his review of the 2017 SART report and comparison against daily operations, no trends are noted. In regard to any recommendations, the PCM asserts he follows through on the same, if warranted. If not warranted, the basis for failing to follow through is documented.

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

WATCh East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(e) addresses 115.286(e).

As mentioned throughout this report narrative, a SART review was facilitated with respect to the 2017 sexual harassment allegation and subsequent investigation. During that SART review, re-training (PREA) of both staff and family members was recommended. While PREA family member training was conducted two days prior to completion of the SART, the PCM determined the same was sufficient to satisfy the recommendation. The auditor concurs with that assessment.

Examples of validation of staff completion of Annual In-Service PREA training dated six days subsequent to the SART review, satisfy the SART recommendations. Accordingly, the auditor finds WATCH East substantially compliant with 115.286(e).

In view of the above, the auditor finds WATCH East exceeds standard requirements relative to 115.286.

## Standard 115.287: Data collection

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

#### 115.287 (a)

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

#### 115.287 (b)

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

#### 115.287 (c)

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

#### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

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

### Auditor Overall Compliance Determination

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

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

Pursuant to the PAQ, the PA self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PA further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

WATCH East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-k) addresses 115.287(a)/(c).

The auditor finds the data collection system to be commensurate with 115.287(a/c).

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

WATCH East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-k) addresses 115.287(b).

The auditor's review of aggregated data from 2017, 2018, and 2019 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually.

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

WATCH East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(3) addresses 115.287(d).

The auditor learned neither CCCS nor WATCH East contracts with other facilities for the confinement of family members designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) is not applicable to WATCH East.

Pursuant to the PAQ, the PA self reports upon request, the agency provided the Department of Justice with data from the previous calendar year.

In view of the above, the auditor finds WATCH East substantially compliant with 115.287.

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

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

#### **115.288 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?  Yes  No

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse X  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? X  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

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

The auditor's review of the 2017 and 2018 WATCH East Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison and assessment of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the reports are approved by the Agency Head, and the same are posted on the CCCS website. The reports reveal no redactions pursuant to 115.288(d).

The auditor notes one substantiated case of family member-on-family member sexual harassment occurred during 2017 (previously referenced throughout this report). Recommendation(s) were made during the SART regarding additional staff training. While training is generically addressed in the 2018 Annual Report, there is no specific nexus between such training and the SART process.

Going forward, the auditor strongly recommends, under such circumstances, a parallel be addressed between the SART finding and the resolution. This strategy clearly demonstrates the family member sexual safety evolution in accordance with standards.

The auditor notes the afore-mentioned PREA Annual Reports clearly describe the addition of cameras within the facility, thereby enhancing surveillance and acting to enhance family member sexual safety.

The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. He electronically forwards copies of all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC however, he maintains hard copies, inclusive of facility population data and SSV data in a safe in his locked office.

The PCM further asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The PCM writes a facility annual report and forwards the same to the CCCS PC.

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

The auditor's review of the previously mentioned Annual Reports reveals there are no year-to-year demographic comparisons. Each individual yearly demographics are captured in the respective report, however. The reports do reflect strategies employed to enhance the PREA program at WATCH East.

Going forward, the auditor recommends previous year demographics, as well as current year demographics, be articulated in each report. Should sexual abuse/harassment demographics increase, a narrative addressing corrective strategies must be articulated in the report.

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

The auditor's review of the WATCH East website reveals signed copies of the 2016, 2017, and 2018 Annual Reports are available for public consumption on the same. The reports are signed by the WATCH East PA, the CCCS PC, and the CCCS CEO.

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

Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further asserts the agency indicates the nature of material redacted.

In regard to the types of material typically redacted from the annual report, the PCM asserts family member/ staff names and other identifying information and/or security information would be redacted. The agency does indicate the nature of the material redacted.

In view of the above, the auditor finds WATCH East substantially compliant with 115.288.

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

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.

WATCH East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 3, section II(C) (1) addresses 115.289(a). This policy stipulates data is maintained either with the PA or PCM.

During the facility tour, the auditor noted relevant data, as articulated in 115.289(a), was securely maintained in a secure filing cabinet in the PCM's locked office.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. He electronically forwards copies of all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC however, he maintains hard copies, inclusive of facility population data and SSV data in a safe in his locked office.

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

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

Pursuant to the Auditor's review of the WATCh East website, all relevant statistics captured within the SSVs are posted on the same.

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

WATCh East Policy 3.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C) (3)addresses 115.289(c).

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

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

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

Auditor's Note: This is the first triennial audit at WATCh East.

In view of the above, the auditor finds WATCh East substantially compliant with 115.289.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) X  Yes  No

#### 115.401 (b)

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

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? X  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? X  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X  Yes  No

### Auditor Overall Compliance Determination

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

The WATCH East PCM provided exceptional assistance to the auditor throughout the audit. In terms of pre-audit preparation, he responded to all questions and provided additional evidence, as requested. During the on-site audit, he ensured all interviewees were promptly available. During the post-audit phase, the PCM was again responsive in terms of provision of required information and evidence.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)  Yes  No  NA

#### Auditor Overall Compliance Determination

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

No comments.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

**K. E. Arnold**

**October 10, 2019**

**Auditor Signature**

**Date**

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

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.  
PREA Audit Report, V5  
change