

PREA Facility Audit Report: Final

Name of Facility: Warm Springs Addiction Treatment and Change (WATCH) West Program

Facility Type: Community Confinement

Date Interim Report Submitted: 12/10/2022

Date Final Report Submitted: 01/24/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Kenneth E Arnold	Date of Signature: 01/24/2023

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	10/24/2022
End Date of On-Site Audit:	10/25/2022

FACILITY INFORMATION	
Facility name:	Warm Springs Addiction Treatment and Change (WATCH) West Program
Facility physical address:	P.O. Box G, Warm Springs, Montana - 59756
Facility mailing address:	P.O.Box G, Xanthopoulos Building on the Montana State Hospital, WarmSprings, Montana - 59756

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

Facility Director	
Name:	Melissa Kelly
Email Address:	mkelly@cccscorp.com
Telephone Number:	406-693-2272 ex 502

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

Facility Characteristics	
Designed facility capacity:	171
Current population of facility:	168
Average daily population for the past 12 months:	133
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	WATCh 46 (18-78)/CCP 25
Facility security levels/resident custody levels:	alternate secure
Number of staff currently employed at the facility who may have contact with residents:	46
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:	6

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

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

Agency-Wide PREA Coordinator Information			
Name:	Marwan Saba	Email Address:	msaba@cccscorp.com

SUMMARY OF AUDIT FINDINGS

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

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

Number of standards exceeded:

4	<ul style="list-style-type: none"> • 115.231 - Employee training • 115.263 - Reporting to other confinement facilities • 115.273 - Reporting to residents • 115.286 - Sexual abuse incident reviews
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Number of standards met:

37

Number of standards not met:

0

POST-AUDIT REPORTING INFORMATION

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-10-24
2. End date of the onsite portion of the audit:	2022-10-25

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<p>Interim Director, SAFE SPACE. The interviewee stated that SAFE SPACE victim advocates have had minimal contact with WATCH/CCP West clients and the majority of such calls were information seeking, as opposed to, seeking services.</p> <p>SAFE SPACE victim advocates complete a 40-hour training session presented by SAFE SPACE staff prior to contact with clients.</p> <p>Additionally, SAFE SPACE imposes additional training on an annual basis. Victim advocates also complete the National Institute of Corrections on-line class regarding Victim-Centered advocacy.</p> <p>The interviewee did validate that the CCCS PC has discussed victim advocate training with her on previous occasions.</p>

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	171
15. Average daily population for the past 12 months:	133

16. Number of inmate/resident/detainee housing units:	4
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	171
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	4
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2

41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	1
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	1
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0

<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>None.</p>
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Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit

<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>44</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>2</p>
<p>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>1</p>
<p>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</p>	<p>None.</p>

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

<p>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>10</p>
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<p>54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Race</p> <p><input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input type="checkbox"/> Length of time in the facility</p> <p><input type="checkbox"/> Housing assignment</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p>55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</p>	<p>Interviewees were selected from all four housing units. Numbers were balanced against targeted interviews.</p>
<p>56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>None.</p>
<p>Targeted Inmate/Resident/Detainee Interviews</p>	
<p>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</p>	<p>11</p>

As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".

<p>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>3</p>
<p>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>2</p>
<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>

<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During random staff and medical staff interviews, the auditor learned that zero clients with hearing deficiencies were housed at WATCH/CCP West during the on-site audit. As the auditor spoke with random clients during the facility tour, he did not detect any obvious hearing deficiencies.</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to staff interviews and observation throughout the on-site audit, the auditor learned that zero non-English speaking clients were housed at WATCH/CCP West during the on-site audit.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>2</p>

<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>1</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>1</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the facility tour, the auditor observed an area comprised of multiple "holding cells". Reportedly, these cells are not locked and clients can move about the unit unescorted. Operationally, the area is managed much like a general population unit. Clients may be placed in that area for multiple reasons, inclusive of COVID-19 quarantine, etc. The auditor finds no evidence indicating that this area is designated as segregated housing/isolation. Furthermore, he did not find that any occupants housed in the area during the on-site visit were housed for PREA considerations.</p>
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<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>None.</p>
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Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None </p>
<p>If "Other," describe:</p>	<p>Race, ethnicity, secondary languages spoken.</p>

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>None.</p>
<p>Specialized Staff, Volunteers, and Contractor Interviews</p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>9</p>
<p>76. Were you able to interview the Agency Head?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>The Agency Head has previously been interviewed and the CCCS PC continues to validate the status as to whether the information provided is current.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p>

a. Explain why it was not possible to interview the PREA Coordinator:	The CCCS PC has previously been interviewed and he continues to validate the status as to whether the information provided is current. He was on-site for this audit.
79. Were you able to interview the PREA Compliance Manager?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

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

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

	<input checked="" type="checkbox"/> Intake staff <input type="checkbox"/> Other
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	1
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	1
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<p>83. Provide any additional comments regarding selecting or interviewing specialized staff.</p>	<p>As reflected in the narrative for 115.232, the auditor was not able to contact the second volunteer as he did not return the call despite two attempts. Messages were left on the individual's voice mail with no return call. The auditor notes that one contractor and two volunteers were on board at WATCH/CCP West during the on-site audit.</p>
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SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

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

<p>84. Did you have access to all areas of the facility?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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Was the site review an active, inquiring process that included the following:

<p>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
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<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>None.</p>
<h2 style="text-align: center;">Documentation Sampling</h2>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>12 staff Human Resources files; 11 staff training files; 12 random client files.</p>

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

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

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	2	0	2	0
Staff-on-inmate sexual harassment	0	0	0	0
Total	2	0	2	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

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

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	1	0	1
Staff-on-inmate sexual harassment	0	0	0	0
Total	0	1	0	1

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

0

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

Zero sexual abuse allegations during the last 12 months.

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
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Inmate-on-inmate sexual abuse investigation files

<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
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Staff-on-inmate sexual abuse investigation files

<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>0</p>
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<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
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Sexual Harassment Investigation Files Selected for Review

<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
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<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
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Inmate-on-inmate sexual harassment investigation files

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
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<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
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Staff-on-inmate sexual harassment investigation files

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

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No
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Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)

A third-party auditing entity (e.g., accreditation body, consulting firm)

Other

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 579 349">Auditor Discussion</p> <p data-bbox="280 394 1485 757">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 the policy includes 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 clients.</p> <p data-bbox="280 797 1251 831">WATCH/CCP West PREA Policy 3-1, pages 1-10 addresses 115.211(a).</p> <p data-bbox="280 871 1481 1189">Pursuant to the PAQ, the PA self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement facilities. The PA further self reports the CCCS PREA Coordinator (CCCS PC) is in the agency's organizational structure and the auditor verified the same pursuant to review of the CCCS Organizational Chart. The PA also self reports a PREA Compliance Manager (PCM) is assigned at WATCH/CCP West.</p> <p data-bbox="280 1245 1477 1485">Pursuant to the CCCS Organizational Chart, the CCCS PC reports to the Director of Development, Administration, and Contract Management who reports directly to the Chief Executive Officer (CEO). The auditor finds that the CCCS PC has sufficient access to upper corporate management to address "all things PREA". The auditor notes that the Director of Development, Administration, and Contract Management position is currently vacant and as such, the CCCS PC reports directly to the CEO.</p> <p data-bbox="280 1525 1465 1722">The auditor's review of the WATCH/CCP West Organizational Chart reveals the WATCH/CCP West PCM is in the facility's organizational structure (reports to the PA). Additionally, the PA self reports that the PCM has sufficient time and authority to develop, implement, and oversee facility efforts to comply with the PREA standards at WATCH/CCP West.</p> <p data-bbox="280 1762 1465 2047">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. Eight PCMs and one Compliance/PREA Specialist report to him and facilitate PREA-related duties at the respective facilities. As PC, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of Staffing Plans is a critical step when confronted with any PREA issue, as well as, review of camera needs and placements.</p>

The PCM asserts that she does have sufficient time to manage her PREA-related responsibilities. Specifically, she makes daily management by wandering around (MBWA) tours throughout the facility and during such tours, she is accessible to both staff and clients. During MBWA tours, she assesses the entire facility in terms of blind spots, ensures that specific posters and information is/are current, and ensures that all staff are in possession of their laminated 1st Responder cards.

In addition to the above, she schedules and facilitates PREA training for clients, inclusive of comprehensive training within one week of arrival at WATCH/CCP West.

Whenever she identifies potential PREA issue(s), the PCM alerts the PA to the same and subsequently initiates corrective action if the same is within her purview.

Monetary expenditures are approved by the PA.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.211.

115.212	Contracting with other entities for the confinement of residents
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract for confinement of clients assigned to CCCS custody and control since the last PREA audit. Accordingly, the auditor has been determined that 115.212(a) and (b) are not applicable to WATCH/CCP West.</p> <p>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.</p> <p>Accordingly, the auditor finds WATCH/CCP West substantially compliant with 115.212.</p>

115.213	Supervision and monitoring
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1426 539">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 clients against sexual abuse. The PA self reports the average daily number of clients since the last PREA audit is 133 and the average daily number of clients on which the staffing plan is predicated is 171.</p> <p data-bbox="280 580 1422 651">WATCH/CCP West Policy 3-1 entitled PREA General Requirements, pages 7 and 8, section V(B)(5) addresses 115.213(a).</p> <p data-bbox="280 692 1469 976">The auditor's review of the January 20, 2021 WATCH/CCP West PREA Staffing Plan and July 1, 2022, WATCH/CCP West PREA Staffing Plan Review reveals the facility meets standard expectations. Review of the above 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, as well as, temporary cancellation of programs and services.</p> <p data-bbox="280 1016 1442 1088">Of note, the staffing plans are reviewed and signed by the CCCS PC, as evidenced by the actual plans.</p> <p data-bbox="280 1128 1469 1328">The PA asserts the facility does have a staffing plan and the plan is adequate to protect clients against sexual abuse. The same piggy backs on the Montana Department of Corrections (MDOC) contract. Effective and strategic assignment of staff minimizes the impact of blind spots, etc. Video monitoring is considered in the plan and addressed pursuant to Sexual Abuse Review Team (SART) reviews.</p> <p data-bbox="280 1368 1410 1440">At least one behavioral technician (bt) is assigned to each unit. Treatment staff augment coverage until 6:00PM. Staffing is sufficient on all shifts.</p> <p data-bbox="280 1480 1415 1597">With the completion of the video surveillance upgrade, 63 cameras are used to surveil the facility. Of note, the camera system alerts regarding certain security features.</p> <p data-bbox="280 1637 1465 1794">The staffing plan is documented and a hard copy is maintained by the PA with electronic copies available to the PCM, behavioral technician coordinator (btc), and clinical treatment coordinator (ctc). Additionally, a copy of the same is maintained in the corporate office.</p> <p data-bbox="280 1834 1465 1951">The PA and the PCM assert that the following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:</p> <ol data-bbox="280 1991 794 2024" style="list-style-type: none"> 1. The physical layout of the facility

Units and areas of client congregation are always supervised by staff. There are three hallways in each unit and all are clearly observable from the bubble and most groups are facilitated in the unit common area. Security rounds are facilitated at least hourly by the bt assigned to each unit. Treatment staff [one counselor technician (ct), two licensed addition counselors (lac), and a case manager (cm) also provide intermittent supervision. The PA, CCCS PC, and PCM always assess the facility regarding blind spots.

Blind spots, office locations and the existence of windows in doors, Laundry Room locations, and hallways are primary considerations. The goal with respect to video surveillance is accomplishment of portal to portal coverage. Monitoring of both staff and clients from entry to exit is the goal.

Given the dynamics mentioned in the narrative for 115.218, all clients traverse hallways in groups. Staff monitor movement, providing direct and obvious security presence in Food Service.

2. The composition of the client population

The client population is primarily comprised of caucasians and native americans. Approximately 10 percent of the client population is Hispanic with a handful of Black clients. Any increases in gang members and "wannabes" may warrant additional monitoring and minimally, realignment of resources may be warranted however, that segment of the population is not unmanageable. The LGBTI and sexual offender population is likewise closely monitored for victimization and/or sexual aggression and the same does not represent a concern. Realignment of resources may likewise be required for various management reasons. Client movement patterns within the facility are also a consideration.

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

Two sexual abuse/harassment allegations were reported during the last 12 months. As part of the SART process, as well as routine rounds, areas wherein sexual abuse/harassment incidents occurred are assessed. Zero recommendations were identified by the SART team. Such incidents are closely monitored to identify trends, etc.

Any other relevant factors

There are no other relevant factors.

The PA asserts the btc and on-call administrative staff monitor staffing plan compliance on a daily basis and alert the PA to any areas of concern. A strategy is developed to cover the vacancy and, if necessary, the on-call administrative staff, PA, or the ctc will fill the vacancy. Overtime is generally the last resort. A Deviation Form is completed whenever a vacancy occurs, complete with rationale and strategy used to fill the same.

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 self reports the six most common reasons for deviating from the staffing plan in the last 12 months are as follows:

Vacation;

Sick leave;

Medical transports;

Fill in for treatment groups; l

Lack of staff; and

COVID-19 reliefs.

WATCH/CCP West Policy 3-1, page 8 section V(B)(6) addresses 115.213(b).

The auditor's review of nine 2022 CCCS WATCH/CCP West 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.

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/CCP West PREA Policy 3-1, page 8, section V(B)(7) addresses 115.213(c).

The PCM asserts the staffing plan is reviewed at least once every year and she is part of the review process. The PA actually writes the plan and she assists with the same.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.213.

115.215	Limits to cross-gender viewing and searches
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1445 499">Pursuant to the PAQ, the PA self reports the facility does not conduct cross-gender strip or cross-gender visual body cavity searches of clients. In the last 12 months, the PA self reports zero cross-gender strip or cross-gender visual body cavity searches of clients were facilitated by WATCH/CCP West staff.</p> <p data-bbox="280 539 1434 651">WATCH/CCP West PREA Policy 3-1, page 8, section V(B)(8) addresses 115.215(a). The auditor notes that this policy stipulates the language of 115.215(a), allowing for such searches in exigent circumstances.</p> <p data-bbox="280 692 1481 851">The non-medical staff involved in cross-gender strip or visual searches interviewee asserts when a client is believed to be carrying dangerous contraband (e.g. shank or drugs) in his rectum, the same would constitute an exigent circumstance, thereby warranting a cross-gender strip or visual search if same sex staff are not available.</p> <p data-bbox="280 891 1426 965">The auditor's review of Exigent Circumstances Logs validated the PA's statement above regarding the frequency of such searches.</p> <p data-bbox="280 1005 1437 1162">Pursuant to the PAQ, the PA self reports the facility does not house female clients. The auditor's facility tour and random client interviews validated the fact female clients are not housed at WATCH/CCP West. Accordingly, the auditor finds 115.215(b) is not applicable to WATCH/CCP West.</p> <p data-bbox="280 1202 1469 1402">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 clients are documented although zero female clients are housed at WATCH/CCP West.</p> <p data-bbox="280 1442 1418 1476">WATCH/CCP West PREA Policy 3-1, page 8, section V(B)(9) addresses 115.215(c).</p> <p data-bbox="280 1516 1477 1756">As referenced in the narrative for 115.215(a), zero cross-gender visual or body cavity searches of clients were conducted during the last 12 months. Additionally, cross-gender pat searches of female clients are not conducted at WATCH/CCP West in view of the aforementioned client gender demographics however, policy requires documentation of the same in circumstances wherein female clients are housed at a facility.</p> <p data-bbox="280 1796 1481 2078">Pursuant to the PAQ, the PA self reports the facility has implemented policies and procedures that enable clients 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 (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.</p>

WATCH/CCP West PREA Policy 3-1, page 9, section V(B)(11 and 12) addresses 115.215(d).

All 10 random client interviewees state female staff announce their presence when entering housing areas. Additionally, clients are not naked, or in full view, of female staff (not including medical staff such as doctors or nurses) when showering, toileting, or changing clothes.

All 12 random staff interviewees state female staff announce their presence when entering a housing unit that houses clients of the opposite gender. Additionally, clients 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 female staff announce their presence stating, "Female on the floor" or some equivalent.

During the facility tour, the auditor observed that curtains shielded clients from exposure in showers and partitions with doors separate toilets. Privacy is maintained pursuant to the same.

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

WATCH/CCP West PREA Policy 3-1, page 9, section V(B)(10)(b) addresses 115.215(e).

All 12 random staff interviewees state they are aware staff are prohibited from searching or physically examining transgender/intersex clients for the sole purpose of determining the client's genitalia.

The transgender client interviewee states she has not been placed in a housing area designated for transgender/intersex clients. Additionally, she has no reason to believe she was strip-searched for the sole purpose of determining her genital status.

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 clients in a professional and respectful manner, consistent with security needs. This training also pertains to strip of visual searches of the transgender/intersex clients.

WATCH/CCP West PREA Policy 3-1, page 9, section V(B)(13) and (a) addresses 115.215(f).

The auditor's random review of 11 Staff Development & Training Record Forms (covering 2022) reveals staff understand Gender Responsive Strategies and conducting cross-gender pat-down searches and searches of transgender and intersex clients in a professional and respectful manner, consistent with security needs. This training was provided to staff representing several different institutional

disciplines, inclusive of bts.

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 state they received training on how to conduct cross-gender pat down and searches of transgender/intersex clients in a professional and respectful manner. Generally, training was presented in a combination of video, Power Point, and/or demonstration formats. Training was reportedly given during 2020, 2021, and/or 2022.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.215.

<p>115.216</p>	<p>Residents with disabilities and residents who are limited English proficient</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the PA self reports the agency has established procedures to provide disabled clients equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.</p> <p>WATCH/CCP West PREA Policy 3-3 entitled Intake Screening, pages 2 and 3, section II(A)(2) addresses 115.216(a).</p> <p>The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2017 between CCCS and a special education teacher with the Butte Public School System reveals substantial compliance with 115.216(a). This MOU addresses those clients who may be low functioning or somewhat cognitively impaired.</p> <p>The auditor's review of the large print CCCS PREA Handbook reveals the same provides assistance to those clients with low vision.</p> <p>The Agency Head asserts the agency has established procedures to provide clients with disabilities and clients who are Limited English Proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with LanguageLink, compliance regarding LEP clients is accomplished. In terms of MOUs for cognitively impaired, low functioning clients, there is a corporate agreement with a special education teacher to provide services to this population, when necessary.</p> <p>All six clients with disabilities or who are limited English Proficient (LEP) interviewees (one physically disabled, one blind, one low vision, one low functioning, and two cognitively impaired) state the facility provides information about sexual abuse/harassment that they are able to understand.</p> <p>Pursuant to two random client interviewees selected by the auditor during the facility tour, PREA information is readily available and presented in understandable formats.</p> <p>During the facility tour, the auditor noted that posters and PREA information is posted at an appropriate height, allowing wheel-chair bound clients the opportunity to read the same. Similarly, posters and other informational sources are legible and readable. PREA materials appear to be written at an appropriate literacy level.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.216(a).</p> <p>Pursuant to the PAQ, the PA self reports the agency has established procedures to</p>
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provide LEP clients 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/CCP West PREA Policy 3-3 entitled Intake Screening, page 3, section II(A)(3) addresses 115.216(b).

The auditor's review of the contract between CCCS and LanguageLink Interpreter Services for provision of services to non-English speaking clients reveals services for 240-plus languages are provided pursuant to this service. Access to LanguageLink is facilitated by staff from staff office telephones. The auditor did test the LanguageLink line from the PCM's office. The auditor did listen to the menu and heard the dialogue between the PCM and LanguageLink staff.

As LanguageLink is minimally used, a cost is attached to each contact with an interpreter. Accordingly, the line was tested to the point just prior to contact with an interpreter. The auditor notes that client personal information is not required with this procedure.

The PA advises pursuant to PAQ memorandums, WATCH/CCP West has not provided an interpreter during the last 24 months.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.216(b).

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

WATCH/CCP West PREA Policy 3-3 entitled Intake Screening, page 3, section II(A)(4) addresses 115.216(c).

All 12 random staff interviewees state the agency does allow the use of client interpreters, readers, and assistants to assist disabled clients or LEP clients when making an allegation of sexual abuse/harassment. Interviewees cited a delay in obtaining an effective interpreter could either compromise the client's personal safety or impede the investigation of the client's allegations.

All 12 interviewees state, to the best of their knowledge, client interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/

harassment during the last 12 months.

In view of the above, the auditor finds WATCH/CCP West to be substantially compliant with 115.216.

115.217	Hiring and promotion decisions
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1458 461">Pursuant to the PAQ, the PA self reports agency policy prohibits hiring or promoting anyone who may have contact with clients and prohibits enlisting the services of any contractor who may have contact with clients who:</p> <ul data-bbox="280 497 1433 779" style="list-style-type: none"> <li data-bbox="280 497 1385 573">Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; <li data-bbox="280 577 1433 698">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 <li data-bbox="280 703 1401 779">Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet. <p data-bbox="280 815 1391 851">CCCS Policy 1.3.1.12, pages 1 and 2, section IV (B)(1-3) addresses 115.217(a).</p> <p data-bbox="280 887 1471 1133">The auditor's on-site review of six of 12 random staff files reveals substantial compliance with 115.217(a). In another five of the 12 cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle and accordingly, the same are not considered for this audit cycle. The questions articulated in 115.217(a) and (b) were asked with responses documented by staff in three of the four random promotion cases.</p> <p data-bbox="280 1169 1449 1415">As reflected in the narrative for 115.232, there is one contractor at WATCH/CCP West. The auditor's review of his Disclosure of PREA Employment Standards Violation form dated June 1, 2022 reveals the three questions articulated in 115.217(a) and the sexual harassment question articulated in 115.217(b) were asked and he responded in the negative to all questions. However, the contractor commenced services on November 2, 2020.</p> <p data-bbox="280 1451 1458 1697">Pursuant to follow-up with the CCCS PC, it appears that the Disclosure of PREA Employment Standards Violation form was not completed prior to or on the date of the contractor's selection but rather, the same was completed when staff realized the omission. Accordingly, there is no evidence that 115.217(a) and (b) considerations were taken into account at the time the lone contractor was selected.</p> <p data-bbox="280 1733 1461 1980">In view of the above, the auditor finds WATCH/CCP West non-compliant with 115.217(a) and (b). As the contractor selection occurred during the instant audit period, the auditor imposes a 180-day corrective action period wherein WATCH/CCP West staff will demonstrate compliance with and institutionalization of the requirements of 115.217(a) and (b) relative to contractors. The due date for completion of this corrective action is May 5, 2023.</p> <p data-bbox="280 2016 1375 2092">To demonstrate compliance with 115.217(a) and (b), the PCM or CCCS PC will provide training to the selecting official/all stakeholders regarding contractor</p>

selection and the PREA nuances of 115.217(a) and (b). Specifically, all contractors must complete the Disclosure of PREA Employment Standards Violation form in accordance with the aforementioned policy.

Subsequent to completion of this training, the PCM or CCCS PC will upload a copy of the training materials into OAS, as well as, training certifications demonstrating that stakeholders received the requisite training. Additionally, the PCM or CCCS PC will upload into OAS the completed relevant form when additional contractors are selected between the date of this interim report and May 5, 2023. The auditor will then effect a compliance decision.

Of note, the auditor's review of either criminal background records checks or five-year re-investigations reveals non-existence of guilt regarding the three questions articulated in 115.217(a) and 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 clients.

CCCS Policy 1.3.5.12 entitled PREA, page 5, section entitled Hiring and Promotion Decisions, paragraph b addresses 115.217(b).

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

As reflected in the narrative for 115.217(a), the auditor also finds WATCH/CCP West non-compliant with 115.217(b). The same corrective action is applicable to 115.217(b).

January 18, 2023 Update:

Pursuant to the auditor's review of a CCCS memorandum dated December 15, 2022 (uploaded to OAS), the selecting manager for medical contractors was provided training as validated by the above memorandum. The hiring manager has signed the same, attesting to her review of the memorandum.

The CCCS PC advises that zero contractors have been selected since the date of the interim report.

In view of the above, the auditor finds that corrective action is now complete and WATCH/CCP West is now compliant with 115.217(a) and (b).

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

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

The PA further self reports in the last 12 months, 16 staff who may have contact with clients, have been subjected to criminal background record checks.

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

The HR interviewee states the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with clients and all employees, who may have contact with clients, who are considered for promotion. The same procedure applies to contractors who may have contact with clients.

Of the applicable random staff files reviewed by the auditor (seven hired between 2019 and 2022), all criminal background record checks were completed either prior to or near the date of hire (within one week of hire). None of the 115.217(a) and (b) issues were reflected in any of the criminal background record checks reviewed.

Of the 12 random staff files reviewed by the auditor, one applicant documented a prior institutional employer and a verification request was forwarded to the previous employer prior to the date of hire. According to documentation, the prior institutional employer would not provide the requested 115.217(c) information.

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 clients. The PA further self reports, in the last 12 months, there was one contract for services where a criminal background record check was conducted.

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

According to the CCCS PC, the medical contractor works with an agency who provides medical services to CCCS pursuant to an agreement. He commenced his contracting work through Southwest Medical Center for WATCH/CCP West on November 2, 2020.

The afore-referenced individual's criminal background record check reflects zero violations of 115.217(a) and (b) requirements.

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 clients or that a system is in place for otherwise capturing such information for current employees.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance

Check, page 2, section IV(C) addresses 115.217(e).

The HR interviewee states the Montana Department of Justice (DOJ) and National Lookup for Sexual Abuse Registry staff conduct criminal background record checks for current employees and contractors who may have contact with clients.

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

The auditor 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 115.217(a) in a State other than Montana.

Accordingly, in an effort to facilitate the best hiring/promotion decision-making, the auditor recommends that a different background check procedure be implemented.

As an example, utilization of NCIC would provide a better snapshot from a national perspective. This is recommended as a PREA "Best Practice" in an attempt to facilitate sexual safety at WATCH/CCP West.

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/CCP West, given the ramifications of 115.217(d) and (e). Provision of the best practice is certainly advantageous to MDOC, as well as, WATCH/CCP West.

The auditor's review of four five-year re-investigations applicable to random staff reveals substantial compliance with 115.217(e) in all cases. Accordingly, the auditor finds WATCH/CCP West substantially compliant with this provision. A five-year reinvestigation is not yet due for the contractor.

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

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

As previously indicated in the narrative for 115.217, the auditor reviewed 12 random staff HR files to determine compliance with the totality of 115.217. Nine of the 12 files included the above properly executed form for calendar year 2021. In regard to the three remaining files, the employees had not yet participated in the evaluation process as of the dates of the on-site audit.

The auditor finds the aforementioned evidence sufficient to substantiate compliance with 115.217(f).

The HR interviewee states the facility asks all applicants and employees who may have contact with clients 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 115.217(g).

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses the majority of 115.217, inclusive of 115.217(g). The auditor's random review of completed documents (relative to the 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 2021 and some of 2022.

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

In view of the above, the auditor finds WATCH/CCP West non-compliant with 115.217.

115.218	Upgrades to facilities and technology
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 456">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.</p> <p data-bbox="280 497 1449 568">WATCH/CCP West Policy 15-8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).</p> <p data-bbox="280 609 1401 680">In view of the above, the auditor finds 115.218(a) not applicable to WATCH/CCP West.</p> <p data-bbox="280 721 1461 837">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 the last PREA audit.</p> <p data-bbox="280 878 1449 949">WATCH/CCP West Policy 15-8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).</p> <p data-bbox="280 990 1461 1196">Currently, there are 63 cameras (inside and outside) scattered throughout the facility. Historically, the 1st Shift Security Supervisor and the auditor spoke regarding camera placements and coverage during a previous audit. At that time, he (1st Shift bt supervisor) advised a camera upgrade analysis had been facilitated and he thought a proposal had been submitted to CCCS leadership.</p> <p data-bbox="280 1236 1461 1397">The auditor did review the proposal and the increase in cameras and coverage was substantial. According to the 1st Shift bt supervisor, he and the vendor representative had jointly facilitated the analysis, taking into account sexual safety considerations.</p> <p data-bbox="280 1438 1461 1554">At that time, the auditor was advised by the CCCS PC that the building is owned by the State of Montana and accordingly, approval to proceed would have to be granted by MDOC.</p> <p data-bbox="280 1594 1449 1666">At the time of the instant audit, the camera project is complete. Based on the above, the auditor finds WATCH/CCP West substantially compliant with 115.218(b).</p> <p data-bbox="280 1706 1433 1823">Pursuant to observation/review of staffing/review of the PREA program at WATCH/CCP West/ and review of current camera coverage, it appears that supervision is adequate.</p> <p data-bbox="280 1863 1410 1935">As there are currently no deviations from 115.218, the auditor finds WATCH/CCP West substantially compliant with 115.218.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1453 584">Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including client-on-client sexual abuse or staff sexual misconduct). Criminal investigations are conducted by the Anaconda/Deer Lodge County Law Enforcement Department (ADLC LEA). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.</p> <p data-bbox="280 622 1353 696">WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 8, section II(E)(1) addresses 115.221(a).</p> <p data-bbox="280 734 1430 896">As previously mentioned, ADLC LEA investigators secure all crime scene physical evidence. Commensurate with 115.264(a), WATCH/CCP West staff assist in the evidence process (evidence preservation) pursuant to the protocol defined in the aforementioned standard provision.</p> <p data-bbox="280 934 1433 1133">Nine of the 12 random staff interviewees properly state their role in the uniform evidence protocol includes separation of the victim and perpetrator, securing the crime scene, requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.</p> <p data-bbox="280 1171 1422 1332">Eleven of 12 random staff interviewees properly state the CCCS PC facilitates administrative sexual abuse/harassment investigations while all 12 interviewees state ADLC LEA investigators facilitate criminal sexual abuse/sexual harassment investigations.</p> <p data-bbox="280 1370 1465 1615">Pursuant to the PAQ, the PA self reports no youth are housed at WATCH/CCP West and accordingly, 115.221(b) is not applicable. The PA further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.</p> <p data-bbox="280 1653 1469 1769">The auditor's review of an MOU between CCCS and ADLC LEA specifically addresses tenets of 115.221(b). The MOU is dated September 12, 2022. The auditor finds WATCH/CCP West substantially compliant with 115.221(b).</p> <p data-bbox="280 1807 1469 2092">Pursuant to the PAQ, the PA self reports the facility offers to all clients 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 and when SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. All of the above is clearly articulated in an MOU with St. James Healthcare. According to the PA, zero forensic medical examinations were</p>

conducted during the last 12 months.

The auditor's review of a letter dated August 11, 2021 from the Director of Emergency/Trauma Services at St. James Healthcare 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/CCP West PREA Policy 3-4 entitled Reporting, page 8, section II(E)(3) addresses 115.221(c).

According to the SAFE/SANE interviewee, she and her team of five SANE trained nurses are responsible for conducting all forensic medical examinations for WATCH/CCP West. The SANE nurses are provided SANE Orientation training.

Trained SANE nurses are available on a 24 hour, seven days per week basis.

Therefore, coverage is continuous. However, in the unlikely event a SANE cannot report for an examination, an Emergency Room (ER) physician could supervise an ER nurse who completed the evidence collection course to facilitate the forensic examination.

According to the interviewee, STD evaluation and preventative care, HIV testing, as well as, options for counseling are included in the SANE forensic examination.

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

WATCH/CCP West PREA Policy 3-4 entitled Reporting, pages 8 and 9, section II(E)(4) addresses 115.221(d).

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

In addition to the above, the auditor's review of two tests [PREA Resource Center (PRC)] course entitled PREA and Victim Services: A Trauma Informed Approach) and accompanying training certifications reveals two staff can provide services in the absence of Safe Space vas.

The PCM asserts there is an MOU between WATCH/CCP West and Safe Space regarding provision of va services for clients in need of the same. Additionally, two facility vas are PRC trained for this purpose.

The CCCS PC maintains contact with Safe Space regarding vas utilized by the agency. This includes discussions regarding training.

The client interviewed for reporting alleged sexual abuse at WATCH/CCP West asserts he was not sexually abused. Accordingly, provision of va services was not necessary pursuant to the standard.

The auditor notes that given the circumstances of the alleged incident, the allegation was synonymous with sexual harassment, as opposed to, sexual abuse. The victim was not removed from the facility for a forensic examination nor was he removed for investigation by ADLC LEA.

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

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 9, section II(E)(5) addresses 115.221(e). Additionally, 115.221(e) requirements are clearly articulated in the aforementioned CCCS MOU with Safe Space.

The PCM self reports that 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 and investigatory interviews. The same is accommodated pursuant to an MOU with Safe Space or two PRC trained staff.

As reflected throughout this narrative, the CCCS PC facilitates administrative investigations. ADLC LEA investigators facilitate criminal investigations pursuant to a carefully scripted MOU.

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 9, section II(E)(6) addresses 115.221(f).

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

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.221.

115.222	Policies to ensure referrals of allegations for investigations
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1461 622">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 client-on-client and staff sexual misconduct). In the last 12 months, two allegations of sexual abuse or sexual harassment were received and the same were administratively investigated. Zero allegations were referred for criminal investigation. Both administrative investigations were reportedly completed and the auditor validated completion of the same.</p> <p data-bbox="280 663 1374 739">WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 3, section II(A)(14) addresses 115.222(a).</p> <p data-bbox="280 779 1417 891">The Agency Head interviewee asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse.</p> <p data-bbox="280 931 1481 1133">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 staff or client interviews. Criminal investigations are facilitated by ADLC LEA investigators, taking into account a higher standard of evidence and possible referral for prosecution.</p> <p data-bbox="280 1173 1469 1541">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.</p> <p data-bbox="280 1581 1374 1657">WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 3, section II(A)(15) addresses 115.222(b).</p> <p data-bbox="280 1697 1477 1980">The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. ADLC LEA investigators facilitate all criminal sexual abuse investigations. If the CCCS PC determines there may be criminal implications/overtones/potential violation of state criminal code, he refers the matter to ADLC LEA investigators.</p> <p data-bbox="280 2020 1461 2096">The auditor's review of the aforementioned MOU between WATCH/CCP West and ADLC LEA describes the responsibilities of both WATCH/CCP West investigative staff</p>

and the investigative agency.

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

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.222.

115.231	Employee training
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1437 416">Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with clients on:</p> <ol data-bbox="280 456 1477 1070" style="list-style-type: none"> 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) Client's rights to be free from sexual abuse and sexual harassment; 4) The right of clients 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 clients; 9) How to communicate effectively and professionally with clients, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming clients; and 10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities. <p data-bbox="280 1111 1477 1187">WATCH/CCP West PREA Policy 3-6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).</p> <p data-bbox="280 1227 1461 1384">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 Curriculum and Outline and video entitled, "What You Need to Know" address this subject-matter.</p> <p data-bbox="280 1424 1430 1751">All 12 random staff interviewees state they have received training regarding the aforementioned PREA topics either during orientation training conducted at corporate or the facility, training received pursuant to review of policies and pamphlets during a "shadow period" facilitated at WATCH/CCP West, or during annual PREA refresher training (ART). All interviewees who were hired within the last 12 months completed PREA training prior to solo client contact. One interviewee shadowed a tenured employee while completing PREA orientation training.</p> <p data-bbox="280 1787 1461 1863">The auditor notes WATCH/CCP West staff receive a plethora of PREA training, piecemealed by month throughout the calendar year.</p> <p data-bbox="280 1899 1477 2065">The auditor's review of seven applicable random staff training files (staff hired since 2019) reveals completion of PREA orientation training prior to client contact. Staff represented all facility disciplines. The auditor's review of nine of 11 Staff Development and Training Forms relative to staff completions of PREA ART during</p>

2022 reveals substantial compliance with 115.231. The two remaining staff recently completed PREA orientation training and were not yet due for PREA ART.

The auditor's review reveals that 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.

Pursuant to the PAQ, the PA self reports training is tailored to the gender of the clients at the facility. All employees who are reassigned from other facilities receive PREA training unique to the male gender client population at WATCH/CCP West.

WATCH/CCP West 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 client population. Additionally, the WATCH/CCP West PCM self reports zero staff transferred from opposite gender facilities during the last 24 months.

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

The CCCS PC asserts no employees transferred to WATCH/CCP West from a female facility within the last 24 months.

Pursuant to the PAQ, the PA self reports 40 staff, who may have contact with clients, were trained or retrained in PREA requirements. This equates to 100% of staff.

Between trainings, staff are expected to periodically review policies. All staff receive PREA orientation (Pre-Service) training shortly after hire and prior to client contact. Annual PREA Refresher training (ART) is conducted annually.

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

WATCH/CCP West 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 clients, understand the training they received through employee signature or electronic verification.

WATCH/CCP West PREA Policy 3-6 entitled Training, page 2, section II(D) addresses 115.231(d)

The auditor's review of relevant training records (Staff Development and Training Forms) clearly reveals verbiage regarding the employee's understanding of the subject-matter presented. The employee signs and dates the document attesting to his/her understanding.

	<p>In view of the above, the auditor finds WATCH/CCP West exceeds standard expectations with respect to 115.231.</p>
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115.232	Volunteer and contractor training
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1453 542">Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with clients 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 two volunteers and one contractor have provided services at WATCH/CCP West during the last 12 months.</p> <p data-bbox="280 577 1358 654">WATCH/CCP West PREA Policy 3-6 entitled Training, page 2, section II(E)(1-3) addresses 115.232(a).</p> <p data-bbox="280 689 1442 810">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.</p> <p data-bbox="280 846 1465 1093">The auditor's review of completed 2022 documents entitled PREA Compliance Acknowledgments reveals substantial compliance with 115.232. The same addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. Additionally, the auditor's review of signed and dated 2022 Volunteer/Contractor Acknowledgment forms reveals substantial compliance with 115.232. Clearly, the "I understand" caveat is included in the same.</p> <p data-bbox="280 1128 1465 1460">One volunteer interviewee states she watched the PREA video entitled "What You Need to Know" and signed the aforementioned Volunteer/Contractor Acknowledgment forms. The Acknowledgment forms are a reminder of PREA responsibilities as articulated in the video. Additionally, upon each entry into the facility, volunteers and contractors sign a CCCS PREA Compliance Acknowledgment Form wherein they are once again reminded of PREA definitions and obligations, as well as, reporting requirements. Minimally, they are advised of the zero tolerance policy regarding sexual abuse/harassment of clients and reporting options.</p> <p data-bbox="280 1496 1465 1818">The contract interviewee states that during 2022, he did receive PREA refresher training about his responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per agency policy and procedure. Specifically, he received initial PREA training in 2020, 2021, and 2022. The training was provided in Power Point and lecture format. The same included narrative regarding the agency's zero tolerance posture towards sexual abuse/harassment of clients, reporting options, definitions of sexual abuse/harassment, impact of sexual abuse/harassment on the client population, etc.</p> <p data-bbox="280 1854 1442 1930">The auditor was unable to complete the second volunteer interview as he left two messages and did not receive a return call from the individual.</p> <p data-bbox="280 1966 1442 2087">Of note, the volunteers did not provide services during the COVID-19 pandemic. Accordingly, they received the aforementioned training prior to resuming service provision.</p>

The medical contractor completed the PREA orientation training on June 1, 2022. The same is validated by a Staff Development and Training Record signed and dated by the contractor, attesting to his understanding of the subject-matter presented. The auditor notes, however, that he provided services as a contractor commencing in November, 2020 and there is no evidence of requisite training prior to provision of services at that time.

In view of the above, the auditor finds WATCH/CCP West non-compliant with 115.232(a). While corrective action has been implemented to rectify the deviation in terms of the training, the auditor imposes additional corrective action intended to ensure institutionalization of 115.232(a) requirements and policy. Accordingly, the 180-day corrective action period concludes on May 5, 2023.

To complete compliance and institutionalization, the PCM or CCCS PC will provide appropriate training regarding the nuances of 115.232(a), ensuring that stakeholders are aware of the obligation to provide PREA training to contractor staff prior to assumption of duties. A copy of the training syllabus and training documentation capturing stakeholder completion of said training will be uploaded to OAS. The training documentation will include the attendee's printed name, signature, and date of completion, at a minimum. Subsequent to completion of the same, the auditor will make a determination regarding compliance.

January 4, 2023 Update:

The auditor's review of a written memorandum to the Medical Staff Supervisor reveals compliance with 115.232(a) as PREA orientation must be completed by medical contractors who provide clinical services to clients within the first week of assumption of duties. By this action, the auditor is satisfied that the above corrective action is complete and institutionalized. Accordingly, the auditor finds WATCH/CCP West substantially compliant with 115.232(a).

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 clients. The PA further self reports volunteers and contractors, who have contact with clients, have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents. The PCM asserts that volunteers and contractors watch "What You Need to Know" and review PREA policies.

WATCH/CCP West PREA Policy 3-6 entitled Training, page 2, section II(E)(1-3) and (F) addresses 115.232(b).

A discussion of PREA training materials is reflected in the narrative for 115.232(a).

Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received. The same are addressed in the narrative for 115.232(a).

WATCH/CCP West PREA Policy 3-6 entitled Training, page 2, section II(G) addresses 115.232(c).

In view of the above, the auditor finds that WATCH/CCP West is substantially compliant with 115.232.

115.233	Resident education
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1469 416">Pursuant to the PAQ, the PA self reports clients receive information at time of intake about:</p> <p data-bbox="280 454 647 488">The zero-tolerance policy;</p> <p data-bbox="280 526 1257 560">How to report incidents or suspicions of sexual abuse or harassment;</p> <p data-bbox="280 598 1477 674">Their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents; and</p> <p data-bbox="280 712 1350 745">Regarding agency policies and procedures for responding to such incidents.</p> <p data-bbox="280 784 1469 900">The PA self reports 458 WATCH/CCP West clients were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the clients admitted to WATCH/CCP West during the last 12 months.</p> <p data-bbox="280 938 1453 1014">WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(a)(1-4) addresses 115.233(a).</p> <p data-bbox="280 1052 1477 1337">The intake staff interviewee asserts he does provide clients with information about the zero-tolerance policy regarding sexual abuse/harassment of clients and how to report incidents or suspicions of sexual abuse/harassment. The PREA Handbook and PREA pamphlet are provided at intake as a means of educating clients regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p data-bbox="280 1375 1477 1574">All 10 random client interviewees state they received information about the facility's rules against sexual abuse/harassment upon arrival. Specifically, they received the PREA Handbook and PREA pamphlet, minimally. Many interviewees state they also viewed the PREA video at intake. The auditor's random review of interviewee files reveals the aforementioned information was provided to them at intake.</p> <p data-bbox="280 1612 1433 1688">All 10 random client interviewees state that when they first arrived at the facility, they were told about:</p> <p data-bbox="280 1727 1267 1843">Their right to not be sexually abused/harassed; How to report sexual abuse/harassment; and Their right not to be punished for reporting sexual abuse/harassment.</p> <p data-bbox="280 1899 1334 1975">All 10 interviewees assert they were provided requisite information within, minimally, one week of arrival.</p> <p data-bbox="280 2013 1433 2089">The auditor's review of 12 random client files reveals all 12 clients received initial PREA education on the date of intake and PREA orientation within seven days</p>

subsequent to arrival, while one client received the same within 14 days of arrival.

The auditor's review of the WATCH/CCP West PREA Handbook reveals the same provides substantial information to each client regarding all of the key components identified in 115.233(a).

Pursuant to the PAQ, the PA self reports the facility provides clients who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports 13 clients were transferred to WATCH/CCP West from a different community confinement facility within the last 12 months and all have received refresher training. Clients receive the same PREA information when they transfer from one CCCS facility to another CCCS facility.

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

The intake staff interviewee states clients 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 states the client is alerted to the above at intake.

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

The auditor's review of one PAQ WATCH/CCP West PREA Education form completed within the last 12 months reveals the same was completed upon the client's transfer from START.

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

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(b) addresses 115.233(c). Additionally, WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, pages 2 and 3, sections II(A)(2)(3 and 4) address 115.233(c).

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

The intake staff interviewee states that during the PREA briefing, he reads materials to blind clients. He provides materials to deaf clients and requests that they read the same. A Mental Health practitioner provides assistance to cognitively impaired clients in terms of understanding of PREA materials.

Pursuant to the PAQ, the PA self reports the agency maintains documentation of

client participation in PREA education sessions.

WATCH/CCP West 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 nine PAQ 2021 and 2022 client files reveals all affected clients signed and dated a Receipt of WATCH/CCP West PREA Handbook Receipt and WATCH/CCP West PREA Education form, also completing the PREA Quiz for Clients.

All of these documents validate compliance with 115.233. Provision of a few of the above documents and completion of PREA training was late in some cases however, while on-site, the auditor learned that COVID-19 issues mitigated timely accomplishment of the same as discussion with clients was disrupted by quarantine.

The auditor's review of random client files and documentation as described throughout the narrative for 115.233 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, client handbooks, or other written formats.

WATCH/CCP West 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 client posters were included in the PAQ information and all provide relevant information. All three posters reflect the correct telephone numbers and addresses for reporting sexual abuse/sexual harassment and one poster reflects the telephone number for a support service in the event of sexual abuse. A plethora of reporting information is also included in a client brochure.

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. Additionally, printed material is legible and written in understandable terms for the WATCH/CCP West client population.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.233.

115.234	Specialized training: Investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 416">Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p data-bbox="280 454 1469 530">WATCH/CCP West PREA Policy 3-6 entitled Training, page 3, section II(I)(1) addresses 115.234(a).</p> <p data-bbox="280 568 1469 725">The administrative investigative 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. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were resolved.</p> <p data-bbox="280 763 1437 920">The criminal investigative interviewee states he completed an in-person sexual abuse investigation PREA confinement setting training that was sponsored by the State of Montana. The power point presentation, lecture, scenario-based presentation was presented in Missoula, MT in February, 2022.</p> <p data-bbox="280 958 1469 1160">The auditor's review of the National Institute of Corrections (NIC) Certificates for the CCCS PC and WATCH/CCP West PCM reveals completion of the Conducting Sexual Abuse Investigations in a Confinement Setting course. Additionally, a Development and Training Record Form for the PA reveals substantial compliance with 115.234(a) and (c).</p> <p data-bbox="280 1198 1469 1274">WATCH/CCP West PREA Policy 3-6 entitled Training, page 3, section II(I)(2) addresses 115.234(b).</p> <p data-bbox="280 1312 1469 1514">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). The administrative and criminal investigative staff interviewees assert the training they completed included the following topics:</p> <ul data-bbox="280 1552 1390 1753" style="list-style-type: none"> 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. <p data-bbox="280 1792 1437 1948">Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that investigators have completed requisite training. The PA self reports the agency maintains documentation showing one investigator has completed requisite training and the PA and PCM have also completed the same.</p> <p data-bbox="280 1986 1469 2063">WATCH/CCP West PREA Policy 3-6 entitled Training, page 3, section II(I)(3) addresses 115.234(c).</p>

	<p>In view of the above [see narrative for 115.234(a)], the auditor finds WATCH/CCP West substantially compliant with 115.234.</p>
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115.235	Specialized training: Medical and mental health care
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1430 542">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 three medical (includes one contractor) and two mental health practitioners (100%) who work regularly at the facility received the specialized training.</p> <p data-bbox="280 577 1374 654">WATCH/CCP West PREA Policy 3-5 entitled Medical and Mental Health, page 3, section III(A)(1-4) addresses 115.235(a).</p> <p data-bbox="280 689 1442 810">The medical staff interviewee states she has completed a three hour on-line PREA Resource Center (PRC) course regarding medical treatment of sexual abuse in a confinement setting. The same included the following topics:</p> <ul data-bbox="280 846 1442 1048" style="list-style-type: none"> 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. <p data-bbox="280 1084 1430 1205">The mental health interviewee states that he completed a three to four hours on-line PRC PREA and Mental Health course also. Topics were identical to those referenced above in the narrative for the medical staff interviewee.</p> <p data-bbox="280 1240 1430 1482">The auditor's review of five Staff Development and Training Record Forms for the course entitled PREA Medical and Mental Health Care Standards and one course entitled PREA: Medical and Mental Health Specialized Training reveals substantial compliance with 115.235(a). A medical contractor who commenced services provision on November 2, 2020, completed the previously referenced PREA Specialty Medical course on October 20, 2022.</p> <p data-bbox="280 1518 1477 1729">Given the time lapse between date of commencement of duties and the date of completion of the aforementioned PREA Specialty Medical course, the auditor finds WATCH/CCP West non-compliant with 115.235(a). Accordingly, the auditor imposes a 180-day corrective action period wherein WATCH/CCP West staff will demonstrate compliance with both policy and standard. The completion due date is May 5, 2023.</p> <p data-bbox="280 1765 1477 2087">While part of the corrective action is complete (completion of the requisite specialty course as reflected above), it is essential that staff stakeholders receive training regarding the nuance(s) of 115.235(a) pertaining to contract medical providers. Accordingly, to demonstrate compliance with and institutionalization of both policy and standard, the PCM will provide training to stakeholders (e.g. medical staff responsible for selection, training, and monitoring contract providers) regarding completion of PREA specialty training. Upon completion of the training, the PCM will upload a copy of the training syllabus, as well as, training certifications</p>

demonstrating compliance.

In addition to the above, the PCM will upload to OAS evidence of 115.235(a) specialty training completion for any new medical/mental health contractors selected between the date of this interim report and May 5, 2023. The auditor will subsequently make a determination regarding compliance.

January 4, 2023 Update:

The auditor's review of a written memorandum to the Medical Staff Supervisor reveals compliance with 115.235(a) and 115.232 as both PREA medical specialty training and PREA orientation must be completed by medical contractors who provide clinical services to clients within the first week of assumption of duties. By this action, the auditor is satisfied that the above corrective action is complete and institutionalized. Accordingly, the auditor finds WATCH/CCP West substantially compliant with 115.235(a) and (d).

Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations. Accordingly, the auditor finds 115.235(b) not applicable to WATCH/CCP West.

The medical staff interviewee states that forensic medical examinations are not facilitated at WATCH/CCP West.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training. The supporting documentation is addressed in the narrative for 115.235(a).

WATCH/CCP West PREA Policy 3-5 entitled Medical and Mental Health, page 4, section III(C) addresses 115.235(c).

The auditor's review of two medical staff and the two mental health staff's training files reveals all completed either/or 2022 annual PREA training or PREA Orientation during 2021. The medical contractor also completed contractor training on June 1, 2022 although he commenced provision of services on November 2, 2020.

Accordingly, there is no evidence that he completed contractor orientation training prior to client contact.

In view of the above, the auditor finds WATCH/CCP West non-compliant with 115.235(d). Accordingly, the auditor imposes a 180-day corrective action period, concluding on May 5, 2023.

To demonstrate compliance with the requirements of 115.235(d) and institutionalization of the same, the PCM will provide training to stakeholders (e.g. medical staff responsible for selection, training, and monitoring contract providers) regarding the nuances of 115.235(d) as applied to contractors. Upon completion of the training, the PCM will upload a copy of the training syllabus, as well as, training

certifications demonstrating participant completion of the requisite training.

In addition to the above, the PCM will upload to OAS evidence of 115.235(d) completion of contractor training for any new medical/mental health contractor(s) selected between the date of this interim report and May 5, 2023. The auditor will subsequently make a determination regarding compliance.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.235.

115.241	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy that requires screening (upon a client's admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other clients.</p> <p>WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 3, section II(B)(1) addresses 115.241(a). This policy stipulates that behavioral technicians screen clients through the WATCH/CCP West screening tool, upon arrival at the facility, for potential vulnerabilities or tendencies of being sexually abused by other clients or sexually abusive toward other clients. Housing and programming assignments are made accordingly on a case-by-case basis by the admission and intake supervisor, btc, and PREA Manager.</p> <p>The staff responsible for risk screening states he/she does screen clients upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other clients.</p> <p>All 10 random client interviewees state that when they first came to the facility, they were asked the following questions:</p> <ul style="list-style-type: none"> 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. <p>All 10 random interviewees state they were screened at intake.</p> <p>The auditor's review of 12 random client files reveals substantial compliance with 115.241(a), (b), (c), and (d). Specifically, all of the previously referenced questions were asked of each interviewee and all initial screenings were completed on the date of arrival.</p> <p>Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA self reports that during the last 12 months, 455 clients 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 clients, within 72 hours of their entry into the facility. This equates to 100% of clients admitted to the facility during the last 12 months, for 72 hours or more.</p> <p>WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(b).</p> <p>The auditor's review of 10 2021 and 2022 WATCH/CCP West client Initial/ Reassessment PREA screening documents reveals the same are comprehensive and</p>

completed in a timely manner (day of arrival at the facility).

The staff responsible for risk screening states he/she screens clients for risk of sexual victimization or risk of sexually abusing other clients at intake. In the event of a late arrival, the client is placed in a single cell in the holding area until they are screened the next morning. During the facility tour, the auditor did observe the holding area and found the same to be commensurate with PREA expectations.

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

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, pages 3 and 4, section II(B)(2)(a-j) addresses 115.241(c).

The auditor finds the screening instrument is objective as the same includes, minimally, the nine criteria articulated at 115.241(d) and a numerical weighting system.

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

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

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, pages 3 and 4, section II(B)(2)(a-j) addresses 115.241(d).

The staff responsible for risk screening interviewee states that the initial risk screening considers:

History of sexual abuse in confinement and/or the community;

History of violence;

LGBTI status;

Stature;

Age;

Feelings regarding sexual safety at the facility; and

Fantasies regarding unusual sexual practices.

In terms of the process for conducting initial screening, the client is escorted past

the control center and screened in an adjacent office. The office slider door is closed and each client is screened in a one-on-one setting. Other screening areas are the mail room, staff lounge, and the supervisor's office. Screening may also be facilitated in the bubble.

The interviewee states that he/she reads the Disclaimer and all screening tool questions to the client. The interviewee also facilitates a preliminary review of relevant information and documentation prior to the client's arrival. The same facilitates the validation and clarification process.

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

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 4, section II(B)(3) addresses 115.241(e).

Pursuant to the PAQ, the PA self reports the policy requires that the facility reassess each client's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the client's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA self reports that during the last 12 months, 437 clients 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 clients, within 30 days of their entry into the facility. Reportedly, this equates to 100% in terms of reassessments of clients who meet the above 30-day criteria and who arrived within the last 12 months.

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 4, section II(B)(4) addresses 115.241(f).

The PCM facilitates 30-day reassessments at WATCH/CCP West. She states client risk assessments are facilitated around 30-days subsequent to arrival.

Four of 11 random client interviewees state they were again screened within 30-days of arrival while two additional interviewees state they were reassessed within six to eight weeks of arrival. One interviewee was not yet due for reassessment as he arrived in the recent past.

The auditor's review of another ten 2021 and 2022 WATCH West and CCP (five plus five) initial assessments and corresponding 30-day reassessments reveals the same were completed in a timely manner pursuant to both standard and policy.

The auditor's on-site review of 12 randomly selected client files, inclusive of one interviewee who states he was not reassessed within 30 days of arrival, reveals 10 clients were reassessed within the 30-day threshold. The one previously mentioned client was timely reassessed. One client was not yet due for reassessment in view of his arrival date.

Pursuant to the PAQ, the PA self reports the policy requires that a client'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 client's risk of sexual victimization or abusiveness.

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

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

The auditor's review of both investigations reveals 115.241(g) did not apply to either. In one case, the victim was removed from WATCH/CCP West on the date of the incident and in the other case, the allegation was unfounded.

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

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

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 5, section II(B)(7) addresses 115.241(h).

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

The staff member responsible for risk screening interviewee asserts clients 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 client has a mental, physical, or developmental disability;
Whether or not the client is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the client has previously experienced sexual victimization; and
The client's own perception of vulnerability.

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 5, section II(B)(8) addresses 115.241(i).

The PCM asserts bts facilitate initial PREA screening and route the completed screening instrument to the PCM. The PCM maintains hard copies of the same in her locked cabinet and office. Assessments are not maintained electronically. The

PA and CCCS PC have access to the assessments.

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

The staff responsible for risk screening states completed assessments are routed from the behavioral technicians to the supervisor to the PCM.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.241.

115.242	Use of screening information
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1449 499">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 clients at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p data-bbox="280 539 1453 611">WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 5, section II(C)(2) addresses 115.242(a).</p> <p data-bbox="280 651 1473 853">The auditor's cursory review of one day of room assignments reveals substantial compliance with 115.242(a). Each room is identified, and the mechanics of room assignments are identified in accordance with each client's victimization, aggressor, or unrestricted status. The auditor's review of the document reveals sufficient checks and balances to address housing concerns.</p> <p data-bbox="280 893 1476 1173">In response to how the facility uses information from risk screening during intake to keep clients 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). Victims are not housed in the same room with Aggressors. They may be housed with clients designated as Unrestricted. She routinely reviews the daily Room Assignments sheet to assess housing assignments as reflected above.</p> <p data-bbox="280 1214 1481 1451">The staff responsible for risk screening interviewee asserts 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 assessment tool is subsequently forwarded to the Control Center for bed assignment and on to the PCM.</p> <p data-bbox="280 1491 1406 1570">The auditor notes that programming is monitored by staff and community work assignments are not provided to clients at WATCH/CCP West.</p> <p data-bbox="280 1610 1302 1682">Pursuant to the PAQ, the PA self reports the facility makes individualized determinations about how to ensure the safety of each client.</p> <p data-bbox="280 1722 1453 1794">WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 5, section II(C)(3) addresses 115.242(b).</p> <p data-bbox="280 1834 1481 1912">The auditor finds WATCH/CCP West substantially compliant with 115.242(b) based on the evidence cited above in the narrative for 115.242(a).</p> <p data-bbox="280 1953 1410 2067">Pursuant to the PAQ, the PA self reports the facility makes housing and program assignments for transgender or intersex clients in the facility on a case-by-case basis.</p>

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, pages 5 and 6, section II(C)(4) addresses 115.242(c).

The PCM asserts there are no designated wings or housing units for transgender/intersex clients. Placements are treated in the same manner as any other client as personal safety is the primary consideration and transgender/intersex clients are dispersed throughout the facility. Additionally, potential management and security problems are considered. The client's personal feelings regarding vulnerability are considered.

The transgender client interviewee states she has not been placed in a wing, room, or housing unit for transgender/intersex clients.

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

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

The transgender client interviewee states that WATCH/CCP West staff verbally inquire as to her safety approximately every two weeks.

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 6, section II(C)(9) addresses 115.242(e).

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

According to the PCM, showers are positioned close to staff bubbles in each housing area. Shower times for transgender/intersex clients who request separate showers are coordinated when the least number of clients are in the unit. Bts or treatment staff monitor entry into the bathroom, disallowing the same when the affected client is showering. The PA approves separate showering. The auditor's observations during the facility tour corroborate the PCM's statement.

The transgender client interviewee states she can shower without other clients.

WATCH/CCP West PREA Policy 3-3 entitled Intake/Screening, page 6, section II(C)(10) 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) clients. LGBTI clients are not placed in a designated wing or housing area. The PCM closely monitors the aforementioned housing spreadsheet, taking such housing into consideration to prevent the same.

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

One bisexual, one gay, and one transgender client interviewees state they have not been placed in a housing area only for gay, bisexual, transgender, or intersex clients.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.242.

115.251	Resident reporting
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1449 456">Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for clients to report privately to agency officials about:</p> <p data-bbox="280 497 1385 694">Sexual abuse or sexual harassment; Retaliation by other clients or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p data-bbox="280 734 1353 810">WATCH/CCP West PREA Policy 3-4 entitled Reporting, pages 1 and 2, section II(A)(1-6) addresses 115.251(a).</p> <p data-bbox="280 851 1481 1008">The auditor's review of the WATCH/CCP West Handbook reveals significant information regarding reporting options. Pages 3 through 5 of this resource clearly provide necessary information for clients to be educated regarding reporting options as required pursuant to the totality of 115.251.</p> <p data-bbox="280 1048 1474 1164">All 12 random staff interviewees were able to identify at least two methods in which clients can privately report sexual abuse/harassment incidents pursuant to 115.251(a).</p> <p data-bbox="280 1205 699 1240">Methods of reporting include:</p> <p data-bbox="280 1281 1165 1478">Verbal report to staff; Submission of an emergency grievance; Third-party report; Hotline call to Boyd Andrews Community Services (BACS); and Write a letter.</p> <p data-bbox="280 1518 1385 1635">All 10 random client interviewees were able to identify at least one method of private reporting of incidents prescribed in 115.251(a). Methods of reporting identified are:</p> <p data-bbox="280 1675 750 1872">Third-party report; Verbal report to staff; Call the BACS Hotline; Write a kite; and Submit an emergency grievance.</p> <p data-bbox="280 1890 1474 2007">Interviewees identified either/or the BACS 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.</p> <p data-bbox="280 2047 1426 2083">Pursuant to the PAQ, the PA self reports the agency provides at least one way for</p>

clients to report abuse or harassment to a public or private entity or office that is not part of the agency.

WATCH/CCP PREA Policy 3-4, pages 1 and 2, section II(A)(3 and 5) address this provision.

The PREA Handbook, pages 3 and 5 addresses 115.251(b).

The PCM reports the facility provides clients 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 BACS. BACS is another non-profit community confinement facility entity located within Montana. The auditor observed that the BACS Hotline telephone number is posted near client telephones. This procedure does enable receipt and immediate transmission of client reports of sexual abuse/harassment to agency officials as articulated in the MOU with BACS.

Of note, the auditor did validate the PCM's statements as reflected above.

The auditor's review of the WATCH/CCP West Client PREA Handbook, WATCH/CCP West PREA brochure, and two PREA posters reveals telephone numbers for ADLC LEA and BACS are reflected within the same. While ADLC LEA is identified as an external reporting source, the auditor recommends that the same be rescinded. Specifically, the telephone call would be received by the dispatcher and a patrolman would be dispatched to the facility. Therefore, confidentiality may be compromised, dependent upon whom the patrolman speaks to at the facility.

Of note, the auditor tested the BACS Hotline system during the facility tour. The same was operational as the CCCS PC was alerted to the test. Identifying information was not required of the caller as the telephone number was dialed directly to the Hotline with only the test monologue following.

All 10 random client interviewees state they can make a report without having to give their name.

Pursuant to the PAQ, the PA self reports the agency has a policy mandating that 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.

CCCS PREA Policy 1.3.5.12, page 14, section IV(115.251)(e) addresses this provision.

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

All 12 random staff interviewees state clients can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties.

All 10 random client interviewees state reports of sexual abuse/harassment can be made both verbally and in writing. Eight of the interviewees state such reports can be made by a friend or relative so the client 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 clients. Staff can verbally, written, electronically, or via internal staff mail submit a report. Third party reporting forms are a means, as well.

WATCH/CCP PREA Policy 3-4, pages 1 and 2, section II(A)(3-5) addresses this provision.

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

- Verbal report to supervisor behind closed doors;
- Submission of a written report;
- Submission of e-mail to supervisor;
- Telephonic report to supervisor/PA/PCM;
- Telephonic report to BACS Hotline; and
- Third-party report.

The auditor notes that staff telephonic reports are made pursuant to staff telephones and the auditor did not find any recurring telephone problems within the facility. Generally, staff would report allegations to the supervisor on duty unless he/she was involved in the alleged incident.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.251.

115.252	Exhaustion of administrative remedies
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 416">Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with client grievances regarding sexual abuse.</p> <p data-bbox="280 456 1414 533">WATCH/CCP PREA Policy 3-4, pages 3 and 4, section II(A)(16)(a-f)(1-4) addresses 115.252(a).</p> <p data-bbox="280 573 1477 770">Pursuant to the PAQ, the PA self reports agency policy or procedure allows a client 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 client to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.</p> <p data-bbox="280 810 1310 887">WATCH/CCP PREA Policy 3-4, page 3, section II(A)(16)(a and c) addresses 115.252(b).</p> <p data-bbox="280 927 1477 1003">The WATCH/CCP West PREA Handbook, page 4, section entitled Grievance Procedure a(1 and 3) also addresses 115.252(b).</p> <p data-bbox="280 1043 1477 1240">Pursuant to the PAQ, the PA self reports agency policy and procedure allows a client 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 client grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.</p> <p data-bbox="280 1281 1414 1393">WATCH/CCP PREA Policy 3-4, page , section II(A)(16)(f)(4) addresses 115.252(c). WATCH/CCP West PREA Handbook, page 4, section entitled Grievance Procedure b(1) and (2) also addresses 115.252(c).</p> <p data-bbox="280 1433 1414 1545">Throughout the facility tour, the auditor noted that emergency grievance boxes were located near the bubble in each unit. All such boxes were secured with a padlock.</p> <p data-bbox="280 1585 1477 1877">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 must be made within 90 days of the filing of the grievance. The PA further self reports two grievances were filed within the last 12 months wherein sexual abuse was alleged and zero extensions for response were required. The PA self reports the agency always notifies the client, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.</p> <p data-bbox="280 1917 1477 1993">Pursuant to further review, the CCCS PC has advised that zero emergency or regular grievances (within the context of 115.252) were filed during the last 12 months.</p> <p data-bbox="280 2033 1477 2069">WATCH/CCP PREA Policy 3-4, page 4, section II(A)(16)(g)(1-3) addresses 115.252(d).</p>

The client who reported a sexual abuse interviewee states he did not file a grievance related to his allegation. Additionally, the incident, in question, constituted sexual harassment.

Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow clients, staff members, family members, attorneys, and outside advocates to assist clients in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of clients.

The PA further self reports agency policy and procedure requires if the client declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the client's decision to decline. Zero grievances alleging sexual abuse were filed by clients in the last 12 months wherein the client declined third-party assistance, ensuring documentation of the client's decision to decline.

WATCH/CCP PREA Policy 3-4, page 8, section II(D)(3 and 4) addresses 115.252(e).

The WATCH/CCP West PREA Handbook page 5, section entitled Grievance Procedure d(1) also address 115.252(e).

The auditor notes that the PAQ version of WATCH-CCP PREA Policy 3-4, page 8, section II(D)(3 and 4) did not reflect that family members could assist clients in filing requests for administrative remedies relating to allegations of sexual abuse. The policy was subsequently amended prior to the on-site audit to reflect appropriate standard verbiage. No corrective action is required at this point.

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

WATCH/CCP PREA Policy 3-4, pages 3 and 4, section II(A)(16)(e and f)) addresses 115.252(e). The WATCH/CCP West PREA Handbook page 5, section entitled Emergency Grievance also addresses 115.252(f).

The CCCS PC asserts that zero emergency grievances were filed during the last 12 months regarding allegations of sexual abuse.

Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a client for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the client filed the grievance in bad faith.

The PA further self reports that during the last 12 months, there were zero instances of client discipline for incidents of this nature.

WATCH/CCP PREA Policy 3-4, page 4, section II(A)(16)(f)(2) addresses 115.252(g).

	In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.252.
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115.253	Resident access to outside confidential support services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1465 416">Pursuant to the PAQ, the PA self reports the facility provides clients with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p data-bbox="280 456 1465 568">Giving clients mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations;</p> <p data-bbox="280 582 1465 658">Enabling reasonable communication between clients and these organizations in as confidential manner as possible.</p> <p data-bbox="280 698 1409 775">WATCH/CCP PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(1) addresses 115.253(a).</p> <p data-bbox="280 815 1474 927">WATCH/CCP West PREA Handbook, pages 4, section entitled Client Access to Outside Confidential Support Services and 6, section entitled Counseling Programs for Victims of Sexual Assault also support 115.253(a).</p> <p data-bbox="280 967 1474 1205">The auditor's review of a photograph of the poster located near family member telephones, advising of the emotional support provider's telephone number, reveals substantial compliance with 115.253(a). According to policy and the PREA Handbook, these notices are posted near the telephones. The auditor did validate the same during the facility tour. Clearly, this information is widely advertised throughout the housing units.</p> <p data-bbox="280 1245 1474 1482">Pursuant to follow-up with the CCCS PC, the auditor learned that the address for the va provider is intentionally omitted from the aforementioned educational materials. Specifically, the provider is also a shelter for battered women and accordingly, a safety conflict of interest arises when the same is known to the WATCH/CCP West population. The auditor does find this rationale to be reasonable and accordingly, he finds WATCH/CCP West substantially compliant with 115.253(a).</p> <p data-bbox="280 1523 1474 1850">Eight of the 10 random client interviewees state services are available outside of the facility for dealing with sexual abuse, if they needed the same. One interviewee identified Safe Space as the advertised service and one interviewee identified vas as the service. The auditor notes Safe Space is a va group, providing services to WATCH/CCP West clients. Perhaps most important, five interviewees assert the name and telephone number for the aforementioned service is posted on unit walls. Seven interviewees state the number(s) is/are free to call. Nine interviewees state they can talk to staff from the service(s) anytime.</p> <p data-bbox="280 1890 1436 2002">Client 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.</p> <p data-bbox="280 2042 1398 2078">The client who reported a sexual abuse interviewee states the facility provides</p>

telephone number(s) for outside services. He specifically cited Safe Space as a service and the same is identified in the PREA Handbook. He did not know if the number is free to call.

The interviewee states that he can contact Safe Space anytime.

He asserts he can communicate (talk or write) with these people in a confidential way. He further asserts his conversations with such staff cannot be told to or listened to by someone else.

Of note, the auditor and the PCM did test the client telephones to assess accessibility to Safe Space. The telephone call was free of charge and the caller's identifying information was not required. The test call was successfully received.

Pursuant to the PAQ, the PA self reports the facility informs clients, 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 clients, 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/CCP PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b).

The WATCH/CCP West Client 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 Safe Space staff.

All 10 random client interviewees state what they say to staff from the services referenced in the narrative for 115.253(a) remains private. Six interviewees also state the conversations with them may be listened to or told to someone else. Six interviewees cited reasons for sharing the content of such conversations are immediate danger to someone's life, intent to facilitate self harm, and sexual abuse either within the facility or in the community.

Pursuant to the PAQ, the PA self reports the facility maintains MOUs or other agreements with community service providers that are able to provide clients 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 Safe Space 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/CCP West substantially compliant with 115.253.

115.254	Third party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of client sexual abuse or sexual harassment. A third party reporting form is located on all floors and the www.cccscorp.com website. Clients can mail forms to their visitors, etc. for use, when necessary. According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc.</p> <p>All reports go directly to the CCCS PC who, in turn, disseminates the same to each facility. All telephone calls will be taken by 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.</p> <p>WATCH/CCP West PREA Policy 3-4 entitled Reporting, pages 7 and 8, sections II(D)(1) and (2) address 115.254(a). This policy stipulates CCCS, Inc. has posted a method for third-party reporting and the reporting forms on the corporate website at www.cccscorp.com.</p> <p>Third party reports may be sent via mail or email to the PCM or CCCS PC. Third Party reporters may call or report the same to staff personally. Third Party reporting forms are available on each facility floor; however, they can also be accessed by asking any staff member, case manager, client, volunteer, contractor, PA, or behavioral technician coordinator.</p> <p>On the first day of the on-site audit, the auditor completed a form entitled PREA Compliance Acknowledgment (Contractors, Visitors, and Volunteers), signing and dating the same and acknowledging understanding of the contents of the document. Included in the document were definitions of sexual abuse/harassment, zero tolerance towards sexual abuse/harassment at WATCH/CCP West, and reporting procedures. The auditor finds this PREA informational tool, which is signed by all contractors, visitors, and volunteers to be a very useful training tool.</p> <p>The auditor finds there are sufficient methods of informing potential third-party reporters of scripted procedures. He did validate the above informational sources both within the facility and on the CCCS website.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.254.</p>

115.261	Staff and agency reporting duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p>Any retaliation against clients or staff who reported such an incident; and</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 6, section II(C)(1) addresses 115.261(a).</p> <p>All 12 random staff interviewees assert the agency requires all staff to report:</p> <p>Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;</p> <p>Any retaliation against clients or staff who reported such an incident; and</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Minimally, agency policy/procedure requires all staff to immediately report the above to their supervisor, on-call, PA, behavioral technician coordinator, PCM, etc. Of note, the auditor did find that reporting methods, as articulated in 115.251(d) are available to staff reporters.</p> <p>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.</p> <p>WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 6, section II(C)(3) addresses 115.261(b).</p> <p>As previously addressed in the narrative for 115.241, victimization/aggressor assessments are stored in filing cabinet(s) in the PCM's office. Administrative sexual abuse/harassment investigations are generally completed by the CCCS PC and accordingly, hard copies, as well as, electronic copies of such investigations are securely stored in the CCCS PC's office. Hard copies are stored under lock and key in filing cabinet(s) in the CCCS PC's office. Electronic copies are stored in a password protected system in the CCCS PC's office.</p>

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 6, section II(C)(5) addresses 115.261(c).

The medical and mental health staff interviewees state 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. The mental health interviewee states that clients sign and date an Informed Consent form upon arrival at the facility. The medical staff interviewee states she documents this advisement in the progress notes in the client's medical file.

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

The mental health interviewee states he became aware of two sexual harassment incidents that occurred at WATCH/CCP West during the last 12 months. Accordingly, he did report the same.

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 6, section II(C)(4) addresses 115.261(d).

The PA asserts juveniles are not housed at WATCH/CCP West. They would contact the probation officer or MDOC in the event an allegation of sexual abuse/harassment is made by someone who is considered a vulnerable adult. The PCM corroborated the statement of the PA with respect to reporting an allegation of sexual abuse/harassment lodged by a client under the age of 18 however, she stated that the vulnerable adult report would be directed to MDOC and possibly to Adult Protective Services (APS).

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 7, section II(C)(6) addresses 115.261(e).

The PA asserts she receives all client reports of sexual abuse/harassment and she forwards the same to the CCCS PC as he is the designated investigator.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.261.

115.262	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA self reports when the agency or facility learns a client is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the client (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the last 12 months, there was zero times the facility determined a client was subject to substantial risk of imminent sexual abuse.</p> <p>WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 2, section II(A)(10) addresses 115.262(a).</p> <p>This provision is also addressed in slides 40 and 41 of the WATCH/CCP West Power Point Training Presentation, which is provided to staff.</p> <p>According to the Agency Head interviewee, when it is learned a client is subject to a substantial risk of imminent sexual abuse, the client may be removed from the facility. Minimally, alert the PA and recommend the client be moved to another wing.</p> <p>When it is learned a client is subject to risk of imminent sexual abuse, the PA asserts he is removed from the danger zone and placed in another wing or facility. Minimally, the potential victim is placed near the bubble to ensure enhanced staff supervision.</p> <p>All 12 random staff interviewees corroborate the statements of the Agency Head and PCM, additionally citing action is immediately taken.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.262.</p>

115.263	Reporting to other confinement facilities
	<p data-bbox="280 188 1038 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1477 582">Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation a client was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The PA further self reports in the last 12 months, the facility received four allegations that a client was sexually abused while confined at another facility.</p> <p data-bbox="280 622 1477 819">WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(a). Pursuant to this policy, 115.263(a) notification is required for cases of both sexual abuse and sexual harassment. As 115.263(a) requires such notifications for only sexual abuse cases, the auditor finds that WATCH/CCP West exceeds standard expectations for 115.263.</p> <p data-bbox="280 860 1477 1227">The auditor's review of three of four reports of sexual abuse received and reported at WATCH/CCP West regarding incidents that allegedly occurred at other facilities, reveals all were handled in accordance with WATCH/CCP West policy and 115.263(b) and (c). The auditor notes that the information was provided to the affected Sheriff or Warden in a timely manner and in writing. However, one report was provided by the PCM to a Sheriff and there is no evidence reflecting that the report was effected under the PA's email, etc. While the same does not constitute a finding given the totality of evidence, the PA has authored a delegation of authority memorandum to the PCM, enabling her to make 115.263(a) notifications in the PA's absence.</p> <p data-bbox="280 1267 1445 1384">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.</p> <p data-bbox="280 1424 1461 1541">WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(b). This provision requires notification within 24 hours of victim reporting regarding the sexual abuse/harassment incident.</p> <p data-bbox="280 1581 1469 1653">In view of the above and the information articulated in the narrative for 115.263(b), the auditor finds WATCH/CCP West substantially compliant with 115.263(b).</p> <p data-bbox="280 1693 1461 1765">Pursuant to the PAQ, the PA self reports the facility documents it has provided such notification within 24 hours of receipt of the allegation.</p> <p data-bbox="280 1805 1374 1877">WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(c).</p> <p data-bbox="280 1917 1422 1989">Documentation of the notifications, in question, is addressed in the narrative for 115.263(a).</p> <p data-bbox="280 2029 1453 2065">Pursuant to the PAQ, the PA self reports facility policy requires allegations received</p>

from other facilities/agencies are investigated in accordance with PREA standards. The PA further self reports in the last 12 months, there was zero allegations of sexual abuse received by the facility from other facilities.

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(d).

In regard to referrals of sexual abuse/harassment allegations (allegedly occurred at a CCCS facility), the Agency Head asserts that 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/CCP West) is received from another facility, a full scale investigation is initiated. The PA further asserts no such allegations have been received from other facilities during the last 12 months.

In view of the above, the auditor finds WATCH/CCP West exceeds standard expectations with respect to 115.263.

115.264	Staff first responder duties
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1481 499">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 client was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p data-bbox="280 539 1481 947">Separate the alleged victim and abuser; Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, request the alleged victim not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described in paragraph 3 above.</p> <p data-bbox="280 987 1481 1227">The PA self reports two alleged incidents of sexual abuse occurred at WATCH/CCP West during the last 12 months however, none of the incidents were reported in a time frame that allowed for implementation of any of 1st Responder duties. The auditor's review of both investigative files reveals each is more reflective of a sexual harassment fact pattern. One investigation was determined to be unfounded while the other was determined to be substantiated.</p> <p data-bbox="280 1267 1425 1341">WATCH/CCP West PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(B)(1)(a-j) addresses 115.264(a).</p> <p data-bbox="280 1382 1437 1581">Nine of the 12 random staff interviewees properly assert their role in the uniform evidence protocol includes separation of the victim and perpetrator, securing the crime scene, requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.</p> <p data-bbox="280 1621 1449 1780">The non-security first responder interviewee correctly cited three of the four 115.264(a) first responder steps while the security first responder interviewee correctly stated all of the above 115.264(a) 1st responder steps. The non-security first responder interviewee failed to address securing the crime scene.</p> <p data-bbox="280 1821 1453 1935">The client who reported a sexual abuse interviewee states he was not subjected to sexual abuse. He states that he verbally advised the PA of his allegation however, he allegedly received no response.</p> <p data-bbox="280 1975 1473 2089">The auditor did discuss this apparent sexual harassment allegation with the PA and she reports that she did meet with the client to discuss the matter. He did not want to address the matter any further at the time.</p>

Of note, the auditor did advise the client that he needed to address his concern(s) with CCCS staff as they are in the best position to find the facts and address the same, if warranted.

The auditor's review of 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:

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

Notify security staff.

The PA further self reports that of the allegations of sexual abuse within the last 12 months, there was zero times that a first responder was a non-security staff member. Pursuant to the auditor's review of both allegations, the same were reported to the PCM in each case. In view of the reporting timeline, none of the first responder duties could be implemented.

WATCH/CCP West PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(B)(1)(a-j) 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.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.264.

115.265	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>WATCH/CCP West PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1-8 addresses 115.265(a).</p> <p>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 procedures articulated in this policy are unique to WATCH/CCP West.</p> <p>The WATCH/CCP West Coordinated Response to PREA Incidents is an excellent tool to use to systematically address sexual abuse allegations across all correctional disciplines.</p> <p>The PA asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The aforementioned policy is very descriptive. Of note, the auditor validated the same.</p> <p>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. The plan is addressed during annual PREA refresher training.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.265.</p>

115.266	Preservation of ability to protect residents from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. While 115.266(a) is technically not applicable to WATCH/CCP West, the facility is substantially compliant as there are no deviations from standard.</p> <p>The Agency Head asserts CCCS has not entered into or renewed any collective bargaining agreements on behalf of the facility since the last PREA audit. Specifically, there is no union at WATCH/CCP West.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.266.</p>

115.267	Agency protection against retaliation
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1474 539">Pursuant to the PAQ, the PA self reports the agency has a policy to protect all clients and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other clients or staff. According to the PA, the PCM and CCCS PC are the designated retaliation monitors at WATCH/CCP West.</p> <p data-bbox="280 580 1461 819">WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(1) addresses 115.267(b). The auditor notes that this policy citation and the identity of the staff retaliation monitor are inaccurate in terms of the titles of the retaliation monitors. An explanation regarding staff and client retaliation monitors follows in the next paragraph. A copy of the amended policy is also included in OAS.</p> <p data-bbox="280 860 1461 936">Pursuant to follow-up with the CCCS PC, the PCM is the retaliation monitor for client victims and the PA is the retaliation monitor for staff.</p> <p data-bbox="280 983 1334 1059">In view of the above, the auditor now finds WATCH/CCP West substantially compliant with 115.267.</p> <p data-bbox="280 1099 1469 1256">WATCH/CCP West 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 clients who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc.</p> <p data-bbox="280 1265 1430 1341">Alternative protection against retaliation may include moving a client to another housing unit or to another facility if deemed necessary by the PA.</p> <p data-bbox="280 1382 1461 1664">The PA and PCM assert for allegations of sexual abuse/harassment, the perpetrator may be removed from the area or facility if agreed to by MDOC. Client victims may be moved to different housing units, facilities, and rooms. The PCM asserts she checks in with the victim and initiates the retaliation monitoring form. She continually reviews housing and completes a monthly reassessment. Increasing safety rounds is also an effective strategy to address potential or actual retaliation. Additionally, clients may be referred to vas and mental health practitioner(s).</p> <p data-bbox="280 1704 1469 1780">Staff victims may be moved to another facility, placed on administrative leave, and/or their shift/assignment may be changed, if deemed appropriate.</p> <p data-bbox="280 1821 1461 1933">The client who reported a sexual abuse at WATCH/CCP West interviewee states he feels protected enough against possible revenge from staff or other clients because of what happened to him.</p> <p data-bbox="280 1973 1422 2085">Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of clients or staff who report sexual abuse and of clients who were reported to have suffered sexual abuse to see if there are any changes that may</p>

suggest possible retaliation by clients 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/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a-c) addresses 115.267(c).

The designated staff member charged with monitoring retaliation interviewee states that she looks for the following to detect possible retaliation with respect to client victims:

Withdrawal;
Isolation;
Acting out;
Changes in client associations;
Hygiene decompensation; and
Always around staff.

Staff:

Similar to the above;
Accrual of excessive disciplinary actions; and
Excessive sick calls.

Monitoring is conducted for a minimum of 90 days and can be extended until the threat dissipates. The PA would make the final decision regarding extension of retaliation monitoring at the PCM's recommendation.

If there is concern that potential retaliation might occur, monitoring could continue until discharge from the facility.

The auditor's review of one applicable sexual abuse/harassment allegation and accompanying retaliation monitoring documentation reveals that retaliation monitoring, as documented on the form, commenced two months prior to the actual allegation. The victim had complained that other clients were picking on him at that time so he was moved to another unit. As an extra security and follow-up measure, the PCM facilitated retaliation monitoring to ensure the victim was okay. This retaliation monitoring was not relevant to the incident that occurred on October 8, 2021. The retaliation monitoring re: the October 8, 2021 was continued on the same form and concluded when the client was released on November 11, 2021.

The auditor notes that the fact patterns in this allegation, as well as, the other investigated allegation were determined to be more reflective of sexual harassment. In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.267(c).

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

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

The relevant policy citations for 115.267(e) are reflected in the narratives for 115.267(a-d).

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

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

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.267(e) and 115.267, in totality.

115.271	Criminal and administrative agency investigations
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1442 418">Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p data-bbox="280 454 1430 533">WATCH/CCP West PREA Policy 3-10 entitled Investigations, pages 1 and 2, section II(A) addresses 115.271(a).</p> <p data-bbox="280 568 1406 768">The administrative investigative interviewee states investigations are generally initiated immediately following a report of sexual abuse/harassment. He would generally report to the facility for sexual abuse cases. Aside from basic fact gathering conducted when reported, the interviewee may initiate a sexual harassment investigation on the day following the report.</p> <p data-bbox="280 804 1342 882">With respect to third-party or anonymous reports of sexual abuse, they are investigated in the same manner as any other allegation.</p> <p data-bbox="280 918 1473 1205">The auditor's review of two 2021 investigations (included in the PAQ packet) reveals substantial compliance with 115.271. Both investigations were initiated in a timely manner; they were comprehensive, inclusive of witness statements (victim, perpetrator, staff, and other clients); included a conclusion; and witness credibility was assessed with respect to the conclusion. The two 2021 investigations were ultimately determined to be based on sexual harassment allegations, both involving other client(s).</p> <p data-bbox="280 1240 1437 1397">WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 1, section II(A) addresses 115.271(b). The CCCS PC is designated as the primary administrative sexual abuse/harassment investigator at WATCH/CCP West. An amended policy is included in OAS.</p> <p data-bbox="280 1433 1458 1682">The administrative investigative interviewee states he did receive training specific to conducting sexual abuse investigations in confinement settings. Specifically, he completed the three hour on-line NIC course entitled PREA: Investigating Sexual Abuse Allegations in a Confinement Setting course. The training included mock scenarios, as well as, the subject-matter referenced in 115.234. Additionally, a testing component was included in the course format.</p> <p data-bbox="280 1718 1430 1796">WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 2, section II(F)(3) addresses 115.271(c).</p> <p data-bbox="280 1832 1466 1910">The administrative investigative interviewee states an investigative outline of tasks is as follows:</p> <ul data-bbox="280 1946 1222 2069" style="list-style-type: none"> <li data-bbox="280 1946 815 1980">Report to the facility (60-90 minutes); <li data-bbox="280 1989 1114 2022">Check 1st Responder duties and responses (5-15 minutes); <li data-bbox="280 2031 1222 2069">Review reports (staff, witnesses, victim, perpetrator) (30 minutes);

Review associated video (60 minutes);
Threshold questioning of victim (30-60 minutes);
Witness interviews (staff, 1st responder(s), clients) (15 minutes per interviewee);
Review client files and data bases of victim(s)/witness(es) and alleged perpetrator (30-60 minutes);
Interview perpetrator if investigation is released by law enforcement (0-60 minutes);
Conduct re-interviews, if necessary; and
Write report (two-three hours).

Direct evidence is handled by ADLC LEA investigator(s). The facility investigator would secure client files, video, and interview notes.

The criminal investigative interviewee states the following steps, but not limited to the same, are taken during the conduct of a criminal sexual abuse/harassment investigation:

The sexual abuse report is received by Dispatch;
Interviewee reports to the facility and is briefed by administrative investigative staff, PA, or shift supervisor (generally within 15-30 minutes of receipt of report);
Make the decision regarding a forensic examination;
Check the crime scene and evidence preservation;
Collect any physical evidence;
Threshold questioning of victim(s);
Review any reports;
Review video and telephone monitoring;
Review files;
Interview staff and client witnesses;
Interview perpetrator;
Facilitate follow-up interviews, if necessary; and
Write report.

WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 2, section II(C) addresses 115.271(d). This policy stipulates compelled interviews are not facilitated at WATCH/CCP West staff.

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

The criminal investigative interviewee states he does maintain contact with the prosecutor's office prior to the conduct of compelled interviews.

The auditor finds zero allegations were referred to ADLC LEA for criminal investigation during the last 12 months.

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

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

The criminal investigative interviewee states credibility assessments are based on the consistency of the victim's, witness(es)', and perpetrator's statement as compared to the developed fact pattern and evidence. Additionally, the criminal investigative interviewees states he would not require a client who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The client who reported a sexual abuse states he was not required to take a polygraph test as a condition for proceeding with a sexual abuse investigation.

WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 1, section II(A)(1)(a) and (b) addresses 115.271(f).

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

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

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

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

The criminal investigative interviewee states that criminal reports include the following:

Specification of the Who?, What?, When?, Where?, and Why? of the incident;
Timeline of both the incident and investigative protocol;
Physical evidence assessment and credibility synopsis;
Interview(s) credibility assessment and synopsis; and
Findings.

The auditor's review of the administrative investigations referenced in the narrative for 115.271(a) reveals the reports do conform to the requirements of 115.271(f).

The auditor has observed storage of investigation hard copies in the CCCS PC office and/or PCM's office and finds no deviation from secure and safe storage. Likewise, electronic copies are stored in password protected systems.

The investigative staff interviewee states criminal investigations are properly documented in a report. The format is actually similar to that identified for administrative reports. Specifics of the criminal report format are addressed in the narrative for 115.271(f).

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution.

During the last 12 months, zero investigative cases were referred for prosecution.

According to the administrative investigative interviewee, he assesses known facts and if they lead to a criminal act, he refers the same to ADLC LEA for potential referral for criminal prosecution.

The criminal investigative interviewee states that all sexual abuse cases are referred to the county attorney for prosecution consideration. The presence of a criminal code violation and probable cause in terms of the evidentiary standard are generally requisite for prosecution consideration.

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 cases for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 3, section II(G) addresses 115.271(i).

The auditor's review of the aforementioned storage sites reveals no deviation from either policy or standard.

WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 1, section I addresses 115.271(j).

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

WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 2, section II(F)(2) addresses 115.271(l).

The PA asserts the CCCS PC contacts the outside investigating agency on a weekly basis, to the best of her knowledge, to remain informed of the progress of a sexual abuse investigation. The PCM asserts that the PA or CCCS PC maintain contact with ADLC LEA investigators to remain abreast of the investigation status.

The administrative investigative interviewee states he serves as a liaison with ADLC LEA when they are conducting sexual abuse investigations at WATCH/CCP West. He provides whatever ADLC LEA investigator(s) need.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.271.

115.272	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the PA self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 3, section II(H) addresses 115.272(a).</p> <p>The administrative investigative staff interviewee states that 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 criminal investigative interviewee states that a minimum evidentiary standard of probable cause is required.</p> <p>The auditor's review of the two sexual harassment investigations conducted during the last 12 months reveals compliance with both policy and standard in regard to the standard of evidence.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.272.</p>

115.273	Reporting to residents
	<p data-bbox="280 188 1037 224">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1481 622">Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any client 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 two administrative investigations of sexual abuse were conducted at WATCH/CCP West during the last 12 months and 115.273(a) notifications were completed in both cases.</p> <p data-bbox="280 663 1465 864">WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 3, section III(A) addresses 115.273(a). Pursuant to the aforementioned policy, provision of 115.273(a) notification applies to both sexual abuse/harassment investigations. As 115.273(a) applies only to incidents of sexual abuse, the auditor finds WATCH/CCP West exceeds standard expectations.</p> <p data-bbox="280 904 1469 1142">The auditor notes he has determined there was one 2021 investigation wherein the allegations were somewhat indicative of sexual abuse. While not validated and determined to be unfounded, the reporter did indicate that the alleged aggressor did get on top of him, attempting to force candy in his mouth. There is no evidence validating any further sexual advances, etc. The fact pattern is more reflective of sexual harassment, as opposed to, sexual abuse.</p> <p data-bbox="280 1182 1342 1258">WATCH/CCP West PREA Policy 3-10 entitled Investigations, pages 2, section III(f)(7)(b) addresses 115.273(a).</p> <p data-bbox="280 1299 1337 1411">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.</p> <p data-bbox="280 1451 1469 1608">The investigative staff interviewee states agency procedure requires that a resident who makes an allegation of sexual abuse/harassment must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.</p> <p data-bbox="280 1648 1461 1760">The client who reported a sexual abuse interviewee states the facility is required to notify the victim when a sexual abuse allegation has been substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="280 1800 1469 1912">The auditor's review of both of the aforementioned sexual abuse/harassment investigations reveals timely notification was completed in both cases. Accordingly, the auditor finds substantial compliance with 115.273(a).</p> <p data-bbox="280 1953 1457 2065">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 client of the outcome of the investigation. The PA</p>

further self reports during the last 12 months, zero criminal investigations have been completed by ADLC LEA.

WATCH/CCP West PREA Policy 3-10 entitled Investigations, page 3, section III(B) addresses 115.273(b).

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

The staff member is no longer posted within the client'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 zero substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a client in the facility in the last 12 months.

WATCH/CCP West PREA Policy 3-10 entitled Investigations, pages 3 and 4, section III(C)(1-4) addresses 115.273(c).

The client who reported a sexual abuse interviewee states that he did not receive a 115.273(c) notification. As previously indicated, the interviewee stated that he did not wish to discuss his allegation any further when queried regarding the specifics of his allegation. Accordingly, the auditor re-directed him to the individual to whom he first approached as the investigation could best be completed at the local level.

Pursuant to the PAQ, the PA self reports following a client's allegation that he has been sexually abused by another client at WATCH/CCP West, 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/CCP West PREA Policy 3-10 entitled Investigations, page 4, section III(D)(1 and 2) addresses 115.273(d).

As reflected throughout 115.273, there is no evidence of indictment or prosecution (pertaining to the alleged client aggressors in either investigation) relevant to any charge related to sexual abuse within the facility.

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/CCP West PREA Policy 3-10 entitled Investigations, page 4, section III(E) addresses 115.273(e).

In view of the above, the auditor finds WATCH/CCP West exceeds standard requirements with respect to 115.273.

115.276	Disciplinary sanctions for staff
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1485 456">Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 497 1453 568">WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H) addresses 115.276(a).</p> <p data-bbox="280 609 1442 725">Pursuant to the PAQ, the PA self reports in the last 12 months, zero facility staff members are alleged to have violated agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 766 1453 837">WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H)(1) addresses 115.276(b).</p> <p data-bbox="280 878 1474 949">The auditor's review of PAQ information confirms no terminations from employment, during the last 12 months, for staff engaging in sexual abuse with clients.</p> <p data-bbox="280 990 1469 1317">Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 1357 1453 1429">WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(2) addresses 115.276(c).</p> <p data-bbox="280 1469 1481 1796">Pursuant to the PAQ, the PA self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports during the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following termination or resignation prior to termination, for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="280 1836 1453 1908">WATCH/CCP West/PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.276(d).</p> <p data-bbox="280 1948 1474 2020">In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.276.</p>

115.277	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>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.</p> <p>Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with clients.</p> <p>According to the PA, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.</p> <p>Pursuant to the auditor's review of sexual abuse/harassment investigations conducted during 2021, zero allegations involved contractors or volunteers.</p> <p>WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(1) addresses 115.277(a).</p> <p>Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with clients in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(2) addresses 115.277(b).</p> <p>The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, client contact with the contractor or volunteer and contractor/volunteer access to the facility would be denied pending completion of an investigation. If the investigation is substantiated, facility access privileges and client contact is permanently rescinded. There are no examples of such contact during this audit period.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.277.</p>

115.278	Disciplinary sanctions for residents
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 297">Auditor Discussion</p> <p data-bbox="280 340 1481 539">Pursuant to the PAQ, the PA self reports clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding the client engaged in client-on-client sexual abuse. The PA also self reports clients are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for client-on-client sexual abuse.</p> <p data-bbox="280 580 1477 734">The PA asserts, in the last 12 months, two administrative findings of client-on-client sexual harassment occurred at the facility. As previously referenced throughout this report, the auditor finds there was zero administrative or criminal findings for sexual abuse.</p> <p data-bbox="280 775 1453 853">WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(a).</p> <p data-bbox="280 893 1453 1005">Page 7 of the WATCH/CCP West PREA Handbook reflects Prohibited Acts of which clients may be administratively charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment.</p> <p data-bbox="280 1046 1458 1124">The CCCS PC asserts that zero clients were subjected to administrative disciplinary action for sexual abuse charges during this audit period.</p> <p data-bbox="280 1164 1453 1243">WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).</p> <p data-bbox="280 1283 1469 1438">The PA asserts removal of the perpetrator from the facility is the primary administrative action that is imposed in such cases. MDOC and Probation staff may remove the perpetrator from the program pursuant to imposition of a due process hearing.</p> <p data-bbox="280 1478 1458 1756">As a point of reference, WATCH/CCP West staff write the misconduct report and MDOC staff facilitate the hearing, imposing sanctions, if appropriate. Based on historical observation by the auditor, sanctions are proportionate to the nature and circumstances of the abuses committed, the client's disciplinary history, and the sanctions imposed for similar offenses by other clients with similar histories. Additionally, mental disability or mental illness is considered when determining sanctions.</p> <p data-bbox="280 1796 1453 1874">WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1) addresses 115.278(c).</p> <p data-bbox="280 1915 1481 2069">The PA asserts that sanctions imposed pursuant to 115.278(b) are commensurate with the nature and circumstances of the abuses committed, the clients' disciplinary histories, and the sanctions imposed for similar offenses by other clients with similar histories. Additionally, mental disability or mental illness is considered when</p>

determining sanctions. At the Class II hearing, major sanctions such as those mentioned in the narrative for 115.278(b) are imposed. Thus, MDOC or Probation staff would invoke the services of mental health staff, if necessary.

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 client to participate in such interventions as a condition of access to programming or other benefits.

WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, 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 (one-on-one counseling) and the facility considers whether to offer these services to offending clients.

The interviewee further elaborated when such services are provided, a client'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 clients for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.278(e).

The auditor has not been provided any evidence reflecting client discipline for sexual conduct with staff, during this audit period.

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/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).

The auditor has not discovered any violation(s) of 115.278(f).

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between clients. The PA further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.

WATCH/CCP West PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.278.

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115.282	Access to emergency medical and mental health services
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 300">Auditor Discussion</p> <p data-bbox="280 340 1481 748">Pursuant to the PAQ, the PA self reports client 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.</p> <p data-bbox="280 788 1481 949">WATCH/CCP West PREA Policy 3-5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(a). Page 5, section entitled Seek Medical Help of the WATCH/CCP West PREA Handbook also provides critical information regarding medical processes following an incident of sexual abuse.</p> <p data-bbox="280 990 1449 1187">The medical and mental health staff interviewees state client 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.</p> <p data-bbox="280 1227 1449 1344">The nature and scope of services are determined according to the professional judgment of both WATCH/CCP West medical/mental health practitioners (referral to St. James Hospital) and subsequently, professionals at St. James Hospital.</p> <p data-bbox="280 1384 1455 1500">The client who reported a sexual abuse interviewee states he did not meet with a mental health practitioner on the same day of the report. The specifics of his case are previously addressed throughout this report.</p> <p data-bbox="280 1541 1375 1657">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.</p> <p data-bbox="280 1697 1385 1814">A synopsis of security staff and non-security staff first responder interviewees regarding responsibilities is captured in the narrative for 115.264(a) and (b). Additionally, the same is captured for all random staff interviewees.</p> <p data-bbox="280 1854 1458 2051">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.</p>

Pursuant to the PAQ, the PA self reports client 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.

WATCH/CCP West PREA Policy 3-5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(c).

The medical staff interviewee states victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. The same would be addressed at St. James Hospital during the forensic examination. The same is addressed in the narrative for 115.221(c).

In terms of whether the client who reported a sexual abuse (actual sexual harassment) was provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis, the same is not applicable based on the circumstances of his report.

The auditor notes the previously mentioned MOU with St. James Hospital addresses the requirements of 115.282(c). These issues are addressed as part of the SAFE/SANE examination.

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/CCP West PREA Policy 3-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) addresses 115.282(d).

Given the fact that neither victim of sexual harassment during the last 12 months was removed from the facility for a forensic examination, 115.282(d) is not applicable.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.282.

115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p data-bbox="280 237 1007 271">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 315 579 349">Auditor Discussion</p> <p data-bbox="280 394 1477 506">Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all clients who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p data-bbox="280 551 1477 618">WATCH/CCP West Policy 3-5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).</p> <p data-bbox="280 663 1422 730">AUDITOR'S NOTE: A Mental Health Release Form is executed to memorialize the client's acceptance or declination to meet with a mental health practitioner.</p> <p data-bbox="280 775 1453 1099">The auditor's review of the previously mentioned four sexual abuse reports that allegedly occurred in previous facilities, as well as, relevant documentation regarding an interviewee who reported prior institutional sexual abuse reveals requisite mental health assessment and, as appropriate, treatment were offered to all victims in four cases. Notes from the encounters are uploaded into OAS. The encounters were facilitated within one month of initial assessment or reassessment. The auditor does note that time limit(s) are not attached to the date(s) on which the assessments and follow-up are to be conducted.</p> <p data-bbox="280 1144 1406 1211">WATCH/CCP West Policy 3-5 entitled Medical and Mental Health, page 2, section II(C)(1) addresses 115.283(b).</p> <p data-bbox="280 1256 1414 1491">The medical staff interviewee states she brings mental health staff into the loop whenever she receives a report of client victimization. She facilitates a clothed visual scan for injury(ies). Additionally, she facilitates a nursing assessment, inclusive of vitals check and administration of basic first-aid, if warranted. She subsequently makes a recommendation for transport to St. James Hospital for a forensic examination, if warranted.</p> <p data-bbox="280 1536 1445 1693">The mental health staff interviewee states he inquires as to where the victim is at emotionally and employs significant listening skills. He calms the victim, assisting him/her in maintaining composure. Upon return from a forensic examination, he educates the victim regarding available services.</p> <p data-bbox="280 1738 1445 1895">The client who reported a sexual abuse (incident was actually sexual harassment) interviewee states a medical/mental health practitioner did not discuss follow-up services, treatment plans, or, if necessary, referrals for continued care with him. This client's situation has been addressed in previous standard narratives.</p> <p data-bbox="280 1939 1406 2007">WATCH/CCP West Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(2) addresses 115.283(c).</p> <p data-bbox="280 2051 1406 2074">The medical/mental health staff interviewees states medical and mental health</p>

services are offered consistent with the community level of care. The forensic examination and subsequent care at the hospital, as the same is conducted in the community, is the community standard.

Pursuant to the PAQ, the PA notes 115.283(d) and (e) are not applicable to WATCH/CCP West as the facility is designated as all male. The auditor has confirmed the same and accordingly, he finds 115.283(d) and (e) not-applicable to WATCH/CCP West.

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

WATCH/CCP West Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(3) addresses 115.283(f).

The client who reported a sexual abuse interviewee states he was not offered tests for sexually transmitted infections. Given the previously described circumstances of the alleged sexual harassment incident, 115.283(f) testing was not applicable.

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

The client who reported a sexual abuse states he did not have to pay for any treatment related to the incident of sexual abuse. Zero treatment services were required based on the fact pattern of the alleged incident.

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

WATCH/CCP West Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(5) addresses 115.283(h).

The mental health interviewee states that an initial mental health screening is conducted with respect to each client and if red flags arise, the client is referred to a mental health professional for evaluation. The PCM is a key player in that referral process.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.283.

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115.286	Sexual abuse incident reviews
	<p data-bbox="280 188 1038 221">Auditor Overall Determination: Exceeds Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1481 582">Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review (SART) at the conclusion of every criminal or administrative sexual abuse or sexual harassment investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, two administrative sexual abuse or sexual harassment investigations were facilitated at WATCH/CCP West.</p> <p data-bbox="280 622 1481 864">WATCH/CCP West 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 cases. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds WATCH/CCP West exceeds standard expectations.</p> <p data-bbox="280 904 1481 1104">The auditor's review of two SART reports completed in 2021 reveals the same were facilitated in a timely manner (within 30 days of conclusion of the respective investigations), 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 zero recommendations were documented.</p> <p data-bbox="280 1144 1481 1344">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 last 12 months, two administrative sexual abuse or sexual harassment investigations were facilitated at WATCH/CCP West.</p> <p data-bbox="280 1384 1481 1458">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.286(b).</p> <p data-bbox="280 1498 1481 1572">As previously indicated in the narrative for 115.286(a), both SART reviews were facilitated in a timely manner.</p> <p data-bbox="280 1612 1481 1727">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.</p> <p data-bbox="280 1767 1481 1841">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(c) addresses 115.286(c).</p> <p data-bbox="280 1881 1481 2036">The PA asserts the facility has a SART team and the same is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The PA's statement is validated pursuant to the auditor's review of the aforementioned SART reports.</p>

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

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

The team does consider whether:

The incident or allegation was motivated by race; ethnicity; gender identity; LGBTI status or perceived 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 no trends have been noted. In regard to any recommendations, the PCM asserts she follows through on the same, if warranted. If not warranted, the basis for non-implementation is documented.

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

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

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

Pursuant to the auditor's review of the aforementioned SART reports, zero recommendations were documented.

In view of the above, the auditor finds WATCH/CCP West exceeds standard requirements for 115.286.

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115.287	Data collection
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1453 456">Pursuant to the PAQ, the PA self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p data-bbox="280 497 1469 568">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.287(a)/(c).</p> <p data-bbox="280 609 1458 725">The auditor's review of the 2021/2022 PREA Data Collection system reveals the same is commensurate with 115.287(a). Review of the 2021 WATCH/CCP West SSV 1A and SSV 4 reveals that all requisite information is included in the same.</p> <p data-bbox="280 766 1449 801">The auditor finds the data collection system to be commensurate with 115.287(a).</p> <p data-bbox="280 842 1449 913">Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p data-bbox="280 954 1469 1025">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.287(b).</p> <p data-bbox="280 1066 1442 1182">The auditor's review of aggregated data from 2021 and 2022 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually.</p> <p data-bbox="280 1223 1458 1339">Pursuant to the PAQ, the PA self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.</p> <p data-bbox="280 1379 1469 1451">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.287(c).</p> <p data-bbox="280 1491 1449 1527">The auditor finds the data collection system to be commensurate with 115.287(c).</p> <p data-bbox="280 1568 1469 1684">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.</p> <p data-bbox="280 1724 1390 1796">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) and (3)addresses 115.287(d).</p> <p data-bbox="280 1836 1437 1998">The auditor learned that neither CCCS nor WATCH/CCP West contract with private facilities for the confinement of clients designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) is not applicable to WATCH/CCP West.</p> <p data-bbox="280 2038 1469 2074">Pursuant to the PAQ, the PA self reports that upon request, the agency provided the</p>

Department of Justice with data from the previous calendar year.

As evidence of the same, the WATCH/CCP West SSV 1A and WATCH/CCP West SSV 4 are included in the PAQ. Both appear to be comprehensive and complete.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.287.

115.288	Data review for corrective action
	<p data-bbox="280 188 1007 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 580 297">Auditor Discussion</p> <p data-bbox="280 340 1477 499">Pursuant to the PAQ, the PA self reports the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <ul data-bbox="280 539 1426 698" style="list-style-type: none"> 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. <p data-bbox="280 734 1469 808">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 3, section II(B)(1) addresses 115.288(a).</p> <p data-bbox="280 846 1477 1093">The auditor's review of the 2021 WATCH/CCP West Annual Report reveals substantial compliance with all components of 115.288. Specifically, a comparison and assessment of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the report(s) are approved by the Agency Head, and the same are posted on the CCCS website. The report reveals no redactions pursuant to 115.288(d).</p> <p data-bbox="280 1131 1477 1249">Of note, the 2021 Annual PREA Report reflects substantial accomplishment in that a significant camera upgrade was accomplished. Additionally, continued emphasis on both staff and client PREA training is highlighted.</p> <p data-bbox="280 1288 1469 1406">The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.</p> <p data-bbox="280 1444 1469 1809">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. If she facilitates a sexual abuse/harassment investigation, the PCM electronically forwards all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC in a password protected system. Hard copies of these documents are maintained in a locked cabinet(s) in the PCM's locked office. Additionally, daily population reports and the daily PREA sheets are maintained electronically and physically in the same manner.</p> <p data-bbox="280 1848 1469 1921">During the facility tour and throughout the on-site audit, he auditor did validate the PCM's statement above regarding electronic and hard copy storage of data.</p> <p data-bbox="280 1960 1469 2078">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 PA writes a facility annual report and forwards the same to the CCCS PC</p>

for inclusion in the corporate-wide Annual PREA Report.

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.

WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(2) addresses 115.287(b).

As referenced in the narrative for 115.288(a), the auditor finds substantial compliance with 115.288(b).

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.

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

The auditor's review of the WATCH/CCP West website reveals signed copies of the 2019, 2020, and 2021 Annual PREA Reports are available for public consumption on the same. The reports are signed by the WATCH/CCP West 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 the material redacted.

WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(4) addresses 115.288(d).

In regard to the types of material typically redacted from the annual report, the PCM asserts clients/staff names and other identifying information, as well as, critical security information would be redacted. The agency does indicate the nature of the material redacted.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.288.

115.289	Data storage, publication, and destruction
	<p data-bbox="280 188 1007 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="280 264 579 300">Auditor Discussion</p> <p data-bbox="280 340 1406 416">Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.</p> <p data-bbox="280 456 1469 568">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(1)addresses 115.289(a). This policy stipulates data is maintained either with the PA or PCM.</p> <p data-bbox="280 609 1469 721">During the facility tour, the auditor noted relevant data, as articulated in 115.289(a) and 115.288(a), was securely maintained in a secure filing cabinet in the PCM's locked office.</p> <p data-bbox="280 761 1453 837">The PCM's statement with respect to 115.289(a) requirements is clearly articulated in the narrative for 115.288(a).</p> <p data-bbox="280 878 1434 1034">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.</p> <p data-bbox="280 1075 1469 1151">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(2)addresses 115.289(b).</p> <p data-bbox="280 1191 1460 1348">Pursuant to the auditor's review of the WATCH/CCP West website, all relevant statistics captured on the SSVs are posted on the same. As articulated in the narrative for 115.212, CCCS does not contract with any private or other facilities to house clients committed to their custody and control.</p> <p data-bbox="280 1388 1460 1590">Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PA further self reports the agency maintains sexual abuse data collected pursuant to 115.287 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p data-bbox="280 1630 1469 1706">WATCH/CCP West Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(3) addresses 115.289(c).</p> <p data-bbox="280 1747 1469 1859">The auditor did not observe any personal identifiers in the statistics reflected on the website. Additionally, during the on-site audit, the auditor found no discrepancies in terms of 115.289(d) requirements.</p> <p data-bbox="280 1899 1469 1975">In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.289.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor facilitates one to three PREA audits per year for CCCS and he has previously audited WATCH/CCP West. In preparation for this audit, he validated, pursuant to review of the CCCS website, that the facility was the recipient of a PREA audit three years ago. The auditor has found the same to be accurate with respect to all facilities audited.</p> <p>Pursuant to the auditor's cursory review of the CCCS website, it appears that WATCH/CCP West and CC are compliant with 115.401(b).</p> <p>Throughout the on-site audit, the auditor was provided access to all areas of the facility. He did observe all program and operational areas, as well as, all housing units. This included tours throughout each 9-10 hour day.</p> <p>The auditor was permitted to request and receive copies of any relevant documents pertaining to PREA standards. Information was uploaded into OAS or emailed to the auditor and he uploaded the same into OAS.</p> <p>The auditor did interview all staff and offenders in a private, one-on-one setting throughout the conduct of the audit.</p> <p>The CCCS PC asserts that letters to the auditor from clients are considered confidential prior to and after the audit until the audit notices are removed. BT staff are made aware of this requirement by the CCCS PC.</p> <p>Incoming mail is opened unless it is determined to be legal mail. Outgoing mail is not opened.</p> <p>In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>The auditor's review of the CCCS/WATCh/CCP West website reveals that the 2019 PREA Audit Report was published on the same.</p> <p>In view of the above, the auditor finds WATCh/CCP West substantially compliant with 115.403.</p>

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

115.212 (c)	Contracting with other entities for the confinement of residents	
	If the agency has entered into a contract with an entity that fails to comply with the PREA standards, did the agency do so only in 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.)	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.)	na
115.213 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.213 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	yes

115.213 (c)	Supervision and monitoring	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing staffing patterns?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
115.215 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.215 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.215 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes

115.215 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
115.215 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.215 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with residents with disabilities including residents who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Who are blind or have low vision?	yes
115.216 (b)	Residents with disabilities and residents who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.216 (c)	Residents with disabilities and residents who are limited English proficient	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes

115.217 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
115.217 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes

115.217 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.217 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
115.217 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
115.217 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.217 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.217 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.218 (a)	Upgrades to facilities and technology	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
115.218 (b)	Upgrades to facilities and technology	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	yes
115.221 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes

115.221 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	no
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
115.221 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.221 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member?	yes
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

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

115.222 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.222 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes

115.231 (a)	Employee training	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes

115.231 (b)	Employee training	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
115.231 (c)	Employee training	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.231 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.232 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.232 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes

115.232 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.233 (a)	Resident education	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
115.233 (b)	Resident education	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes

115.233 (c)	Resident education	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
115.233 (d)	Resident education	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
115.233 (e)	Resident education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
115.234 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes

115.234 (b)	Specialized training: Investigations	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
115.234 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes

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

115.235 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
115.241 (a)	Screening for risk of victimization and abusiveness	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
115.241 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.241 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.241 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes

115.241 (e)	Screening for risk of victimization and abusiveness	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
115.241 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.241 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
115.241 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes

115.241 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
115.242 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.242 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes

115.242 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
115.242 (d)	Use of screening information	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.242 (e)	Use of screening information	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes

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

115.251 (b)	Resident reporting	
	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
115.251 (c)	Resident reporting	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.251 (d)	Resident reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
115.252 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes

115.252 (b)	Exhaustion of administrative remedies	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.252 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.252 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes

115.252 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes

115.252 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.252 (g)	Exhaustion of administrative remedies	
	If the agency disciplines a resident for filing a grievance related to 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.)	yes

115.253 (a)	Resident access to outside confidential support services	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
115.253 (b)	Resident access to outside confidential support services	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.253 (c)	Resident access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.254 (a)	Third party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes

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

115.261 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.262 (a)	Agency protection duties	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
115.263 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.263 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.263 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.263 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.264 (a)	Staff first responder duties	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.264 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.265 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes

115.266 (a)	Preservation of ability to protect residents from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.267 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.267 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

115.267 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.267 (d)	Agency protection against retaliation	
	In the case of residents, does such monitoring also include periodic status checks?	yes
115.267 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.271 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).)	yes
115.271 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
115.271 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.271 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.271 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.271 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.271 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.271 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.271 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.271(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.271 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the facility or agency does not provide a basis for terminating an investigation?	yes
115.271 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).)	yes
115.272 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.273 (a)	Reporting to residents	
	Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.273 (b)	Reporting to residents	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency 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

115.273 (c)	Reporting to residents	
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident’s unit?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident’s allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.273 (d)	Reporting to residents	
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident’s allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	yes

115.273 (e)	Reporting to residents	
	Does the agency document all such notifications or attempted notifications?	yes
115.276 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.276 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
115.276 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.276 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes

115.277 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.277 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
115.278 (a)	Disciplinary sanctions for residents	
	Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.278 (b)	Disciplinary sanctions for residents	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
115.278 (c)	Disciplinary sanctions for residents	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior?	yes

115.278 (d)	Disciplinary sanctions for residents	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending resident to participate in such interventions as a condition of access to programming and other benefits?	yes
115.278 (e)	Disciplinary sanctions for residents	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.278 (f)	Disciplinary sanctions for residents	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.278 (g)	Disciplinary sanctions for residents	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
115.282 (a)	Access to emergency medical and mental health services	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes

115.282 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.282 (c)	Access to emergency medical and mental health services	
	Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.282 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.283 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.283 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.283 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.283 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive 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.)	na
115.283 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.283 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.283 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes

115.286 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.286 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.286 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.286 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes

115.286 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.287 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.287 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.287 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.287 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.287 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
115.287 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.288 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes
115.288 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.288 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.288 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.289 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes

115.289 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.289 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.289 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with residents?	yes
115.401 (n)	Frequency and scope of audits	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?	yes
115.403 (f)	Audit contents and findings	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes