

# 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:** 09/04/2025

**Date Final Report Submitted:** 10/08/2025

## Auditor Certification

The contents of this report are accurate to the best of my knowledge.



No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.



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.



**Auditor Full Name as Signed:** Kenneth E. Arnold

**Date of Signature:** 10/08/2025

## AUDITOR INFORMATION

**Auditor name:** Arnold, Kenneth

**Email:** kenarnold220@gmail.com

**Start Date of On-Site Audit:** 05/19/2025

**End Date of On-Site Audit:** 05/20/2025

## 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:** 471 E Mercury, Butte, Montana - 59701

## Primary Contact

<b>Name:</b>	Marwan Saba
<b>Email Address:</b>	msaba@cccscorp.com
<b>Telephone Number:</b>	405-491-0245

Facility Director	
<b>Name:</b>	Melissa Kelly
<b>Email Address:</b>	mkelly@cccscorp.com
<b>Telephone Number:</b>	406-693-2272 ext 502

Facility PREA Compliance Manager	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

Facility Characteristics	
<b>Designed facility capacity:</b>	180
<b>Current population of facility:</b>	177
<b>Average daily population for the past 12 months:</b>	156
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Men/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	WATCH 46, CCP 25 (Age range 18-85)
<b>Facility security levels/resident custody levels:</b>	alternate secure
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	54
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	7

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

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

<b>Agency-Wide PREA Coordinator Information</b>
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<b>Name:</b>	Marwan Saba	<b>Email Address:</b>	msaba@cccscorp.com
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## Facility AUDIT FINDINGS

### 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:

3

- 115.231 - Employee training
- 115.232 - Volunteer and contractor training
- 115.286 - Sexual abuse incident reviews

#### Number of standards met:

38

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2025-05-19
2. End date of the onsite portion of the audit:	2025-05-20

### 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:	Director at Safe Space. Safe Space is engaged in an MOU with START to provide post incident victim advocacy (VA) services. The Director related that she has been at Safe Space for approximately three years and contact has been made cumulatively on two occasions within that period of time between BPRC/WTC, CCP-E, WATCH-CCP W, and START. Specifically, contact is minimal.

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	180
15. Average daily population for the past 12 months:	156
16. Number of inmate/resident/detainee housing units:	4

<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>23. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	156
<b>25. 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:</b>	2
<b>26. 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:</b>	4
<b>27. 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:</b>	0
<b>28. 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:</b>	0

<b>29. 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:</b>	0
<b>30. 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:</b>	5
<b>31. 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:</b>	0
<b>32. 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:</b>	0
<b>33. 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:</b>	0
<b>34. 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:</b>	0
<b>35. 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):</b>	None

**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

<b>36. 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:</b>	55
<b>37. 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:</b>	3
<b>38. 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:</b>	1
<b>39. 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:</b>	None

**INTERVIEWS****Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

<b>40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10
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<b>41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b>	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
<b>42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>	Client interviewees were selected from each of the four housing units.
<b>43. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>44. 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):</b>	None
<b>Targeted Inmate/Resident/Detainee Interviews</b>	
<b>45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11

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".

<b>47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	2
<b>48. 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:</b>	4
<b>49. 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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>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).</b>	<p>During the onsite visit, the auditor did not observe any clients who appeared to be blind, utilizing a cane or stick, etc. Additionally, the auditor did not learn of any further disabilities pursuant to the interview processes. Finally, medical practitioners did not identify any clients who exhibited blindness or low vision.</p>
<b>50. 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:</b>	<p>0</p>
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<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>
<b>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).</b>	<p>During the onsite visit, the auditor did not observe any clients who appeared to be deaf or low hearing as determined through conversations with many clients. Additionally, the auditor did not learn of any further disabilities pursuant to the interview processes. Finally, medical practitioners did not identify any clients who exhibited deafness or low hearing.</p>
<b>51. 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:</b>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite visit, the auditor did not observe any clients who appeared to be LEP as determined through conversations with many clients. Additionally, the auditor did not learn of any LEP clients pursuant to the interview processes. Finally, the PM did not identify any clients who were LEP.</p>
<p><b>52. 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:</b></p>	<p>5</p>
<p><b>53. 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:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>During the onsite visit, the auditor's review of resident files and interviews with both staff and residents failed to reveal the presence of any transgender/intersex residents at WATCH-CCP W.</p>

<b>54. 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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	The auditor's review of investigative files revealed that zero sexual abuse allegations were reported at WATCH-CCP W during the last 12 months.
<b>55. 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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	Pursuant to the auditor's cursory review of random client files, he found no evidence that any clients currently housed at WATCH-CCP W reported, during the last 12 months, that they had been subjected to prior institutional sexual abuse at other facilities. Accordingly, such interview could not be facilitated.

<b>56. 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:</b>	0
<b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <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. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>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).</b>	WATCH-CCP W is a reentry treatment facility and accordingly, a segregation/isolation program is not maintained at the facility.
<b>57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	None
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>58. Enter the total number of RANDOM STAFF who were interviewed:</b>	12

<b>59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<input checked="" type="checkbox"/> Length of tenure in the facility <input checked="" type="checkbox"/> Shift assignment <input checked="" type="checkbox"/> Work assignment <input checked="" type="checkbox"/> Rank (or equivalent) <input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken) <input type="checkbox"/> None
<b>60. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	None
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	11
<b>63. Were you able to interview the Agency Head?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to interview the Agency Head:</b>	The auditor has audited CCCS facilities for the last nine years and accordingly, he has interviewed the Agency Head. The CCCS PC, who works directly for the Agency Head, has advised that the Agency Head's responses remain the same.

<b>64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>65. Were you able to interview the PREA Coordinator?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>a. Explain why it was not possible to interview the PREA Coordinator:</b>	<p>The auditor has audited CCCS facilities for the last nine years and accordingly, he has interviewed the CCCS PC. The CCCS PC asserts that the information contained in his previous interviews remains the same.</p>
<b>66. Were you able to interview the PREA Compliance Manager?</b>	<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)



**67. 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
- ☒ Intake staff

	<input type="checkbox"/> Other
<b>68. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input checked="" type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>69. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<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><b>70. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>	<p>With respect to the criminal investigative staff interview, the auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not respond the telephone calls on either occasion and they did not return any telephone calls from this auditor. One contractor and two volunteer interviewees were interviewed regarding their experience(s) with PREA training at WATCH-CCP W. Additionally, the auditor notes that he attempted contact with two additional volunteers, leaving a voicemail, and they failed to respond to the same.</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><b>71. Did you have access to all areas of the facility?</b></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:**

**72. 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)?**

☒ Yes  
☐ No

**73. 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)?**

☒ Yes  
☐ No

**74. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?**

☒ Yes  
☐ No

**75. Informal conversations with staff during the site review (encouraged, not required)?**

☒ Yes  
☐ No

**76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

None

**Documentation Sampling**

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

**77. 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?**

☒ Yes  
☐ No

<b>78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	Staff HR Files- 14 Staff Training Files- 32 Client Files- 24 Investigation(s)- 1 regarding a sexual abuse incident reported more than 18 months prior to the onsite visit
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## 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.

<b>79. Total number of SEXUAL ABUSE allegations and investigations overview during the 12 months preceding the audit, by incident type:</b>				
	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	0	0	0	0

**80. 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
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	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.

**81. 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

**82. 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.

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

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

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

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

**Sexual Abuse and Sexual Harassment Investigation Files Selected for Review**

**Sexual Abuse Investigation Files Selected for Review**

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

0



<b>a. Explain why you were unable to review any sexual abuse investigation files:</b>	Zero sexual abuse investigations were facilitated within the last 12 months. The auditor did review one sexual abuse investigation that was referred for criminal investigation with the same being incomplete. The same was referred within the last 18 months.
<b>86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0

<b>91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<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 abuse investigation files)
<b>92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<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 abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>a. Explain why you were unable to review any sexual harassment investigation files:</b>	Zero sexual harassment investigations were facilitated within the last 12 months.
<b>94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0

<b>96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input type="radio"/> Yes  <input type="radio"/> No  <input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>Staff-on-inmate sexual harassment investigation files</b>	
<b>98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	0
<b>99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b>	<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)
<b>100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<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)
<b>101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b>	None

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**102. 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.**

☐ Yes

☒ No

### Non-certified Support Staff

**103. 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

**108. 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
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>
Auditor Discussion Instructions
<p>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.</p>

115.211	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.211(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse/harassment and sanctions for those found to have participated in such prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of clients.</p> <p>Warm Springs Addiction, Treatment, and Change Program and the Connections Corrections Program- West (WATCH-CCP W) PREA General Requirements Policy 3-1, pages 1-9 addresses 115.211(a).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with</p>

115.211(a).

115.211(b)

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

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). As the Director of Development, Administration, and Contract Management position is vacant at this time, the CCCS PC reports directly to the CCCS Chief Executive Officer (CEO). Clearly, the CCCS PC has sufficient access to upper corporate management to address "all things PREA".

The PA also self reports that the WATCH-CCP W PREA Manager (PM) is assigned to address PREA matters at WATCH-CCP W. The auditor's review of the WATCH-CCP W Organizational Chart reveals the WATCH-CCP W PM is in the facility's organizational structure, reporting directly to the PA.

WATCH-CCP W PREA General Requirements Policy 3-1, page 6, section V(B) addresses 115.211(b).

According to the CCCS PC, he has sufficient time to manage all of his PREA-related duties. He oversees seven facilities with collateral compliance manager duties. Seven PMs and one compliance/PREA specialist report to him and facilitate PREA related duties at the respective facilities.

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

The WATCH-CCP W PM asserts that as Peer Support Specialist (PSS)/PM, she tours each unit on a daily basis. She facilitates group processes in every unit and accordingly, she is very familiar with the client population. While making rounds, she reviews camera placements, blind spots, client movement, areas of congregation, and poster placements. Accessibility to both staff and clients is abundant. If posters require repositioning or replacement, she addresses the same.

During the course of her duties, the interviewee reviews the WATCH-CCP W PREA Handbook, PREA pamphlet, and she presents the PREA video and a question and answer period during PREA Orientation. She also provides PREA Orientation to all new staff prior to client contact. She provides monthly PREA training.

	<p>The interviewee asserts that she identifies any PREA issues requiring monetary expenditures. The PA approves the same.</p> <p>Pursuant to management by wandering around (MBWA), she ensures she maintains a pulse regarding PREA issues and/or potential PREA issues.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.211(b).</p> <p>Based on the lack of findings regarding 115.211 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.211.</p>
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<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.212(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract with another agency for confinement of WATCH-CCP W clients since the last PREA audit. Accordingly, it has been determined 115.212(a) and (b) are not applicable to WATCH-CCP W.</p> <p>In view of the above, the auditor finds 115.212(a) and (b) not applicable to WATCH-CCP W.</p> <p>115.212(b)</p> <p>Pursuant to the PAQ, the PA self reports since August 20, 2012, the agency has not entered into any contracts with a private agency or other entity that failed to comply with PREA standards.</p> <p>In view of the above, the auditor finds that 115.212(c) is not applicable to WATCH-CCP W.</p> <p>Absent any evidence of failure with respect to the requirements of this standard, the auditor finds WATCH-CCP W substantially compliant with 115.212.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
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	<div data-bbox="280 118 981 152" data-label="Section-Header"><p><b>Auditor Overall Determination:</b> Meets Standard</p></div> <div data-bbox="280 197 564 230" data-label="Section-Header"><p><b>Auditor Discussion</b></p></div> <div data-bbox="280 275 438 309" data-label="Text"><p>115.213(a)</p></div> <div data-bbox="280 342 1476 2056" data-label="Text"><p>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 161 and the average daily number of clients on which the staffing plan is predicated is 180.</p><p>WATCH-CCP W Policy 3-1 entitled PREA General Requirements, page 7, section V(B)(5) addresses 115.213(a).</p><p>The auditor's review of the 2023, 2024, and 2025 WATCH-CCP W Annual Staffing Plans reveals the facility meets standard expectations. Additionally, review of the aforementioned Annual Staffing Plans reveals all four of the requisite community confinement facility issues are considered during development and documentation of the staffing plan. The staffing plan is extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services as an absolute last resort.</p><p>The PA asserts the facility does have a staffing plan and the plan is adequate to protect clients against sexual abuse. Effective and strategic assignment of staff minimizes the impact of blind spots, etc. Video monitoring is considered in the plan and the same may be addressed pursuant to SART reviews.</p><p>According to the PA, other staff, case managers (CMs) and licensed addiction counselor (LACs) may augment supervision. Sixty-three digital surveillance cameras are strategically placed throughout the facility and exterior of the building and the auditor observed placement of the cameras during the onsite visit. During the onsite visit, the auditor observed the aforementioned supervision processes and found no lapses.</p><p>The staffing plan is documented and hard copies of the same are maintained by the PA, CCCS PC, and behavioral technician coordinator (BTC). All staff have access to the staffing plan through individual privileges on the server.</p><p>Both the PA and the PM assert the following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:</p><p>1. The physical layout of the facility: Direct staff supervision is employed in each of the four units and main control (MC) is staffed on a 24/7 basis. Generally, a minimum of four staff are assigned to each of the three shifts however, we strive to staff the facility with five staff per shift. Programs staff assist with supervision on 1st and 2nd shifts. The on-call supervisor may be called to work a vacant post when overtime cannot be accomplished.</p></div>
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Blind spots and areas of low visibility are the primary considerations in regard to staffing plan development. Sixty-three digital surveillance cameras are utilized to offset these conditions. Locations of client and staff congregation, inclusive of rooms, areas, and offices, are additional considerations in the client sexual safety equation.

Portal to portal (movement throughout the facility from entry to exit) camera coverage is ideal for both staff and clients. NOTE: The auditor's observations during the facility tour validated the PA's/PCM's assertions above. The facility is well monitored in terms of video surveillance.

2. The composition of the client population; Primarily Caucasian and Native American, two black clients and a handful of Hispanics are also sprinkled into the racial composition. One gang affiliate is currently housed at WATCH-CCP W. A fair number of elderly clients are also included in the client complement. The population is stable.

3. The prevalence of substantiated and unsubstantiated incidents of sexual abuse; One sexual abuse incident has been reported within the last 18 months.

4. Any other relevant factors; None.

The PA asserts the BTC alerts her in terms of staffing vacancies on a daily basis. Behavioral Technician Supervisors (BTS) alert the BTC of such vacancies and the PA assesses shift strength during MBWA rounds. In the event of a vacancy, a strategy is subsequently developed to cover the vacancy. At times, treatment staff, etc. are used to offset post vacancies during regular business hours and overtime may also be employed, dependent upon the circumstances. The BTC and PA may provide coverage, if needed.

A Deviation Form is completed whenever a vacancy occurs, complete with rationale and strategy used to fill the same. NOTE: The auditor notes that there is no evidence of staffing plan deviation(s) or noncompliance during the last 12 months.

During the facility tour and subsequent shifts, the auditor noted that a minimum of four staff (at least one of whom was male) were present at the facility. The same is consistent with the staffing plan and the contract with MDOC. Generally, a BTS is also on shift.

During the facility tour, the auditor learned that 63 cameras are monitored at WATCH-CCP W. He reviewed camera angles and monitors at the monitoring location and found no conflicts with privacy or PREA concerns. Camera placements clearly capture sufficient live monitoring to ascertain facility activities. The auditor notes that staff presence in the housing units is essential given the physical plant and the fact zero cameras are located in rooms and bathrooms.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.213(a).

115.213(b)

Pursuant to the PAQ, the PA self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PA further self reports the six most common reasons for deviating from the staffing plan in the last 12 months are as follows: Staff sick call; staff fill-in for groups; staff shortage; annual leave; transports; and training.

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

The auditor's review of nine random 2024 and three random 2025 CCCS WATCH-CCP W 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 above.

The PA asserts a Deviation Form is completed, signed, and dated by both the employee and BTC whenever coverage must be established for an unfilled post.

While there has been no vacated posts or deviations as noted above, the form tracks overtime, fill-ins, etc.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.213(b).

115.213(c)

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

The 2022, 2023, and 2024 staffing plan reviews reveal no disparity in terms of the four assessment areas addressed in the narrative for 115.213(a). The staffing plan reviews were facilitated on July 1, 2022, July 20, 2023, and July 22, 2024 with minutes of the same uploaded into OAS.

The CCCS PC asserts the staffing plan is reviewed at least once every year and he is part of the review process. As mentioned in the preceding paragraph, the auditor's review of the 2022, 2023, and 2024 staffing plan reviews reveals substantial compliance with 115.213(c). Specifically, all four considerations are clearly given weight on an annual basis.

	<p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.213(c).</p> <p>Given the lack of findings as articulated in the above narrative, the auditor finds WATCH-CCP W substantially compliant with 115.213.</p>
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115.215	Limits to cross-gender viewing and searches
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.215(a)</p> <p>Pursuant to the PAQ, the PA self reports facility staff do not conduct cross-gender strip or cross-gender visual body cavity searches of clients at WATCH-CCP W. 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 W staff.</p> <p>WATCH-CCP W PREA Policy 3-1, page 8, section V(B)(8) addresses 115.215(a). This policy allows for cross-gender strip or cross-gender visual body cavity searches of clients pursuant to exigent circumstances. The auditor notes that exigent circumstances are defined within this policy.</p> <p>The non-medical staff involved in cross-gender strip searches interviewee asserts that strip searches are not conducted at WATCH-CCP W. If staff reasonably suspect a client is trafficking a weapon in his rectum, then a cross-gender strip or visual search can be requested if same sex staff are not available.</p> <p>The auditor's on-site review of the Exigent Circumstances Log during the facility tour validated the findings articulated in the preceding sentence(s). The auditor's examination of the urinalysis room substantiates the fact that cross-gender strip or visual searches can be conducted in private. While camera coverage covers entrance and egress to and from the room, there is no camera located inside the same.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.215(a).</p> <p>115.215(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility does not house female clients. The same is consistent with the auditor's onsite observations. Accordingly, the auditor finds 115.215(b) to be not applicable to WATCH-CCP W.</p>

In view of the above, the auditor finds 115.215(b) to be not applicable to WATCH-CCP W.

#### 115.215(c)

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 that female clients are not housed at WATCH-CCP W.

WATCH-CCP W PREA Policy 3-1, page 8, section V(B)(9) addresses 115.215(c).

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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.215(c).

#### 115.215(d)

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 (this includes viewing via video camera). The PA further self reports policies and procedures require staff of the opposite gender to announce their presence when entering a client housing unit.

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

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

All 12 random staff interviewees state that female staff announce their presence when entering a housing unit wherein clients of the opposite gender are housed. 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 onsite visit, the auditor observed female staff clearly and audibly announce their presence when entering wings wherein opposite gender clients are housed, stating, "Male or Female on the floor" or some equivalent. Additionally, the auditor observed that camera monitors were not located in either bathrooms or client rooms, noting client privacy is maintained in accordance with 115.215(d).

The auditor also noted that based on the physical plant layout and barriers, compliance with 115.215(d) is maintained in bathroom/shower areas. The auditor found zero evidence of non-compliance based on mirror angles and proximity to bathroom doors when clients are changing clothes. Showers in each of the four wings, shielded by shower curtains and at least a half wall, were observed in each bathroom. Toilets and urinals are shielded by metal partitions.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.215(d).

#### 115.215(e)

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 W PREA Policy 3-1, page 9, section V(B)(10)(b) addresses 115.215(e).

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

The PM asserts that zero transgender/intersex clients were housed at WATCH-CCP W during the onsite visit. Accordingly, such interview was not conducted.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.215(e).

#### 115.215(f)

Pursuant to the PAQ, the PA self reports that 54 (100% of all staff employed at WATCH-CCP W) have received training on conducting cross-gender pat-down searches and searches of transgender and intersex clients in a professional and respectful manner, consistent with security needs.

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

The auditor's onsite random review of 13 2025 Staff Development & Training Record Forms [covering 2025 PREA Annual Refresher Training (ART)] reveals all representative staff completed and understand Gender Responsive Strategies/LGBTI training. This training was provided to staff representing all different institutional disciplines, inclusive of security.

Additionally, the auditor's review of the aforementioned files reveals all representative staff completed and understand Cross Gender and Transgender/ Intersex client pat search techniques, pursuant to annual in-service (PREA ART)

	<p>training. The auditor is satisfied this practice is institutionalized at WATCH-CCP W.</p> <p>The auditor's review of the National PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches and accompanying CCCS Power Point reveals substantial compliance with 115.215(f).</p> <p>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, during 2025. Generally, training was presented in a combination of video, Power Point, discussion, and/or demonstration formats. They received this training during either Pre-Service, PREA Annual Refresher Training (ART), or separate training.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.215(f).</p> <p>Given the lack of findings regarding the above 115.215 narratives, the auditor finds WATCH-CCP W substantially compliant with 115.215.</p>
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<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.216(a)</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 W 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, 2022 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</p>

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.

The six clients with cognitive disabilities (four who are either slightly cognitively impaired/developmentally disabled/ or mentally ill) plus two physically impaired interviewees state the facility provides information about sexual abuse/harassment they are able to understand. Posters are adequately posted, enabling easy reading access. Additionally, written materials are adequate for their reference. This is commensurate with the auditor's observations.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.216(a).

#### 115.216(b)

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

WATCH-CCP W 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 substantial compliance with 115.216(b). Services for 240-plus languages are provided pursuant to this service.

The PM asserts zero LEP clients were housed at WATCH-CCP W during the onsite visit. Accordingly, such interview(s) could not be conducted.

The auditor's review of 13 completed 2025 Staff Training Record Forms reveals that staff from different disciplines completed LanguageLink training regarding the mechanics of the system. This training was completed during 2025 PREA ART.

At approximately 1:50 PM on February 9, 2025, the auditor facilitated a test of the LanguageLink Interpreter Services Line from his office telephone in conjunction with another CCCS audit. He entered the 1-800 access number and the account number for CCCS. The contact call was then routed to a language menu and the auditor terminated the call. The auditor determined that the test was successful at that time.

The auditor did successfully complete tests of the BACS Hotline and Safe Space from the Upper South client telephones during the onsite visit. The telephones were

operational. Only staff can contact LanguageLink from their office telephones or cell phones.

The auditor's review of the CCCS and LanguageLink contract reveals that CCCS is assessed a \$50.00 monthly charge for provision of the translation/interpretation services articulated above. This fee is assessed in view of the minimal usage of the service. In addition to the aforementioned charge, translation/interpretation service calls are assessed at the rate of \$1.45 per minute (domestic) and \$3.25 per minute (international).

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

115.216(c)

Pursuant to the PAQ, the PA self reports agency policy prohibits 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, to translate for another client. 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 wherein 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 W PREA Policy 15-3 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, translators, and other assistants to assist disabled clients or LEP clients when making an allegation of sexual abuse/harassment. The 12 interviewees cited a delay in obtaining an effective interpreter could impede the investigation of the client's allegations or cause loss of evidence and result in further physical injury to the victim as reasons for use of client assistants. All 12 interviewees state, to the best of their knowledge, that during the last 12 months, client interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/harassment.

The four clients with cognitive impairment interviewees and the two physically disabled interviewees state the facility provides information about sexual abuse/harassment they are able to understand. Additionally, other clients have not assisted them in terms of reporting a sexual abuse/harassment incident.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with



	<p>115.216(c).</p> <p>Given the lack of findings as articulated in the above narratives, the auditor finds WATCH-CCP W substantially compliant with 115.216.</p>
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<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.217(a)</p> <p>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> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;</p> <p>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</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullets.</p> <p>CCCS Policy 1.3.1.12, pages 1 and 2, section IV(B)(1-3) addresses 115.217(a).</p> <p>The auditor notes that the Disclosure of PREA Employment Standards Violation form includes the language of both 115.217(a) and (b) as all four questions are asked on the form which is completed by the applicant minimally, on the date of hire, and annually thereafter by all staff. Accordingly, the Disclosure of PREA Employment Standards Violation form must be administered minimally, at application/hiring and during the calendar year preceding the date on which a promotion occurred. The auditor also notes that aside from the candidate's statement, the only way to validate sexual harassment is pursuant to submission of the CCCS Reference Check Form to a previous institutional employer. One can only validate if the previous institutional employer elects to respond to the questions articulated in the document.</p> <p>The auditor notes that in two random staff cases reviewed as part of random file reviews that the applicants were previously employed by MDOC. In both cases, the responding MDOC staff member refused to provide information related to 115.217(a and b) questions, as well as, substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.</p>

The auditor's onsite review of five random staff files pertaining to staff hired during the last 12 months reveals substantial compliance with 115.217(a). In eight additional cases, staff were hired prior to 2022 and accordingly, they are not considered with respect to this audit sample (not hired during the audit cycle).

Presence of a timely completed (within a couple days of the date of hire) Disclosure of PREA Employment Standards Violation form and/or employment application is utilized to establish compliance. As mentioned in the preceding paragraph, in the remaining eight cases, staff were hired prior to 2022 and accordingly, they are not considered with respect to this audit sample (not hired during the audit cycle).

The auditor's review of three promotion files reveals that Disclosure of PREA Employment Standards Violation forms were completed prior to the date of promotion in all three cases. The auditor notes that none of the affected staff members, nor those referenced in the preceding paragraph, responded in the affirmative to any of the four questions. Of note, the promotion applicants were in the continuous employ of WATCH-CCP W and accordingly, hiring managers were aware of any new charges or 115.217(a) and (b) violations as they might occur.

According to the PA, zero contractors who provide services at WATCH-CCP W, were brought on board during the last 12 months. The auditor has not discovered any contradictory evidence.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(a).

#### 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 7, section entitled Hiring and Promotion Decisions, paragraph b addresses 115.217(b).

The auditor notes that the Disclosure of PREA Employment Standards Violation form also includes 115.217(b) verbiage as one of the questions however, the application for employment does not contain 115.217(b) language. Accordingly, the Disclosure of PREA Employment Standards Violation form must be administered minimally, at application/hiring or during the prior calendar year in comparison to a promotion.

The auditor also notes that aside from the candidate's statement, the only way to validate sexual harassment is submission of the CCCS Reference Check Form to a previous institutional employer as rarely, if ever, is sexual harassment addressed in criminal background record checks. One can only validate if the previous institutional employer elects to respond to the questions articulated in the document.

The auditor's onsite review of five random staff files pertaining to staff hired during the last 12 months reveals substantial compliance with 115.217(a). In eight additional cases, staff were hired prior to 2022 and accordingly, they are not considered with respect to this audit sample (not hired during the audit cycle).

Presence of a timely completed (within a couple days of the date of hire) Disclosure of PREA Employment Standards Violation form is utilized to establish compliance.

As mentioned in the preceding paragraph, in the remaining eight cases, staff were hired prior to 2022 and accordingly, they are not considered with respect to this audit sample (not hired during the audit cycle).

The auditor's review of three promotion files reveals that Disclosure of PREA Employment Standards Violation forms were completed prior to the date of promotion in all three cases. The auditor notes that none of the affected staff members, nor those referenced in the preceding paragraph, responded in the affirmative to any of the four questions.

Of note, the promotion applicants were in the continuous employ of WATCH-CCP W and accordingly, hiring managers were aware of any new charges or 115.217(a) and (b) violations as they might occur.

According to the PA, zero contractors who provide services at WATCH-CCP W, were brought on board during the last 12 months. The auditor has not discovered any contradictory evidence.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(b).

#### 115.217(c)

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, 20 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 PA notifies CCCS Human Resources and they request requisite background checks through the State of Montana. Corporate staff track five-year re-investigations. The same procedure applies to contractors who may have contact with clients.

The auditor's review of five of 13 random employee applications (pertinent to staff hired during the last 12 months) reveals two presented with a history of prior institutional employment. The auditor notes that pursuant to review of these two random staff cases, the applicants were previously employed by MDOC. In both cases, the responding MDOC staff member refused to provide information related to 115.217(a and b) questions, as well as, substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

The remaining eight files pertained to staff hired prior to this audit period or prior to implementation of PREA standards and accordingly, they were not considered for purposes of this provision.

Pursuant to the auditor's review of all five of these HR files relative to the random staff hired during this audit period, criminal background record checks were completed prior to or on the date of hire. Accordingly, compliance is met with respect to this part of the provision. None of the 115.217(a or b) issues were present in any of these criminal background record checks.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(c).

#### 115.217(d)

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, zero contracts for services were issued.

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

The auditor finds no evidence to the contrary regarding contractor selection at WATCH-CCP W during the last 12 months. The single WATCH-CCP W contractor was not hired during this audit cycle.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(d).

#### 115.217(e)

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 asserts 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 reinvestigations.

Additionally, initial requests for criminal background record checks are requested by CCCS HR Department staff.

The auditor notes the Montana Public Criminal History Record encompasses only those arrests/convictions occurring within the State of Montana. Given the transient society in which we work, this process presents 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 W.

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

The auditor's review of four 5-year re-investigations applicable to random staff reveals compliance with 115.217(e). In two additional cases, the five year criminal background record check was not yet due in view of the proximity to the onsite visit. The auditor's review of the contract nurse practitioner's five-year criminal background record check dated October 20, 2022 reveals substantial compliance with 115.217(e). He is the only contractor on board at WATCH-CCP W.

Accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.217(e).

115.217(f)

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

As previously mentioned throughout this narrative, the three questions noted in 115.217(a) are generally asked pursuant to the application and pursuant to the

Disclosure of PREA Employment Standards Violation form during hiring and promotion interviews, and annually in conjunction with the performance review process. The Disclosure of PREA Employment Standards Violation form is signed and dated by all employees on an annual basis. This document includes the three questions referenced in the narrative for 115.217(a), as well as, sexual harassment question [115.217(b)], an affirmative duty to report any such misconduct, and an admonition that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The employee must sign and date this document on an annual basis, as does a staff witness.

The auditor notes this form is completed during the application and hiring/ promotion interview phases of the employment process. As previously indicated in the narrative for 115.217(a), the auditor reviewed 13 random staff HR files to determine compliance with the totality of 115.217. Eight of 13 files included the above properly executed form for calendar year 2024 or 2025. With respect to the five remaining files, the annual Disclosure of PREA Employment Standards Violation form was not yet due in view of the proximity of the date of hire to the onsite visit.

The HR interviewee asserts 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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(f) in terms of facility protocol for administration of the Disclosure of PREA Employment Standards Violation form. This document serves as the requisite 115.217(f) inquiry with respect to promotion actions. Of note, given the fact that internal promotion applicants are under the continuous employ of WATCH-CCP W or CCCS prior to promotion and hiring managers would be aware of any violations of 115.217(a) and (b) requirements, the annual Disclosure of PREA Employment Standards Violation form suffices as evidence of 115.217(f) compliance.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(f).

#### 115.217(g)

Pursuant to the PAQ, the PA self reports agency policy states material omissions regarding 115.217(a and b) misconduct, or the provision of materially false information, shall be grounds for termination.

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

The auditor's review of the CCCS Disclosure of PREA Employment Standards

	<p>Violation form addresses the majority of 115.217, inclusive of 115.217(g). The auditor's random review of completed documents (relative to the randomly selected HR files referenced throughout this narrative for 115.217) validates substantial compliance with 115.217(g).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(g).</p> <p>115.217(h)</p> <p>The HR interviewee states that when a former employee applies for work at another institution, the facility provides information on substantiated allegations of sexual abuse/harassment involving the former employee, unless prohibited by law. The interviewee states such information has not been asked of her.</p> <p>CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph h addresses 115.217(h).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.217(h).</p> <p>Given the above findings, the auditor finds WATCH-CCP W substantially compliant with 115.217.</p>
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115.218	Upgrades to facilities and technology
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.218(a)</p> <p>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>WATCH-CCP W Policy 3-8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).</p> <p>During the PA's interview, she stated the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.</p> <p>In view of the above, the auditor finds 115.218(a) not applicable to WATCH-CCP W.</p>

	<p>115.218(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility has added cameras since the last PREA Audit.</p> <p>WATCH-CCP W Policy 3-8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).</p> <p>The Agency Head asserts the agency uses monitoring technology (either newly installed or updated) to enhance the protection of clients from incidents of sexual abuse. The agency considers line of sight, blind spots, and potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision.</p> <p>Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.</p> <p>The PA asserts when installing or updating monitoring technology, such as a video monitoring system or electronic surveillance, she considers blind spots and sufficiency of video monitoring in high traffic areas. Currently, sixty-three cameras are scattered throughout the facility with the majority of the camera upgrade completed at or near the end of the last PREA audit period. The residual impact of the camera additions is better visual supervision in affected areas and mitigation of opportunities for nefarious activities.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.218(b).</p> <p>Given the fact there are no deviations from either standard or policy, the auditor finds WATCH-CCP W substantially compliant with 115.218.</p>
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115.221	Evidence protocol and forensic medical examinations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.221(a)</p> <p>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 Anaconda/ Deer Lodge County Law Enforcement (ADLC LE) investigator(s). When conducting a sexual abuse investigation, CCCS investigator(s) follow a uniform evidence protocol</p>



and ADLC LE investigator(s) adhere to their agency protocol(s).

WATCH-CCP W Policy 3-4 entitled Reporting, pages 8 and 9, section II(E)(1 and 7) addresses 115.221(a). ADLC LE investigator(s) secure all crime scene physical evidence. Commensurate with 115.264(a), WATCH-CCP W staff assist in the evidence preservation process pursuant to the protocol defined in the aforementioned standard provision.

All 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 professionals.

Eleven of 12 random staff interviewees state that the CCCS PC, WATCH-CCP W PA or PM facilitate administrative sexual abuse/harassment investigations while ten interviewees state that ADLC LE investigator(s) facilitate criminal sexual abuse/sexual harassment investigations at WATCH-CCP W.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221(a).

#### 115.221(b)

Pursuant to the PAQ, the PA self reports zero youth are housed at WATCH-CCP W and accordingly, 115.221(b) is not applicable to that extent. The PA further self reports the evidence preservation protocol was adapted from or is otherwise based on the most recent edition of the DOJ Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents" or similarly comprehensive and authoritative protocols developed after 2011.

The auditor's review of an October 23, 2024 MOU between WATCH-CCP W and ADLC LE officials reveals the parameters of ADLC LE investigations at WATCH-CCP W.

Pursuant to controlling policy and the findings noted throughout the narrative for 115.221, staff are clearly aware of investigative responsibilities.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221(b).

#### 115.221(c)

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. When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations.

The majority of the above is clearly articulated in a May 22, 2024 letter from the Director ICU, ER, and Trauma Services at Intermountain Health. According to the PA, zero forensic medical examinations were conducted during the last 12 months. The letter, in question, is detailed in regard to all services provided.

WATCH-CCP W Policy 3-4 entitled Reporting, page 8, section II(E)(3) addresses 115.221(c).

According to the sexual abuse nurse examiner (SANE) interviewee, she and six emergency room (ER) nurses facilitate forensic examinations at Intermountain Health St. James Hospital. The six ER nurses have completed either an online 40 hour International Association of Forensic Nurses (IAFN) program or participated in an in-person IAFN based training program facilitated by the interviewee. The interviewee and one of the six ER nurses have also completed a preceptorship period and can now independently facilitate forensic examinations.

The ER Physician facilitates a medical screening prior to any evidence collection by the seven nurses. The ER Physician is always present throughout the procedure.

As part of the forensic examination, infectious diseases testing is facilitated. Infection prophylaxis is administered in conjunction with the forensic examination. Additionally, pregnancy testing, education, and follow-up appointments are addressed during the forensic examination.

In the highly unlikely situation wherein a trained nurse is not available, the ER Physician could facilitate the entire examination.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221(c).

115.221(d)

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 dated March 9, 2024.

WATCH-CCP W Policy 3-4 entitled Reporting, page 8, 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). The PM asserts there is an MOU between CCCS and Safe Space regarding provision of VA services for clients in need of the same. The CCCS PC asserts that Safe Space VAs complete the PREA Resource Center (PRC) VA training course prior to provision of services.

Accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.221(d) and (h). Of note, the MOU, as referenced above, stipulates Safe Space VAs are properly trained.

The PM asserts zero clients who reported a sexual abuse incident at WATCH-CCP W were confined at the facility during the on-site audit. Additionally, the absence of client sexual abuse victims is addressed above. Accordingly, such interview(s) could not be conducted.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221(d).

#### 115.221(e)

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 W PREA Policy 3-4 entitled Reporting, pages 8 and 9, section II(E)(5) addresses 115.221(e).

The WATCH-CCP W PM asserts that if requested by the victim, a VA, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. She states WATCH-CCP W has two in-house VAs and an MOU with Safe Space. Within the MOU, Safe Space VAs provide services during a forensic examination.

The auditor's review of Development and Training Records dated October 27, 2025 and March 28, 2025 reveals that the PM and clinical director (CD) completed an online VA Training created by the PRC. Accordingly, either individual can accompany a client victim during investigatory interviews and, in fact, one facility VA accompanied the victim of the sexual abuse case during at least one investigatory interview.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221(e).

	<p>115.221(f)</p> <p>The CCCS PC facilitates administrative investigations at WATCH-CCP W. ADLC LE investigator(s) facilitate criminal investigations pursuant to an MOU.</p> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 9, section II(E)(7) addresses 115.221(f). The verbiage reflected in 115.221(f) is clearly articulated in the aforementioned MOU. The auditor's review of the MOU confirms compliance with 115.221(f) in terms of the conduct of criminal investigations. The auditor finds the cumulative approach compliant with 115.221(f).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221(f).</p> <p>115.221(h)</p> <p>With respect to use of a qualified agency staff member or a qualified community-based staff member as a VA, the individual is screened for appropriateness to serve in the role and has received education concerning sexual assault and forensic examination issues, in general.</p> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 9, section II(E)(8) addresses 115.221(h).</p> <p>The auditor's review of the MOU between CCCS and Safe Space reveals substantial compliance with 115.221(h). The PM asserts there is an MOU between CCCS and Safe Space regarding provision of VA services for clients in need of the same. The CCCS PC asserts that Safe Space VAs complete the PREA Resource Center (PRC) VA training course prior to provision of services.</p> <p>Additionally, the auditor's review of Development and Training Records dated October 27, 2025 and March 28, 2025 reveals that the PM and clinical director (CD) completed an online VA Training created by the PRC. Accordingly, either individual can accompany a client victim during investigatory interviews.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221(h).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.221.</p>
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<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion****115.222(a)**

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 18 months, one allegation of sexual abuse/harassment was received at WATCH-CCP W and the same was referred for criminal investigation. The criminal investigation has not yet been completed.

The auditor notes that an overview of known facts was prepared by the administrative investigative interviewee following referral to ADLC LE investigator(s). Despite efforts by the administrative investigative interviewee to determine the status of this investigation, the outcome is unknown at this time.

WATCH-CCP W Policy 3-4 entitled Reporting, pages 2 and 3, section II(A)(14) addresses 115.222(a).

The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse. An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s). The same involves a review of video footage, review of staff memorandums, and a recapitulation of any staff or client interviews that are conducted.

Criminal investigations are facilitated by ADLC LE investigators, taking into account a higher standard of evidence and possible referral for prosecution.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.222(a).

**115.222(b)**

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

WATCH-CCP W Policy 3-4 entitled Reporting, page 3, section II(A)(15) addresses 115.222(b).

The administrative investigative staff interviewee states agency policy requires that

	<p>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 LE investigators facilitate all criminal sexual abuse investigations at WATCH-CCP W. If the CCCS PC determines there may be criminal implications/overtones, he would refer the matter to ADLC LE.</p> <p>The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor left a voicemail message for another investigator. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.222(b).</p> <p>115.222(c)</p> <p>The auditor's review of the CCCS website reveals the aforementioned MOU with ADLC LE is available on the same and the ADLC LE MOU reveals substantial compliance with 115.222(c). Additionally, the aforementioned policy is clearly commensurate with the requirements of 115.222.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.222(c).</p> <p>Based on review of the above findings, the auditor finds WATCH-CCP W substantially compliant with 115.222.</p>
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<b>115.231</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.231(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with clients on:</p> <ol style="list-style-type: none"> <li>1) Its zero-tolerance policy for sexual abuse and sexual harassment;</li> <li>2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;</li> </ol>

- 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.

WATCH-CCP W Policy 3-6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).

Pursuant to the auditor's review of Power Point Training Slides, all ten provisions, as identified in 115.231(a), are addressed. Furthermore, both the PREA Training Outline and video entitled "What You Need to Know" address this subject-matter. The 2025 WATCH-CCP W Annual Refresher Training (ART) schedule also validates compliance with 115.231(a).

In addition to the above, the auditor's review of handouts and various videos reveals further evidence of WATCH-CCP W's efforts to properly train staff regarding PREA requirements. These documents are quick resources to remind staff of both client and staff rights with respect to a sexually safe environment.

All 12 random staff interviewees state they received training regarding the aforementioned PREA topics either during PREA Orientation training or during PREA ART. Additionally, such training is received on a monthly basis pursuant to on-line training. The auditor notes WATCH-CCP W staff receive a plethora of PREA training, piece-mealed by month throughout the calendar year.

The auditor's PAQ review of five Staff Development and Training Forms associated with staff representing various institutional disciplines reveals completion of the PREA ART course during 2024 and 2025 Orientation. The auditor's review reveals that the "I understand" caveat is included in this document.

A plethora of different classes are provided to staff on an annual basis as reflected in the training matrix. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS facilities is enhanced.

The auditor's on-site review of all 13 random staff training files reveals substantial compliance with 115.231(a) requirements. Six staff were hired within the last 12 months and PREA training was provided prior to contact with clients in five of the six

cases while seven files pertained to staff hired prior to the last 12 months. The seven files reveal annual PREA training was provided during 2025.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.231(a).

#### 115.231(b)

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

WATCH-CCP W 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 at WATCH-CCP W. All employees receive PREA training prior to assumption of duties with clients. The PA asserts that trainings are provided on a monthly basis and also include some form of staff self-directed training.

The PA asserts that zero staff who previously worked in exclusively female facilities transferred to WATCH-CCP W during the last 12 months.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.231(b).

#### 115.231(c)

All staff generally receive PREA orientation within two days of hire and PREA ART is conducted on an annual basis. The auditor notes WATCH-CCP W exceeds standard expectations as 115.231(c) requires refresher training every two years, as opposed to, annually.

WATCH-CCP W PREA Policy 3-6 entitled Training, page 2, section II(C) addresses 115.231(c).

The auditor's PAQ review of three Staff Development and Training Record Forms associated with staff across all facility disciplines, reveals completion of the Ethics and Professional Boundaries, Gender Responsive Strategies, Professional and Cross-gender and Respectful Searches of Transgender/Intersex Clients, and First Responder courses. These courses were presented during 2024 or 2025 PREA ART. The auditor's review reveals that participants signed and dated the "I understand" caveat on each respective Staff Development and Training Record Form relative to courses completed.



	<p>The auditor's on-site review of 13 random staff training files reveals substantial compliance with 115.231(c). Six staff were hired within the last 12 months and PREA training was provided prior to contact with clients in five of the six cases while seven files pertained to staff hired prior to the last 12 months. The seven files reveal annual PREA training was provided during 2025. Additionally, PREA ART was also provided to the six staff hired during the last 12 months.</p> <p>In view of the above, the auditor finds WATCH-CCP W exceeds expectations with respect to 115.231(c).</p> <p>115.231(d)</p> <p>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.</p> <p>WATCH-CCP W PREA Policy 3-6 entitled Training, page 2, section II(D) addresses 115.231(d).</p> <p>The auditor's PAQ review of five Staff Development and Training Record Forms associated with staff representing various institutional disciplines reveals completion of the PREA ART course during 2024 and 2025 Orientation. The auditor's review reveals that the "I understand" caveat is included in this document.</p> <p>The auditor's on-site review of all 13 random staff training files reveals substantial compliance with 115.231(a) requirements. Six staff were hired within the last 12 months and PREA training was provided prior to contact with clients in five of the six cases while seven files pertained to staff hired prior to the last 12 months. The seven files reveal annual PREA training was provided during 2025. The "I understand" caveat was present on each Staff Development and Training Record Form and the participant signed and dated each form.</p> <p>Given the above, the auditor has determined that WATCH-CCP W is substantially compliant with 115.231(d).</p> <p>Given the lack of findings with respect to 115.231 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.231.</p>
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<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard

**Auditor Discussion****115.232(a)**

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 one contractor and seven volunteer(s) have provided services at WATCH-CCP W during the last 12 months.

WATCH-CCP W PREA Policy 3-6 entitled Training, page 2, section II(E)(1-3) addresses 115.232(a).

The auditor's cursory review of the CCCS PREA Volunteer and/or Contractor Training Power Point presentation reveals significant discussion topics. Minimally, the requisite training topics described in both 115.232(b) and the aforementioned policy, are addressed, similar to the training that CCCS staff receive.

One contractor and two volunteer interviewees state they have been trained in their responsibilities regarding sexual abuse/harassment prevention, detection, and response per agency policy and procedure. They received this training prior to provision of services at WATCH-CCP W and annually thereafter. The auditor notes that he attempted contact with two additional volunteers, leaving a voicemail, and they failed to respond to the same.

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

**115.232(b)**

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 all volunteers and contractors who have contact with clients have been notified of the agency's zero tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.

WATCH-CCP W PREA Policy 3-6 entitled Training, page 2, section II(F) addresses 115.232(b).

The one contractor and two volunteer interviewees state they receive a volunteer packet during training sessions. The information contained therein addresses reporting options, what sexual abuse/harassment looks like, zero tolerance, and impact of sexual abuse/harassment on the client population.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.232(b).

	<p>115.232(c)</p> <p>Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>WATCH-CCP W PREA Policy 3-6 entitled Training, page 3, section II(G) addresses 115.232(c).</p> <p>The auditor's review of a Development and Training Record Form reveals that the contractor completed PREA Annual Refresher Training (ART) during 2024. Within the document which the contractor signs and dates, the "I understand" caveat is clearly visible. With respect to the volunteers, they signed and dated the Volunteers PREA Acknowledgment Form which contains the "I understand" caveat.</p> <p>Accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.232(c).</p> <p>In view of the finding noted in the narrative for 115.232(a), the auditor finds WATCH-CCP W exceeds standard expectations with respect to 115.232.</p>
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115.233	Resident education
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.233(a)</p> <p>Pursuant to the PAQ, the PA self reports clients receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 558 WATCH-CCP W clients were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the clients admitted to WATCH-CCP W during the last 12 months.</p> <p>WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, pages 1 and 2, section II(A)(1)(a)(1-4) addresses 115.233(a).</p> <p>The intake staff interviewee states she 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. Specifically, the WATCH-CCP W PREA Handbook, PREA tri-fold pamphlet are provided to clients immediately</p>

upon the date of arrival and a cursory explanation of PREA rights and responsibilities is provided at PREA Orientation 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.

The interviewee states that she reads parts of the WATCH-CCP W PREA Handbook to blind clients. Hard-of-hearing and deaf clients can read materials. The WATCH-CCP W PREA Handbook is also available in large print. With respect to LEP clients, the LanguageLink procedure is addressed during PREA Orientation and PREA ART. The interviewee states that she would solicit assistance from the PM and MH staff to address those clients with mental health or cognitive issues.

All 10 random client interviewees state they received information about the facility's rules against sexual abuse/harassment upon arrival at WATCH-CCP W. Specifically, they received the WATCH-CCP W PREA Handbook, PREA tri-fold pamphlet, and the PREA video review. Of note, all interviewees state they received written materials at intake and the PREA video within the first week of arrival.

All 10 random client interviewees state when they first arrived at the facility, they were told about:

Their right to not be sexually abused/harrassed;

How to report sexual abuse/harassment; and

Their right not to be punished for reporting sexual abuse/harassment.

The auditor's on-site review of 12 of 13 random 2024 and 2025 client files reveals timely and comprehensive provision of the WATCH-CCP W PREA Handbook and PREA pamphlet on the day of arrival and review of the PREA video and additional instruction on the day of arrival up to seven days of arrival at WATCH-CCP W.

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

Given the above, the auditor is confident that 115.233(a) requirements are institutionalized and accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.233(a).

#### 115.233(b)

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 15 clients were transferred to WATCH-CCP W from a different community confinement facility within the last 12 months.

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

The intake staff interviewee states she 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. Specifically, the WATCH-CCP W PREA Handbook, PREA tri-fold pamphlet are provided to clients immediately upon the date of arrival and a cursory explanation of PREA rights and responsibilities is provided at PREA Orientation 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.

The interviewee states that she reads parts of the WATCH-CCP W PREA Handbook to blind clients. Hard-of-hearing and deaf clients can read materials. The WATCH-CCP W PREA Handbook is also available in large print. With respect to LEP clients, the LanguageLink procedure is addressed during PREA Orientation and PREA ART. The interviewee states that she would solicit assistance from the PM and MH staff to address those clients with mental health issues or cognitive issues.

Nine of 10 random client interviewees state they were transferred from either city or county jails, secure revocation center(s), or community confinement facilities. A discussion regarding time frames for presentation of these materials is clearly scripted in the preceding paragraph.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.233(b).

#### 115.213(c)

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

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2022 between CCCS and a special education teacher with the Butte Public School System reveals substantial compliance with 115.233(c). This MOU addresses those clients who may be low functioning or somewhat cognitively impaired.

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

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.

The six clients who present as disabled interviewees (two physically disabled and four developmentally disabled/mental health/cognitively impaired) state the facility provides information about sexual abuse/harassment they are able to understand.

Posters are adequately hung, enabling them to easily read the same. Additionally, written materials are adequate for their reference. This is commensurate with the auditor's observations.

Additionally, the PA asserts that closed captioning would be made available for those who are deaf or hard of hearing and they would be able to read printed materials. Staff will read materials to clients who are blind or visually impaired.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.233(c).

#### 115.233(d)

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

WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(1)(f and g) addresses 115.233(d).

The auditor's PAQ review of three 2024 or 2025 WATCH-CCP W Receipts of WATCH-CCP W PREA Handbook and accompanying PREA Education and Orientation Acknowledgments reveals that PREA education was completed on the day of arrival.

Additionally, the auditor's on-site review of 13 random client files reveals substantial compliance with 115.233(d) as the same documents were completed on the day of arrival at WATCH-CCP W or within one week of arrival. Clients affix their signatures and dates on these documents.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.233(d).

#### 115.233(e)

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 PREA Handbooks, or other written formats.

WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(1)(c) addresses 115.233(e).

	<p>The auditor notes that WATCH-CCP W PREA Handbook information is consistent with both policy and procedure. This document is perhaps the most important document and the first received by clients upon arrival at the facility. Additionally, the auditor has determined that posters are appropriate in terms of content and consistent with policy information and practice.</p> <p>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. Posters are positioned such that all clients can readily read the same. Posters are consistent with current procedures and documentation is written at a level appropriate for the population. This condition was observed during the facility tour.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.233(e).</p> <p>Based on the findings reflected above, the auditor finds WATCH-CCP W substantially compliant with 115.233.</p>
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<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.234(a)</p> <p>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>WATCH-CCP W PREA Policy 3-6 entitled Training, page 3, section II(J)(1) addresses 115.234(a). This policy requires that the administrative investigative interviewee, as well as, the PA and PM complete the requisite specialty training course.</p> <p>The administrative investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line NIC sponsored training (Basic), as well as, the advanced course. A description of the same is provided in the following paragraphs. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed and a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.</p> <p>The auditor's review of the 2019 National Institute of Corrections (NIC) Certificate for the CCCS PC reveals completion of the courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting training. Additionally, the auditor's review of Staff Development and Training</p>

Records dated March 24, 2025 and March 15, 2025 regarding the PA and PM, respectively, reveals they have completed the requisite specialty training.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.234(a).

115.234(b)

WATCH-CCP W PREA Policy 3-6 entitled Training, page 3, section II(J)(2) addresses 115.234(b).

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

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative or prosecution referral.

The auditor's cursory review of the NIC specialty training (Conducting Sexual Abuse Investigations in a Confinement Setting) lesson plan reveals the same is commensurate with the requirements of 115.234(b). Specifics regarding the training validation are addressed in the narrative for 115.234(a). The auditor has also reviewed various additions to the training as uploaded into OAS.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted telephonic contact with another criminal investigator on one occasion. The criminal investigators did not answer the telephone call on any occasions and they did not return any telephone calls from this auditor.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.234(b).

115.234(c)



	<p>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.</p> <p>WATCH-CCP W PREA Policy 3-6 entitled Training, page 3, section II(J)(3) addresses 115.234(c).</p> <p>Pursuant to the above policy, the PA and PM are required to complete the requisite specialty training as a method to ensure their familiarity with the Sexual Abuse Incident Review (SART process).</p> <p>The auditor's review of the 2019 National Institute of Corrections (NIC) Certificate for the CCCS PC reveals completion of the courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting training. Additionally, the auditor's review of a Staff Development and Training Record dated March 24, 2025 regarding the PA reveals she has completed the requisite specialty training. Additionally, the auditor's review of Staff Development and Training Records dated March 24, 2025 and March 15, 2025 regarding the PA and PM, respectively, reveals they have completed the requisite specialty training.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.234(c).</p> <p>Based on the lack of adverse findings relative to 115.234 narratives, the auditor finds WATCH-CCP W substantially compliant with 115.234.</p>
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115.235	Specialized training: Medical and mental health care
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.235(a)</p> <p>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 and have contact with clients. The PA further self reports that five medical or mental health practitioners (100%) who work regularly at the facility completed the specialized training. This includes the PA who can provide mental health intervention when necessary.</p> <p>Pursuant to comparison of the WATCH-CCP W staff roster against the evidence of specialty training completions, it appears that one contractor also provides medical services at WATCH-CCP W. The auditor notes the contract nurse practitioner has also completed the requisite specialty course, as evidenced by his NIC Certificate</p>

dated April 23, 2016.

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

The medical and mental health staff interviewees state they have completed a three to five hour on-line National Institute of Corrections course regarding provision of mental health treatment to sexual abuse victims in a confinement setting. The same included scenarios and the following topics:

How to detect and assess signs of sexual abuse/harassment;

How to preserve physical evidence of sexual abuse;

How to respond effectively and professionally to victims of sexual abuse/harassment; and

How and to whom to report allegations or suspicions of sexual abuse/harassment.

The auditor's review of five Staff Development and Training Record Forms for the specialty course entitled PREA: Medical and Mental Health Specialty Training reveals substantial compliance with 115.235(a).

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.235(a).

#### 115.235(b)

Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations at WATCH-CCP W. The auditor validated the same pursuant to interview with medical and mental health staff.

In view of the above, the auditor finds 115.235(b) not applicable to WATCH-CCP W.

#### 115.235(c)

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

WATCH-CCP W PREA Policy 3.5 entitled Medical and Mental Health, page 4, section III(C) addresses 115.235(c).

The auditor's review of five Staff Development and Training Record Forms for the specialty course entitled PREA: Medical and Mental Health Specialty Training reveals substantial compliance with 115.235(a). The auditor also notes the contract nurse practitioner has also completed the requisite specialty course, as evidenced by his NIC Certificate dated April 23, 2016.

	<p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.235(c).</p> <p>115.235(d)</p> <p>The auditor's on-site review of five 2025 medical and mental health staff training files, inclusive of the PA, reveals completion of annual PREA training, inclusive of the "What You Need to Know" video among other topics, minimally. This is validated pursuant to review of the respective Staff Development and Training Record Forms dated in 2025. Additionally, the auditor reviewed a document entitled Staff Development and Training Record Form dated August 12, 2024 which reflects that the contract nurse practitioner completed August, 2024 Annual PREA Training via self study. He clearly completed training during the last 12 months. The auditor notes that the contractor did sign and date this document, attesting to his understanding of the subject-matter covered.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.235(d).</p> <p>Based on the lack of adverse findings as noted above, the auditor finds WATCH-CCP W substantially compliant with 115.235.</p>
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115.241	Screening for risk of victimization and abusiveness
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.241(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other clients.</p> <p>WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(a). This policy stipulates clients are screened pursuant to the WATCH-CCP W 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.</p> <p>Housing and program assignments are made following the risk screening assessment on a case-by-case basis by the BTS, BTC, and the PM.</p> <p>The staff responsible for risk screening interviewee states the intake coordinator (IC)</p>

generally screens clients for risk of sexual victimization or risk of sexually abusing other clients, at intake, always within 24 hours of arrival.

Nine of 10 random client interviewees state that they were asked the following questions on the day of arrival at WATCH-CCP W:

Whether they had been in jail or prison before;

Whether they had ever been sexually abused;

Whether they identify as being gay, bisexual, transgender, or intersex; and

Whether they think they might be in danger of sexual abuse at the facility.

The auditor's PAQ review of four 2024 and 2025 initial assessments reveals the same were completed on the day of arrival at WATCH-CCP W.

The auditor's on-site review of all 13 random client files likewise reveals comprehensive completion of the initial assessment within 24 hours of arrival at WATCH-CCP W.

Of note, 10 of 13 random onsite file reviews reveal that 30-day reassessments were completed within 30-days of arrival at WATCH-CCP W. Three reassessments had not been completed at the time of the onsite visit in view of the proximity of the client's arrival at WATCH-CCP W and the timing of the onsite visit.

Given the facts cited above, the auditor finds that 115.241 requirements are institutionalized at WATCH-CCP W and accordingly, WATCH-CCP W is substantially compliant with 115.241(a).

#### 115.241(b)

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA further self reports that during the last 12 months, 557 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.

WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 3, section II(B)(1) addresses 115.241(b). This policy stipulates clients are screened pursuant to the WATCH-CCP W screening tool upon arrival (within 24 hours) at the facility for potential vulnerabilities or tendencies of being sexually abused by other clients or being sexually abusive toward other clients.

The staff responsible for risk screening interviewee states the IC generally screens clients for risk of sexual victimization or risk of sexually abusing other clients, at intake, always within 24 hours of arrival. Clients cannot be assigned to a functional

unit in the absence of screening.

The 10 random client interviewees state that when they first came to the facility, they were asked the following questions:

Whether they had been in jail or prison before;

Whether they had ever been sexually abused;

Whether they identify as being gay, bisexual, transgender, or intersex; and

Whether they think they might be in danger of sexual abuse at the facility.

Nine of 10 random clients interviewees also state they were screened on the day of arrival at the facility.

The auditor's PAQ review of four 2024 initial assessments reveals the same were completed on the day of arrival at WATCH-CCP W. Additionally, the auditor's on-site review of 13 random client files likewise reveals comprehensive completion of the initial assessment within 24 hours of arrival at WATCH-CCP W.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(b).

115.241(c)

Pursuant to the PAQ, the PA self reports risk assessment is conducted using an objective screening instrument. Minimally, all nine 115.241(d), as well as, 115.241(e) issues are addressed in the screening tool and a numerical weighting system is attached to the questions and outcomes.

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

The auditor finds that the screening instrument is objective. The auditor's review of the aforementioned Sexual Abuse Screening Tool reveals substantial compliance with 115.241(d). Specifically, the document addresses 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,

non-binary, or intersex;

8) Whether the client has previously experienced sexual victimization;

9) The client's own perception of vulnerability; and

10) The client's gender identity; whether the client self-identifies as male, female, or non-binary.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(c).

115.241(d)

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

The staff responsible for risk screening interviewee states the initial and 30-day reassessment risk screening considers:

Vulnerability assessment at WATCH-CCP W;

History of confinement;

History of violent crime;

History of sexual victimization in a confinement facility and in the community;

LGBTI status;

History of sexual abuse of a child; and

Height and weight.

In terms of the process for conducting the initial screening, the client is escorted to the interviewee's office and screened behind closed doors. A frame window is part of the door. No staff or clients are in the area during screening. Questions are read to the client and he/she responds accordingly with responses documented on the screening tool by the screener. The initial screener does review the Offender Management System) prior to the interview and the PM advises of transgender/ intersex status or any unique cases.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(d).

115.241(e)

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

The staff responsible for risk screening interviewee states the initial and 30-day reassessment risk screening considers:

Vulnerability assessment at WATCH-CCP W;

History of confinement;

History of violent crime;

History of sexual victimization in a confinement facility and in the community;

LGBTI status;

History of sexual abuse of a child; and

Height and weight.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(e).

115.241(f)

Pursuant to the PAQ, the PA self reports the policy requires 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 further self reports that during the last 12 months, 557 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. This equates to 100% in terms of reassessments of clients who meet the aforementioned 30-day threshold.

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

The staff responsible for risk screening interviewee asserts that sexual victimization/ aggressiveness reassessments are completed within 30-days of the client's arrival at WATCH-CCP W. The reassessment is completed within a window of 25-30 days of arrival at WATCH-CCP W.

Of note, 10 of 13 of the random 30-day reassessments reviewed during the onsite visit were completed within 30-days of arrival at WATCH-CCP W. Three reassessments were not yet due in view of the proximity between arrival at WATCH-

CCP W and the onsite visit.

Nine of 10 random client interviewees assert they were again screened within 30-days of arrival at WATCH-CCP W. Three of the clients interviewed were not yet due for reassessment in view of the proximity of the onsite visit to their arrival at WATCH-CCP W.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(f).

115.241(g)

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

The staff responsible for risk screening interviewee states the PM facilitates all 115.241(f) and (g) reassessments. The PA asserts zero 115.241(g) reassessments were completed during the last 12 months as the client victim in the one sexual abuse case that occurred at WATCH-CCP W during the last 18 months was transferred to another CCCS facility within three days of reporting. Accordingly, an initial assessment was completed upon arrival at that facility and a reassessment was completed within 30 days of arrival.

The auditor did validate the above pursuant to review of the initial assessment completed upon the victim's arrival at the receiving facility and the reassessment within 30 days of arrival. During the reassessment, the victim reported the sexual abuse at WATCH-CCP W. Accordingly, the auditor finds the same demonstrates compliance with 115.241(g).

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(g).

115.241(h)

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 W 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 that 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. Of note, a signed Disclaimer is present in each of the aforementioned four PAQ assessment and reassessment packets, as well as, the 13 random initial and/or 30-day reassessment packets reviewed onsite.

The staff responsible for risk screening interviewee states that 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.

Clients sign the Disclaimer which clearly scripts non-discipline as indicated.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(h).

115.241(i)

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

The PM interviewee asserts the intake coordinator (IC) facilitates initial PREA screening and routes the completed screening instrument to the PM. The PM maintains hard copies of the same in her locked cabinet in her locked office. Assessments may be shared with the PA, BTC, and CD if they request the same. Assessments are not maintained electronically.

Auditor's Note: During the on-site audit, the auditor did validate storage practices as described by the PM interviewee. The staff responsible for risk screening interviewee (IC) states she routes completed assessments to the PM. The instruments are placed in a locked cabinet for retrieval by the PM.

	<p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.241(i).</p> <p>The auditor finds WATCH-CCP W substantially compliant with 115.241.</p>
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115.242	Use of screening information
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.242(a)</p> <p>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>WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 5, section II(C)(2) addresses 115.242(a).</p> <p>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 PM and staff responsible for risk screening interviewees state potential victims (PVs) and known victims (KVs) are geographically separated from potential aggressors (PAs) and known aggressors (KAs) by virtue of room assignment(s). Victims and aggressors are not housed in the same room. Either classification may be housed with clients designated as Unrestricted.</p> <p>The PM ensures the classification is noted on the PREA Housing Sheets based on the PREA Risk Assessment Tool roster to ensure separation and programs/routines are monitored by staff. This document is updated every time a new commitment is processed. Additionally, program room(s) is/are covered by camera surveillance.</p> <p>The auditor's cursory review of eight days of the aforementioned housing documentation reveals substantial compliance with 115.242(a). The evidence reveals separation of those clients at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.242(a).</p> <p>115.242(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility makes individualized</p>

determinations about how to ensure the safety of each client.

WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 5, section II(C)(3) addresses 115.242(b).

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 PM and staff responsible for risk screening interviewees state potential victims (PVs) and known victims (KVs) are geographically separated from potential aggressors (PAs) and known aggressors (KAs) by virtue of bunk assignment(s) and room assignment(s). Victims and aggressors are not housed in the same room. Either classification may be housed with clients designated as Unrestricted.

The PM ensures the classification is noted on the Room Assignment Sheet based on the PREA Risk Assessment Tool roster to ensure separation and programs/routines are monitored by staff. This document is updated every time a new commitment is processed. Additionally, program room(s) is/are covered by camera surveillance.

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

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.242(b).

#### 115.242(c)

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.

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

The PM asserts males transitioning to females are generally housed in male designated facilities. A collaborative approach (security/treatment staff) is used to determine appropriateness of the client for the facility. Transgender clients are housed in the same manner as any other client based on their assessment findings. If necessary to preserve their safety, the client may be housed in a single room.

There are no designated wings or housing units for transgender/intersex clients. Transgender/intersex clients may be housed with clients bearing Unrestricted status. The client's personal feelings regarding vulnerability would be considered. The PM further asserts the client's health and safety are primary considerations. Additionally, potential management and security concerns are considered.

The PM asserts there are no transgender/intersex clients currently housed at

WATCH-CCP W. Accordingly, such interview(s) could not be conducted during the onsite visit.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.242(c).

115.242(d)

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

The PM asserts transgender/intersex client's own views with respect to safety are given serious consideration in placement and programming assignments. The same is reflected as an assessment item on the assessment tool.

The staff responsible for risk screening interviewee confirms the PM's assertion with respect to the same subject-matter.

As previously mentioned, the PA asserts zero transgender/intersex clients are housed at WATCH-CCP W and accordingly, such interview(s) could not be facilitated.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.242(d).

115.242(e)

WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 7, section II(C)(9) addresses 115.242(e).

The PM asserts transgender/intersex clients would be given the opportunity to shower separately from other clients, should they request the same. Such shower(s) could be taken in the bathroom/shower area with a sign posted to close the bathroom. Shower(s) would be facilitated at a specific time. Security staff would monitor the bathroom/shower area to ensure no entrance to the same during the shower period. The PM is the approving authority for such showers.

The staff responsible for risk screening interviewee confirms the PM's assertion.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.242(e).

115.242(f)

WATCH-CCP W PREA Policy 3-3 entitled Intake/Screening, page 7, section II(C)(10) addresses 115.242(f).

	<p>The PM 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 PM, in conjunction with the CCCS PC, closely monitor the aforementioned housing document, taking such housing into consideration.</p> <p>As previously mentioned, the auditor's review of the aforementioned housing document reveals no deviation from the requirements of 115.242(f).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.242(f).</p> <p>Based on the lack of findings as noted throughout the narrative for 115.242, the auditor finds WATCH-CCP W substantially compliant with 115.242.</p>
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<b>115.251</b>	<b>Resident reporting</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.251(a)</p> <p>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>Sexual abuse or sexual harassment;</p> <p>Retaliation by other clients or staff for reporting sexual abuse and sexual harassment; and</p> <p>Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 1, section II(A)(2) addresses 115.251(a).</p> <p>The auditor's review of the WATCH-CCP W PREA Handbook for Offenders 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 115.251.</p> <p>All 12 random staff interviewees were able to identify at least two methods in which clients can privately report sexual abuse/harassment pursuant to 115.251(a). Methods of reporting include:</p>

Verbal report to staff;

Third-party report;

Write a letter;

Call Hotline to Boyd Andrews Community Services (BACS); and

Submit an emergency grievance.

All 10 random client interviewees were able to identify at least two methods of private reporting of sexual abuse/harassment incidents prescribed in 115.251(a). Identified methods of reporting are:

Third party report;

Verbal report to staff;

Call the Boyd Andrews Community Services (BACS) Hotline;

Submit an emergency grievance; and

Write a kite.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.251(a).

115.251(b)

Pursuant to the PAQ, the PA self reports the agency provides at least one way for clients to report sexual abuse or harassment to a public or private entity or office that is not part of the agency. The WATCH-CCP W PREA Handbook for Offenders, page 3 addresses 115.251(b) requirements. The language articulated in this provision addresses third party reporting (BACS Hotline). Additionally, the same information is articulated on Page 1 of the WATCH-CCP W PREA brochure.

The PM 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 call to BACS. All such calls are toll-free and none are monitored. The calls are not associated with identifying information related to the caller.

The Hotline telephone number is posted near client telephone(s) located in the four wings. This procedure does enable receipt and immediate transmission of client reports of sexual abuse/harassment to agency officials as the BACS PC reports the call to the CCCS PC.

On May 20, 2025 at 2:00PM, the auditor tested the BACS Hotline. The call was initially received by the BACS PC. The test call was facilitated on one of the client telephones located in Upper North. At 2:10PM on May 20, 2025, the BACS PC did

email the CCCS PC, alerting him to the test call. Accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.251(b).

The auditor notes that a pin number is entered into the system to access the BACS Hotline and Safe Space numbers only. The pin number is not visible to staff in any billing, etc. and the same is not used to assess a fee for the call(s). Accordingly, the auditor finds that anonymity is maintained.

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

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.251(b).

#### 115.251(c)

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

CCCS PREA Policy 1.3.5.12, page 13, section IV(115.251)(c) addresses 115.251(c).

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

All 12 random staff interviewees state clients can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. Likewise, 11 of 12 random staff interviewees state they document any verbal reports immediately following receipt.

All 10 random clients state they can report allegations both verbally and in writing. Eight of 10 random client interviewees state they can make a report without having to give their name.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.251(c).

#### 115.251(d)

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 (behind closed doors), written, electronically, telephonically, via third party, via the BACS Hotline, or via mail, submit a report. Third party reporting forms are a means, as well. Staff are informed of reporting mechanisms during Pre-Service and In-Service training sessions, as well as, periodic PREA refresher documents.

	<p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 1, section II(A)(1) addresses 115.251(d).</p> <p>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. Cited methods of reporting were:</p> <p>Verbal report to supervisor behind closed door(s);</p> <p>Submission of a written report;</p> <p>Telephonic report to BTS/PA/BTC/PM;</p> <p>Telephonic report to BACS; and</p> <p>Email report.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.251(d).</p> <p>Given the above, the auditor finds WATCH-CCP W substantially compliant with 115.251.</p>
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115.252	Exhaustion of administrative remedies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.252(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with client grievances regarding sexual abuse.</p> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, pages 3-5, section II(A)(16)(a-f) addresses 115.252(a). Pages 4 and 5 of the WATCH-CCP W PREA Handbook for Offenders, sections entitled Grievance Procedure addresses PREA grievances, as well as, Emergency Grievances (EGs).</p> <p>The auditor notes that the locked EG box(es) (pursuant to the amended grievance form, sexual abuse issues are defined as applicable) are checked daily by the BCS or above. The auditor's observation of the EG boxes in the four wings reveals the same were locked.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.252(a).</p>



115.252(b)

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 asserts agency policy does not require a client to use an informal grievance process, or otherwise attempt to resolve with staff, an alleged incident of sexual abuse.

WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 3, section II(A)(16)(a-c) addresses 115.252(b). The WATCH-CCP W PREA Handbook for Offenders, page 5, section entitled Grievance Procedure (a)(1-3) also addresses 115.252(b).

The auditor's review of the single 115.252 grievance filed within the last 18 months reveals substantial compliance with 115.252. A response to the same was provided within two days of the report.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.252(b).

115.252(c)

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.

WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 4, section II(A)(16)(e)(5) addresses 115.252(c). WATCH-CCP W PREA Handbook for Offenders, page 4, section entitled Grievance Procedure (b) addresses 115.252(c).

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.252(c).

115.252(d)

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 is made within 90 days of the filing of the grievance. A 70-day extension may be granted, if necessary. The PA further self reports zero grievances were filed within the last 12 months wherein sexual abuse was alleged however, the auditor's review of the single 115.252 grievance filed within the last 18 months reveals substantial compliance with 115.252. A response to the same was provided on the date of the report.

The PA further 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.

WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 4, section II(A)(16)(f)(1 and 3) addresses 115.252(d). WATCH-CCP W PREA Handbook for Offenders, page 4, section entitled Grievance Procedure (c)(1) addresses 115.252(d).

As previously indicated, the PM self reports zero clients currently housed at WATCH-CCP W reported a sexual abuse incident at the facility pursuant to a grievance.

Accordingly, an interview could not be conducted with a client who reported a sexual abuse incident at WATCH-CCP W during the last 12 months.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.252(d).

#### 115.252(e)

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 client(s) 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 in which the client(s) declined third-party assistance, ensuring documentation of the client's decision to decline.

WATCH-CCP W PREA Policy 3-4 entitled Reporting, pages 7 and 8, section II(D)(3 and 4) addresses 115.252(e). WATCH-CCP W PREA Handbook for Offenders, page 4, section entitled Grievance Procedure (d)(1) also addresses 115.252(e).

During review of WATCH-CCP W PREA Policy 3-4, the auditor noted one error in terminology which requires correction to align with the standard. Specifically, the document reflects that third parties, including fellow clients, staff members, "clients", attorneys, and outside advocates, shall be permitted to assist clients in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of clients. This sentence should read as follows:

Third parties, including fellow clients, staff members, "family members", attorneys, and outside advocates, shall be permitted to assist clients in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of clients.

In view of the above, the auditor finds WATCH-CCP W non-compliant and imposes a 180-day corrective action period wherein the CCCS PC will amend the above policy

to align with the standard. The due date for corrective action completion is December 22, 2025. Upon completion of the amended policy, the CCCS PC will upload the same to OAS and the auditor will effect a compliance determination.

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

In view of the above, the auditor finds WATCH-CCP W non-compliant with 115.252(e).

September 29, 2025 Update:

The auditor's review of the amended WATCH-CCP W PREA Policy 3-4, page 8, section II(D)(3 and 4) is now commensurate with 115.252(e). "Family members" has been added to policy language as articulated above and the same is commensurate with the WATCH-CCP W PREA Handbook for Offenders.

In view of the above, the auditor finds that corrective action is now complete and WATCH-CCP W is substantially compliant with 115.252(e).

115-252(f)

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 calendar days.

WATCH-CCP W PREA Policy 3-4 entitled Reporting, pages 3 and 4, section II(A)(16)(e)(1 and 2) addresses addresses 115.252(f). WATCH-CCP W PREA Handbook for Offenders, pages 4 and 5, section entitled Emergency Grievance addresses 115.252(f). This policy addresses imminent danger of sexual abuse and is therefore applicable to this provision.

The auditor has not received any requests for administrative remedy regarding imminent sexual abuse nor has any been uploaded into OAS.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.252(f).

115.252(g)

	<p>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, zero instances of client discipline were meted out for incidents of this nature.</p> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 4, section II(A)(16)(e)(3) addresses 115.252(g).</p> <p>The auditor has not discovered nor has he been provided any evidence warranting a finding of deviation from 115.252(g).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.252(g).</p> <p>In view of the completed 115.252(e) corrective action, the auditor now finds WATCH-CCP W substantially compliant with 115.252.</p>
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<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.253(a)</p> <p>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>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>Enabling reasonable communication between clients and these organizations in as confidential manner as possible.</p> <p>WATCH/CCP W PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(1) addresses 115.253(a). WATCH/CCP W PREA Handbook, pages 3, section entitled Client Access to Outside Confidential Support Services and 5, section entitled Counseling Programs for Victims of Sexual Assault also supports 115.253(a).</p> <p>The auditor's review of a photograph of the poster located near client 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</p>

the facility tour. Clearly, this information is widely advertised throughout the four housing units.

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 W population. The auditor does find this rationale to be reasonable and accordingly, he finds WATCH/CCP W substantially compliant with 115.253(a).

Nine of the 10 random client interviewees state services are available outside of the facility for dealing with sexual abuse, if clients 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 W clients. Perhaps most important, eight of the 10 interviewees state the name and telephone number for the aforementioned service is posted on unit walls. All 10 interviewees state the number is free to call. Six interviewees state they can talk to staff from the service(s) anytime and three interviewees state they can talk to these staff during telephone time or with staff assistance.

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.

As noted throughout the narrative for this report, zero clients who reported a sexual abuse incident were housed at the facility during the onsite visit and accordingly, such interview could not be facilitated.

Of note, the auditor and the PM did test a client telephone in Upper North at 2:10PM on May 20, 2025 to assess accessibility to Safe Space. The telephone call was free of charge and the caller's identifying information was not required for purposes of the call. The test call was successfully completed and the auditor did talk to Safe Space staff.

The auditor notes that a pin number is entered into the system to access the BACS Hotline and Safe Space numbers only. The pin number is not visible to staff in any billing, etc. and the same is not used to assess a fee for the call(s). Accordingly, the auditor finds that anonymity is maintained.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.253(a)

115.253(b)

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

	<p>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.</p> <p>WATCH/CCP W PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(2) addresses 115.253(b). The WATCH/CCP W Client PREA Handbook, page 5, 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 VAs as they are considered mandatory reporters.</p> <p>Eight of 10 random client interviewees state what they say to staff from the service referenced in the narrative for 115.253(a) remains private. Two of the 10 random client interviewees state the conversations with them may be listened to or told to someone else. The two interviewees state that criminal activity within the facility constitutes a reason for sharing the content of such conversations.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.253(b).</p> <p>115.253(c)</p> <p>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.</p> <p>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.</p> <p>In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.253(c).</p> <p>Given the lack of adverse findings regarding 115.253 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.253.</p>
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115.254	Third party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.254(a)

	<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.</p> <p>Third-party reporting forms are located at main control, as well as, digitized on the CCCS website (www.cccscorp.com website). All forms are received by the CCCS PC, WATCH-CCP W PM, or PA. Calls are referred to the CCCS PC for investigation.</p> <p>Additionally, reporters can contact BACS to report and they (BACS PC) will, in turn, contact the CCCS PC. The same is clearly articulated in the uploaded MOU between CCCS and BACS. Emails are another source of receiving third party reports and they are disseminated to the CCCS PC immediately.</p> <p>On May 20, 2025 at 2:00PM, the auditor tested the BACS Hotline. The call was initially received by the BACS PC. The test call was facilitated on one of the client telephones located in Upper North. At 2:10PM on May 20, 2025, the BACS PC did email the CCCS PC, alerting him to the test call. Accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.254(a).</p> <p>The auditor's review of the WATCH-CCP W website reveals the third-party report can be emailed to the CCCS PC and the email address is clearly identified on the form.</p> <p>According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. Additionally, third-party reporting forms are located in the front entry area for use by visitors, etc. The auditor's observations throughout the facility tour validated the above.</p> <p>During the facility tour, the auditor observed the BACS Hotline reporting poster in the entrance area and near the client telephones (located in each wing). Additionally, the actual third party reporting form was available at the main control center.</p> <p>The auditor notes that he signed and dated a PREA Compliance Acknowledgment form upon entry to the facility. All contractors, visitors, and volunteers complete this form each time they enter the facility. Reporting procedures, absent the WATCH-CCP W and BACS Hotline numbers, are noted in this document.</p> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 7, section II(D)(1) reflects that third party reports can be sent via mail or email to the WATCH-CCP W PM or CCCS PC. Third Party reporters may call or report to the BTC or WATCH-CCP W PM personally. Third Party reporting forms are available on each facility floor; however, they can be accessed by asking any staff member, case manager, volunteer, contractor, PA, or BTC.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.254.</p>
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<b>115.261</b>	<b>Staff and agency reporting duties</b>
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	<div data-bbox="279 114 983 152" data-label="Section-Header"> <p><b>Auditor Overall Determination:</b> Meets Standard</p> </div> <div data-bbox="279 192 564 226" data-label="Section-Header"> <p><b>Auditor Discussion</b></p> </div> <div data-bbox="279 268 440 302" data-label="Text"> <p>115.261(a)</p> </div> <div data-bbox="279 340 1378 418" data-label="Text"> <p>Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:</p> </div> <div data-bbox="279 454 1431 573" data-label="Text"> <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> </div> <div data-bbox="279 609 1345 645" data-label="Text"> <p>Any retaliation against client(s) or staff who reported such an incident; and</p> </div> <div data-bbox="279 680 1415 757" data-label="Text"> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> </div> <div data-bbox="279 792 1468 871" data-label="Text"> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 6, section II(C)(1) addresses 115.261(a).</p> </div> <div data-bbox="279 907 1449 985" data-label="Text"> <p>All 12 random staff interviewees state the agency requires all staff to immediately report the following incidents to the shift lead, BTS, BTC, CD, PA, PM, or CCCS PC:</p> </div> <div data-bbox="279 1021 1431 1140" data-label="Text"> <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> </div> <div data-bbox="279 1176 1323 1211" data-label="Text"> <p>Any retaliation against clients or staff who reported such an incident; and</p> </div> <div data-bbox="279 1247 1415 1323" data-label="Text"> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> </div> <div data-bbox="279 1359 1460 1480" data-label="Text"> <p>All 12 random staff interviewees were able to cite at least two methods which staff can use to privately report sexual abuse/harassment of clients. Cited methods of reporting were:</p> </div> <div data-bbox="279 1516 984 1552" data-label="Text"> <p>Verbal report to supervisor behind closed door(s);</p> </div> <div data-bbox="279 1588 719 1624" data-label="Text"> <p>Submission of a written report;</p> </div> <div data-bbox="279 1659 798 1695" data-label="Text"> <p>Telephonic report to BTS/PA/BTC/PM;</p> </div> <div data-bbox="279 1731 721 1767" data-label="Text"> <p>Telephonic report to BACS; and</p> </div> <div data-bbox="279 1803 474 1839" data-label="Text"> <p>Email report.</p> </div> <div data-bbox="279 1874 1439 1953" data-label="Text"> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.261(a).</p> </div>
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115.261(b)

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

WATCH-CCP W Policy 3-4 entitled Reporting, pages 5 and 6, section II(c)(1) addresses 115.261(b).

If a sexual abuse/harassment investigation is completed, the CCCS PC or WATCH-CCP W PM 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 PM's locked office. During the facility tour and throughout the on-site visit, the auditor did validate the above regarding electronic and hard copy storage of data.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.261(b).

All 12 random staff interviewees state the agency requires all staff to immediately report the following incidents to the shift lead, BTS, BTC, CD, PA, PM, or CCCS PC:

Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency;

Any retaliation against clients or staff who reported such an incident; and

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

All 12 random staff interviewees were able to cite at least two methods which staff can use to privately report sexual abuse/harassment of clients. Cited methods of reporting were:

Verbal report to supervisor behind closed door(s);

Submission of a written report;

Telephonic report to BTS/PA/BTC/PM;

Telephonic report to BACS; and

Email report.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.261(b).

115.261(c)

Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform clients of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

The mental health staff and medical staff interviewees state that at the initiation of services to a client, they verbally disclose the limitations of confidentiality and their duty to report. The interviewees self report that the client signs and dates an Informed Consent at intake and they reiterate relevant provisions prior to the first encounter. This second admonishment is documented in the notes.

The interviewees further report they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. They report directly to the PM, CD, and PA. The interviewees state they have not become aware of such incidents at WATCH-CCP W during the last 12 months. However, they would report the same immediately if they became aware of such an incident.

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

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.261(c).

115.261(d)

If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

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

The PA and PM assert juvenile clients are not housed at WATCH-CCP W. In the event of sexual abuse of a vulnerable adult however, MDOC and/or DPHSS would be contacted.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.261(d).

15.261(e)

	<p>The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.</p> <p>As previously noted throughout this report narrative, one report of sexual abuse or harassment allegation has been received during the last 18 months. The victim was neither a juvenile or a vulnerable adult and accordingly, 115.261(e) notification was not required.</p> <p>The PA asserts she receives all client reports of sexual abuse/harassment and she forwards the same to the CCCS PC. The CCCS PC and WATCH-CCP W PA are trained investigators and accordingly, either party could facilitate the investigation.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.261(e).</p> <p>Based on the lack of findings as articulated throughout the above provision narratives, the auditor finds WATCH-CCP W substantially compliant with 115.261.</p>
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<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.262(a)</p> <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 W PREA Policy 3-4 entitled Reporting, page 2, section II(A)(10) addresses 115.262(a).</p> <p>115.262(a) provisions are also addressed in slides 40 and 41 of the WATCH-CCP W Power Point Training Presentation, which is provided to staff.</p> <p>According to the Agency Head interviewee, when it is learned that a client is subject to a substantial risk of imminent sexual abuse, the client may be removed from the facility. Minimally, the PA is alerted and the supervisor would move the client to another wing or recommend that the client be moved to another wing.</p> <p>When it is learned that a client is subject to risk of imminent sexual abuse, the PA</p>

	<p>asserts he is removed from the danger zone and placed in a better housing location, inclusive of collaboration with MDOC and the CCCS CEO, if necessary, to facilitate a transfer. Movement of the potential perpetrator to a more secure setting until permanent movement can be coordinated is the preferred solution.</p> <p>All 12 random staff interviewees corroborate the statements of the Agency Head and PA in terms of removal of the potential victim from the danger zone with subsequent staff supervision. All 12 interviewees state such action is implemented immediately.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.262.</p>
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115.263	Reporting to other confinement facilities
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.263(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation a client was sexually abused/harassed 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 the sexual abuse/harassment is alleged to have occurred. The PA further self reports in the last 12 months, the facility received three allegations of a client being sexually abused/harassed while confined at another facility.</p> <p>The PA asserts upon receiving information from a client that he/she was abused/harassed at another facility, the intake staff would notify her and she, in turn, would notify the facility head in the facility where the alleged abuse occurred. This notification is generally completed within 24 hours of the time WATCH-CCP W staff are notified. In her absence, this responsibility is delegated to the CCCS PC.</p> <p>WATCH-CCP W Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(a). According to this policy, 115.263 notifications are effected in the event of either sexual abuse or sexual harassment reports emanating from previous facilities. Accordingly, this policy provision exceeds 115.263 standard expectations based on the fact the standard requires notification for sexual abuse allegations.</p> <p>The auditor's review of three 115.263(a) written notifications regarding sexual abuse/harassment allegations perpetrated at other facilities at which the reporter was housed, reveals the same are substantially compliant with 115.263(a-c).</p> <p>In view of the above, the auditor finds WATCH-CCP W exceeds standard expectations with respect to 115.263(a).</p>

115.263(b)

Pursuant to the PAQ, the PA self reports agency policy requires the facility head to provide such notification to the CEO at the facility wherein the alleged abuse occurred, within 24 hours of the client's report although the standard provision requires notification within 72 hours after receiving the allegation.

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

As mentioned in the narrative for 115.263(a), three reports of sexual abuse/harassment perpetrated at another facility were received from WATCH-CCP W clients during the last 12 months. Pursuant to the auditor's review of the same, all of the email notifications were completed within 24 hours of the report and the same were directed to the facility head or appropriate agency head.

The auditor notes that the date of the report is absent in one of the three notifications. Staff are reminded that the date of notification of the alleged act(s) must be included in the written notification.

In view of the above, the auditor finds WATCH-CCP W exceeds standard expectations with respect to 115.263(b).

115.263(c)

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

WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(c). As mentioned in the preceding section, the requirements of this policy exceed provision requirements and there is no evidence of deviation from policy during the last 12 months.

As mentioned in the narrative for 115.263(a), three reports of sexual abuse/harassment perpetrated at another facility were received from WATCH-CCP W clients during the last 12 months. Pursuant to the auditor's review of the same, all of the email notifications were completed within 24 hours of the report and the same were directed to the facility head or appropriate agency head.

The auditor notes that the date of the report is absent in one of the three notifications. Staff are reminded that the date of notification of the alleged act(s) must be included in the written notification.

In view of the above, the auditor finds WATCH-CCP W exceeds standard requirements with respect to 115.263(c).

	<p>115.263(d)</p> <p>Pursuant to the PAQ, the PA self reports facility policy requires that allegations received from other facilities/agencies regarding alleged sexual abuse incidents originating at WATCH-CCP W, are investigated in accordance with PREA standards. The PA further self reports in the last 12 months, zero allegations of sexual abuse were received by the facility from other facilities regarding sexual abuse acts allegedly originating at WATCH-CCP W.</p> <p>WATCH-CCP W PREA Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(d).</p> <p>In regard to referrals of sexual abuse/harassment allegations that allegedly occurred at a CCCS facility, the Agency Head asserts the PA is generally the point of contact for receipt of the same. The PA opens an investigation accordingly.</p> <p>The PA asserts if an allegation of sexual abuse (allegedly occurred at WATCH-CCP W) 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.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.263(d).</p> <p>Based on the lack of findings with respect to 115.263 provisions and the finding of "exceeds requirements" as identified in the narratives for 115.263(a-c), the auditor finds WATCH-CCP W exceeds requirements with respect to 115.263.</p>
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115.264	Staff first responder duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.264(a)</p> <p>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>Separate the alleged victim and abuser;</p> <p>Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>If the abuse occurred within a time period that still allows for the collection of</p>

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 above.

The PA self reports zero alleged incidents of sexual abuse occurred at WATCH-CCP W during the last 12 months. However, the auditor did determine that one sexual abuse incident did occur at WATCH-CCP W during the last 18 months. Subsequent to the report of alleged sexual abuse, the victim and the perpetrator were physically separated and the perpetrator was moved to another facility.

WATCH-CCP W PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(B)(a-j) addresses 115.264(a).

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. As previously mentioned in the report narrative, zero clients who reported a sexual abuse incident were interviewed as the victim was not housed at the facility during the onsite visit.

All 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 professionals.

The auditor's review of the WATCH-CCP W Coordinated Response to PREA Incidents flow chart reveals substantial compliance with the above policy, as well as, the First Responder Card that was in the possession of all staff interviewees.

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

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.264(a).

115.264(b)

	<p>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:</p> <p>Request that the alleged victim not take any actions that could destroy physical evidence; and</p> <p>Notify security staff.</p> <p>The PA further self reports that zero allegations of sexual abuse were reported within the last 12 months. However, the auditor did determine that one sexual abuse incident did occur at WATCH-CCP W during the last 18 months. Subsequent to the report of alleged sexual abuse, the victim and the perpetrator were physically separated and the perpetrator was moved to another facility.</p> <p>WATCH-CCP W PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(B)(a-j) addresses 115.264(b).</p> <p>According to the CCCS PC, all staff (security and non-security) receive the same PREA training. Commensurate with 115.264(a), WATCH-CCP W staff assist in the evidence preservation process.</p> <p>Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted in the narrative for 115.264(a). As previously mentioned in the report narrative, zero clients who reported a sexual abuse incident were interviewed as the victim was not housed at the facility during the onsite visit.</p> <p>All 12 random staff interviewees properly state their role in the uniform evidence protocol includes:</p> <p>Separation of the victim and perpetrator;</p> <p>Securing the crime scene;</p> <p>Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a).</p> <p>Additionally, they contact medical/mental health professionals.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.264(b).</p> <p>In view of the lack of findings throughout the 115.264 narratives, the auditor finds WATCH-CCP W substantially compliant with 115.264.</p>
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<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard



	<p><b>Auditor Discussion</b></p> <p>115.265(a)</p> <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 W PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1-10 addresses 115.265(a).</p> <p>This policy is unique to both WATCH-CCP W and 115.265(a). The auditor's review of the above policy reveals a detailed and understandable document available to all staff. Staff responsibilities are well scripted, by position, and are easily employed.</p> <p>The Sexual Assault Initial Response and Containment List is an excellent tool to memorialize dates and times at which certain milestones were completed with respect to response to the sexual abuse allegation. Additionally, the Sexual Assault Initial Response and Containment Checklist document serves as an excellent guideline for staff as they perform sexual abuse-related duties.</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 same is very descriptive and training regarding the same is provided on an annual basis.</p> <p>WATCH-CCP W Policy 3-11 details specific responsibilities by functional area. Notification responsibilities and decision-making authority regarding referral for forensic examination, securing the crime scene, etc. are clearly delineated in the document.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.265.</p>
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<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.266(a)</p> <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 W, 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 bargaining unit at WATCH-CCP W.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.266.</p>
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115.267	Agency protection against retaliation
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.267(a)</p> <p>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. The PA asserts that she and the PM are the designated retaliation monitors for clients and staff at WATCH-CCP W.</p> <p>WATCH-CCP W Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(1) reflects that the Grievance Coordinator and the PM are the retaliation monitors at WATCH-CCP W. This provision conflicts with a PAQ memorandum wherein the PA and the PM are designated as staff delegated oversight responsibility for retaliation monitoring.</p> <p>In view of the above, the auditor finds WATCH-CCP W non-compliant with 115.267(a) and he imposes a 180-day corrective action period wherein the PM and CCCS PC will demonstrate compliance with 115.267(a). The due date for corrective action completion is December 23 , 2025.</p> <p>To demonstrate compliance with 115.267(a), the PM and CCCS PC will collaborate to amend the above policy provision to read as follows or some variation thereof:</p> <p>The PREA Manager (PM) and Program Administrator (PA) are the designated officials responsible for monitoring retaliation at WATCH-CCP W.</p> <p>Once completed the amended policy will be uploaded to OAS and the auditor will render a compliance finding.</p> <p>In view of the above, the auditor finds WATCH-CCP W non-compliant with 115.267(a).</p> <p>September 29, 2025 Update:</p> <p>The auditor's review of the amended WATCH-CCP W Policy 3-9 entitled Findings,</p>

Sanctions, and False Reporting, page 3, section II(J)(1) reveals substantial compliance with 115.267(a). Specifically, the provision now reflects that the PA and PM are the retaliation monitors at WATCH-CCP W. Accordingly, the auditor now finds WATCH-CCP W substantially compliant with 115.267(a).

#### 115.267(b)

WATCH-CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(2) addresses 115.267(b). This policy stipulates that 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. Alternative protection against retaliation may include moving a client to another housing area or to another facility if deemed absolutely necessary by the PA.

The auditor notes that the victim in the one sexual abuse case reported during the last 18 months requested to meet with mental health (MH) staff. However, he declined a meeting with medical (MED) staff.

According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of clients and staff from retaliation for sexual abuse/harassment allegations, staff and clients are allowed to move to another CCCS facility, change shifts, etc., if feasible.

There are multiple layers of monitoring and specific staff are charged with this responsibility.

The PA and PM 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 PM 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).

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

The client who reported a sexual abuse incident at WATCH/CCP West within the last 18 months was removed from the facility three days from the date of report and transferred to another CCCS facility where retaliation monitoring was facilitated. While the auditor reviewed the retaliation monitoring documentation completed by staff at the receiving facility, the same does not apply to WATCH-CCP W as custody of the client was relinquished to the receiving facility.

The auditor notes that the victim was removed from WATCH-CCP W following keen interest in the matter from other clients. The PA determined that the criminal investigative process could best be facilitated at another sister facility in the

interest of the victim's safety and security. The auditor does concur that the movement was reasonable under the circumstances.

In view of the above, the client who reported a sexual abuse incident at WATCH-CCP W could not be interviewed as part of this audit.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.267(b).

#### 115.267(c)

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

The designated staff member charged with monitoring retaliation interviewee states 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 PM's recommendation.

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

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

115.267(d)

WATCH/CCP W 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 client who reported a sexual abuse incident at WATCH/CCP W within the last 18 months was removed from the facility within three days of the date of the report and transferred to another CCCS facility where retaliation monitoring was facilitated. While the auditor reviewed the retaliation monitoring documentation completed by staff at the receiving facility, the same does not apply to WATCH-CCP W as custody of the client was relinquished to the receiving facility.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.267(d).

115.267(e)

WATCH-CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(2), WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, pages 3 and 4, section II(J)(3)(a-c), and WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, pages 3 and 4, section II(J)(3)(a) address 115.267(e).

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 and the PA assert that 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 W substantially compliant with 115.267(e).

Given the corrective action completion as articulated in the narrative for 115.267(a), the auditor now finds WATCH-CCP W substantially compliant with 115.267.

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<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.271(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p>WATCH/CCP W PREA Policy 3-10 entitled Investigations, pages 1 and 2, section II(A)(1)(a-c) addresses 115.271(a).</p> <p>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>The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.</p> <p>With respect to third-party or anonymous reports of sexual abuse, they are investigated in the same manner as any other allegation.</p> <p>The auditor's review of one 2024 abstract of known facts (included in the PAQ packet) reveals substantial compliance with 115.271. In this matter, the sexual abuse allegation was immediately reported to ADLC LE and they determined they would investigate the case as a criminal allegation. According to the record, this matter was expeditiously referred to law enforcement however, the matter is unresolved at this point.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(a).</p>

115.271(b)

WATCH/CCP W PREA Policy 3-10 entitled Investigations, page 1, section II(A) addresses 115.271(b). The PA or the BTC are designated as the administrative sexual abuse/harassment investigator(s) at WATCH/CCP W, however, it is the auditor's understanding that the CCCS PC is the primary administrative sexual abuse/harassment investigator at WATCH-CCP W while the PA is the secondary investigator.

While the above issue certainly warrants corrective action, the auditor does not find the same to constitute a finding. Specifically, policy is not required as a component of compliance for this standard. Accordingly, the auditor strongly recommends corrective action with respect to this policy provision.

The administrative investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line NIC sponsored training (Basic), as well as, the advanced course. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed and a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

The auditor's review of the 2019 National Institute of Corrections (NIC) Certificate for the CCCS PC reveals completion of the courses entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting training. Additionally, the auditor's review of Staff Development and Training Records dated March 24, 2025 and March 15, 2025 regarding the PA and PM, respectively, reveals they have completed the requisite specialty training.

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

Techniques for interviewing sexual abuse victims;

Proper use of Miranda and Garrity warnings;

Sexual abuse evidence collection in confinement settings; and

The criteria and evidence required to substantiate a case for administrative or prosecution referral.

In view of the above, the auditor finds WATCH-CCP W non-compliant with 115.271(b).

115.271(c)

WATCH/CCP W PREA Policy 3-10 entitled Investigations, pages 2 and 3, section II(F)(3) addresses 115.271(c).

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

Report to the facility (60-90 minutes);

Check 1st Responder duties and responses (5-15 minutes);

Review reports (staff, witnesses, victim, perpetrator) (30 minutes);

Review associated video (60 minutes);

Threshold questioning of victim (30-60 minutes);

Witness interviews (staff, 1st responder(s), 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 LE investigator(s). The facility investigator would secure client files, video, and interview notes.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(c).

115.271(d)

WATCH/CCP W PREA Policy 3-10 entitled Investigations, page 2, section II(C) addresses 115.271(d). This policy stipulates compelled interviews are not facilitated by WATCH/CCP W 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 LE criminal investigators.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

The auditor finds one allegation was referred to ADLC LE for criminal investigation



during the last 18 months.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(d).

115.271(e)

WATCH/CCP W 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, as well as, evidence gleaned from video review and physical evidence. 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 auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

The client who reported a sexual abuse investigation could not be interviewed as he was transferred to another CCCS facility within three days of the date of the report.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(e).

115.271(f)

WATCH/CCP W 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); and

Finding(s).

As previously referenced, zero administrative sexual abuse/harassment investigations have been completed at WATCH-CCP W during the last 18 months. A criminal investigation is still outstanding and the victim was removed from WATCH-CCP W shortly following his report. Accordingly, the auditor's interview with him could not be facilitated.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

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

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(f).

115.271(g)

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

The administrative investigative staff interviewee states criminal investigations are properly documented in a report. The format is actually similar to that identified for administrative reports.

The auditor attempted telephonic contact with the ADLC LE investigator who

facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(g).

115.271(h)

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

During the last 18 months, zero sexual abuse 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 LE for potential referral for criminal prosecution.

The CCCS PC asserts he has not been able to secure information from the ADLC LE investigator regarding the status and finding of the sexual abuse investigation as evidenced by the PC's memorandum noting attempts to secure information.

Accordingly, it is unknown as to whether the matter has been referred to the District Attorney for prosecution.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(h).

115.271(i)

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 W 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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(i).

115.271(j)

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

The administrative investigative interviewee states he continues 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, the interviewee states he continues with the investigation when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.271(j).

115.271(l)

WATCH/CCP W 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 PM asserts that the PA or CCCS PC maintain contact with ADLC LE investigators to remain abreast of the investigation status.

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

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators

	<p>did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.</p> <p>In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.271.</p> <p>Given the lack of findings regarding 115.271 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.271.</p>
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115.272	Evidentiary standard for administrative investigations
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.272(a)</p> <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 W 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 just over 50% of 100% of the entirety of available evidence. In other words, there is more evidence substantiating the allegation than not.</p> <p>The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to WATCH-CCP W clients, on two occasions. Additionally, the auditor attempted contact with another criminal investigator on one occasion and he failed to respond. The investigators did not answer the telephone call on either occasion and they did not return any telephone calls from this auditor.</p> <p>The auditor notes that the single sexual abuse allegation received during the last 18 months was immediately referred to ADLC LE for investigation and accordingly, a full administrative investigation was not facilitated. An ADLC LE investigator responded to the facility within two to three days and assumed control of the investigation. At this juncture, the case is still active as a criminal investigation.</p>

	In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.272.
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115.273	Reporting to residents
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.273(a)</p> <p>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 PC self reports one criminal investigation of sexual abuse was conducted with respect to a WATCH-CCP W allegation during the last 18 months. The CCCS PC has not been able to secure information from the ADLC LE investigator(s) regarding the status and finding of the investigation. Zero sexual harassment investigations have been facilitated during the last 12 months.</p> <p>WATCH/CCP W 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 W exceeds standard expectations.</p> <p>The CCCS PC self reports one criminal investigation of sexual abuse was conducted with respect to a WATCH/CCP W allegation during the last 18 months. The CCCS PC has not been able to secure information from the ADLC LE regarding the status and finding of the investigation as evidenced by the PC's memorandum noting attempts to secure information. According to the PC, the victim was verbally advised that the allegation is substantiated based on the findings of the administrative investigative interviewee's cursory review of known facts and that notification is documented.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.273(a).</p> <p>115.273(b)</p> <p>WATCH/CCP W PREA Policy 3-10 entitled Investigations, pages 3, section III(B) addresses 115.273(b).</p> <p>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>

The investigative staff interviewee states agency procedure requires that a client 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.

The PC self reports one criminal investigation of sexual abuse was conducted with respect to a WATCH/CCP W allegation during the last 18 months. The CCCS PC has not been able to secure information from the ADLC LE investigator(s) regarding the status and finding of the investigation as evidenced by the PC's memorandum noting attempts to secure information. According to the PC, the victim was verbally advised that the allegation is substantiated and that notification is documented. The auditor's review of the same validates compliance.

The auditor's review of the report of incident submitted by WATCH-CCP W staff reveals substantial compliance with 115.273(a).

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.273(b).

#### 115.273(c)

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 during the last 12 months.

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

Throughout the pre-audit and onsite visit portions of this audit, the auditor has not learned of any staff-on-client sexual abuse cases.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.273(c).

#### 115.273(d)

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 W, 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 W PREA Policy 3-10 entitled Investigations, page 4, section III(D)(1 and 2) addresses 115.273(d).

As reflected throughout this 115.273 narrative, there is no evidence of indictment or prosecution (pertaining to the alleged client aggressor in the investigation) relevant to any charge related to sexual abuse within the facility. The alleged perpetrator was transferred to a secure facility and the victim was moved to another CCCS facility. The victim was moved within three days of the date on which the sexual abuse incident was reported.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.273(d).

115.273(e)

Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented.

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

The CCCS PC self reports one criminal investigation of sexual abuse was conducted with respect to a WATCH/CCP W allegation during the last 18 months. According to the PC, the victim was verbally advised that the allegation is substantiated and that notification is documented. The auditor's review of the same validates compliance.

In view of the above, the auditor finds WATCH/CCP W substantially compliant with respect to 115.273(e).

In view of the lack of adverse findings articulated in the narratives for 115.273, the auditor finds WATCH-CCP W substantially compliant with 115.273.



115.276	Disciplinary sanctions for staff
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.276(a)</p> <p>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>WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H) addresses 115.276(a).</p> <p>The PA asserts that during the last 12 months, zero staff have violated agency sexual abuse or sexual harassment policies.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.276(a).</p> <p>115.276(b)</p> <p>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>WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H)(1) addresses 115.276(b).</p> <p>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>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.276(b).</p> <p>115.276(c)</p> <p>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>WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting,</p>

	<p>page 3, section II(H)(2) addresses 115.276(c).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.276(c).</p> <p>115.276(d)</p> <p>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>WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.276(d).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.276(d).</p> <p>Given the lack of adverse findings regarding 115.276 provisions, the auditor finds WATCH/CCP W substantially compliant with 115.276.</p>
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115.277	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.277(a)</p> <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. Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with clients. 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 2024 and 2025, zero allegations involved contractors or volunteers.</p>

	<p>WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(1) addresses 115.277(a).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.277(a).</p> <p>115.277(b)</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 W 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(b).</p> <p>Given the lack of adverse findings with respect to 115.277 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.277.</p>
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<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.278(a)</p> <p>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>The PA asserts, in the last 12 months, zero administrative or criminal findings of client-on-client sexual abuse occurred at the facility. As previously referenced</p>

throughout this report, the auditor finds there was one sexual abuse allegation that was referred to ADLC LE investigator(s) for investigation and the same has not been adjudicated.

WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(a).

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.278(a).

#### 115.278(b)

Page 7 of the WATCH/CCP W PREA Handbook reflects Prohibited Acts of which clients may be administratively charged pursuant to 115.278(a), related to sexual abuse and sexual harassment.

WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.278(b).

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. The auditor notes that both the victim and perpetrator were administratively removed from the facility to other CCCS facilities based on safety and security concerns.

As a point of reference, WATCH/CCP W 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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.278(b).

#### 115.278(c)

WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1) addresses 115.278(c).

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 on other clients with similar histories. Additionally, mental disability or mental illness is considered when 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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.278(c).

#### 115.278(d)

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 W 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 one-on-one counseling designed to address and correct the underlying reasons or motivations for sexual abuse and the facility does consider whether to offer these services to offending clients. Specifically, participation is considered voluntary.

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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.278(d).

#### 115.278(e)

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 W 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 nor has he discovered any evidence reflecting client discipline for sexual conduct with staff, during this audit period.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.278(e).

#### 115.278(f)

	<p>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.</p> <p>WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).</p> <p>The auditor has not been provided nor has he discovered any violation(s) of 115.278(f).</p> <p>Accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.278(f).</p> <p>115.278(g)</p> <p>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.</p> <p>WATCH/CCP W PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).</p> <p>Throughout this audit process, the auditor has not discovered any evidence implicating a violation of 115.278(g) requirements. Accordingly, the auditor finds WATCH-CCP W substantially compliant with 115.278(g).</p> <p>Given the lack of adverse findings associated with 115.278 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.278.</p>
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115.282	Access to emergency medical and mental health services
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.282(a)</p> <p>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</p>

professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

WATCH/CCP W 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 W PREA Handbook also provides critical information regarding medical processes following an incident of sexual abuse.

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.

The nature and scope of services are determined according to the professional judgment of both WATCH/CCP W medical/mental health practitioners (referral to St. James Hospital) and subsequently, professionals at St. James Hospital.

As mentioned throughout this report narrative, the client who reported a sexual abuse interview could not be facilitated as he was removed from WATCH-CCP W to another CCCS facility shortly following the report.

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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.282(a).

#### 115.282(b)

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted below. The CCCS PC asserts that all staff complete the same PREA ART course and accordingly, all WATCH-CCP W staff receive the same 1st Responder training.

All 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 professionals.

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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.282(b).

#### 115.282(c)

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 W 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.

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 as the investigation is being handled by ADLC LE investigator(s) at another CCCS facility.

According to the sexual abuse nurse examiner (SANE) interviewee, she and six emergency room (ER) nurses facilitate forensic examinations at Intermountain Health St. James Hospital. The six ER nurses have completed either an online 40 hour International Association of Forensic Nurses (IAFN) program or participated in an in-person IAFN based training program facilitated by the interviewee. The interviewee and one of the six ER nurses have also completed a preceptorship period and can now independently facilitate forensic examinations.

The ER Physician facilitates a medical screening prior to any evidence collection by the seven nurses. The ER Physician is always present throughout the procedure.



	<p>As part of the forensic examination, infectious diseases testing is facilitated. Infection prophylaxis is administered in conjunction with the forensic examination. Additionally, pregnancy testing, education, and follow-up appointments are addressed during the forensic examination.</p> <p>In the May 22, 2024 letter, the Director, ICU, ER, and Trauma Services, outlines forensic medical examination services at St. James Hospital.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.282(c).</p> <p>115.282(d)</p> <p>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.</p> <p>WATCH/CCP W PREA Policy 3-5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) addresses 115.282(d).</p> <p>In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.282(d).</p> <p>Given the lack of adverse findings with respect to 115.282 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.282.</p>
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115.283	Ongoing medical and mental health care for sexual abuse victims and abusers
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.283(a)</p> <p>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>WATCH/CCP W Policy 3-5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).</p> <p>AUDITOR'S NOTE: A Mental Health Release Form is executed to memorialize the</p>

client's acceptance or declination to meet with a mental health practitioner. In the one sexual abuse matter reported during the last 18 months, the victim declined medical examination but requested mental health intervention.

Throughout the onsite visit, the auditor did not encounter any complaints regarding access to medical or mental health staff for purposes of working through previous sexual abuse, regardless of location.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.283(a).

115.283(b)

WATCH/CCP W Policy 3-5 entitled Medical and Mental Health, page 2, section II(C)(1) addresses 115.283(b).

The medical staff interviewee states she brings mental health staff into the loop whenever she receives a report of client victimization. She listens to the allegation(s) reported by the victim, taking notes regarding the same. Subsequently, 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. Employment of calming techniques and assuring the victim that they are safe are major necessities when dealing with a sexual abuse victim. She subsequently makes a recommendation for transport to St. James Hospital for a forensic examination, if warranted.

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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.283(b).

115.283(c)

Pursuant to the PAQ, the PA asserts that the facility provides such victims with medical and mental health services consistent with the community level of care.

WATCH/CCP W Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(2) addresses 115.283(c).

The medical/mental health staff interviewees states medical and mental health 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.

The auditor's review of an email dated January 30, 2024 from the MH professional at WATCH-CCP W to the MH professional at the receiving facility provides insight regarding his interaction with the victim prior to and after the date of the incident. Clearly, the WATCH-CCP W MH professional was tracking the case during the time of the alleged sexual abuse and following the same.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.283(c).

115.283(d)

Pursuant to the PAQ, the PA notes 115.283(d) and (e) are not applicable to WATCH/CCP W 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 W.

115.283(e)

Pursuant to the PAQ, the PA notes 115.283(d) and (e) are not applicable to WATCH/CCP W 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 W.

115.283(f)

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 W 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 was not interviewed as he was removed from WATCH-CCP W shortly following the report of sexual abuse. The matter is under continuous investigation by ADLC LE investigator(s).

According to the sexual abuse nurse examiner (SANE) interviewee, she and six emergency room (ER) nurses facilitate forensic examinations at Intermountain Health St. James Hospital. The six ER nurses have completed either an online 40 hour International Association of Forensic Nurses (IAFN) program or participated in an in-person IAFN based training program facilitated by the interviewee. The interviewee and one of the six ER nurses have also completed a preceptorship period and can now independently facilitate forensic examinations.

The ER Physician facilitates a medical screening prior to any evidence collection by the seven nurses. The ER Physician is always present throughout the procedure.

As part of the forensic examination, infectious diseases testing is facilitated. Infection prophylaxis is administered in conjunction with the forensic examination. Additionally, pregnancy testing, education, and follow-up appointments are addressed during the forensic examination.

The auditor notes the previously mentioned letter from the ER Mgr. and Director: ICU, ER, and Trauma Services at St. James Hospital addresses the requirements of 115.282(c) and 115.283(f). These issues are addressed as part of the SAFE/SANE examination.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.283(f).

#### 115.283(g)

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 W 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 was not interviewed as he was removed from WATCH-CCP W shortly following the report of sexual abuse. The matter is under continuous investigation by ADLC LE investigator(s).

The auditor has discovered no evidence conflicting with the requirements of 115.283(g).

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.283(g).

#### 115.283(h)

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

The mental health interviewee states that generally, client-on-client abusers would not be housed at WATCH-CCP W. In the event that such an abuser arrived at WATCH-CCP W, he/she would be assessed by a community practitioner.

In view of the above, the auditor finds WATCH/CCP W substantially compliant with

	<p>115.283(h).</p> <p>Given the lack of adverse findings with respect to 115.283 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.283.</p>
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<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.286(a)</p> <p>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 18 months, one criminal sexual abuse investigation is in progress by ADLC LE investigator(s).</p> <p>WATCH/CCP W 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 W exceeds standard expectations.</p> <p>The auditor's review of the SART report completed in 2024 reveals the same was facilitated in a timely manner (within 30 days of conclusion of the administrative overview), the requisite composition of the SART team was present during the review, the review team considered all requisite checklist items as described in 115.286(d), a report was generated, and one training recommendation was completed and documented.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.286(a).</p> <p>115.286(b)</p>

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 18 months, one criminal sexual abuse investigation was referred to ADLC LE investigator(s) for criminal investigation.

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

As previously indicated in the narrative for 115.286(a), the SART review was facilitated in a timely manner.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.286(b).

#### 115.286(c)

Pursuant to the PAQ, the PA self reports the sexual abuse incident review team includes upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

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

The PA asserts the facility has a 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 report.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.286(c).

#### 115.286(d)

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 W 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 status; 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 that 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 PM 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 PM prepares the report and no trends have been noted. In regard to any recommendations, the PM asserts she follows through on the same, if warranted. If not warranted, the basis for non-implementation is documented in the report.

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

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.286(d).

115.286(e)

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 W 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 report, zero recommendations were documented however, it is noted that training was provided to staff regarding assessments and assignment of housing.

In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.286(e).

	Given the lack of adverse findings regarding 115.286 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.286.
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<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.287(a)</p> <p>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>WATCH-CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.287(a)/(c).</p> <p>The auditor's review of the 2024 PREA Data Collection system reveals the same is commensurate with 115.287(a). Review of the 2024 WATCH-CCP W SSV 1A and SSV 4 reveals that all requisite information is included in the same.</p> <p>The auditor finds the data collection system to be commensurate with 115.287(a).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.287(a).</p> <p>115.287(b)</p> <p>Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.</p> <p>WATCH-CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.287(b).</p> <p>The auditor's review of aggregated data from 2024 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.287(b).</p>



115.287(c)

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.

WATCH-CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.287(c).

The auditor finds the data collection system to be commensurate with 115.287(c).

The auditor's review of the 2024 PREA Data Collection system reveals the same is commensurate with 115.287(c). Review of the 2024 WATCH-CCP W SSV-1A and SSV-4 reveals that all requisite information is included in the same.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.287(c).

115.287(d)

Pursuant to the PAQ, the PA self reports the agency maintains, reviews, and collects data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

WATCH/CCP W 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).

The auditor's cursory review of the 2024 WATCH-CCP W SSV-1A and SSV-4 reveals the nature of the information reported. Clearly, information was gleaned from those informational sources reflected above.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.287(d).

115.287(e)

The auditor learned that neither CCCS nor WATCH/CCP W 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 W.

115.287(f)

Pursuant to the PAQ, the PA self reports that upon request, the agency provided the Department of Justice with data from the previous calendar year.

	<p>As evidence of the same, the WATCH/CCP W SSV-1A and WATCH/CCP West SSV-4 are included in the PAQ. Both appear to be comprehensive and complete.</p> <p>In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.287(f).</p> <p>Given the lack of adverse findings associated with 115.287, the auditor finds WATCH-CCP W substantially compliant with 115.287.</p>
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115.288	Data review for corrective action
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.288(a)</p> <p>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> <p>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> <p>WATCH/CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 3, section II(B)(1) addresses 115.288(a).</p> <p>The auditor's review of the 2024 WATCH/CCP W 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>Of note, the 2024 Annual PREA Report reflects that 63 cameras are currently employed at WATCH-CCP W and an additional camera has been requested. Additionally, continued emphasis on both staff and client PREA training is highlighted.</p> <p>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>

The PM 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. The PM 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 PM's locked office. The PA and PM are the only staff who can access investigations. Additionally, daily population reports and the daily PREA sheets are maintained electronically and physically in the same manner.

During the facility tour and throughout the on-site audit, the auditor did validate the PM's statement above regarding electronic and hard copy storage of data.

The PM 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 for inclusion in the corporate-wide Annual PREA Report.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.288(a).

115.288(b)

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

The auditor's review of the 2024 WATCH/CCP W 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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.288(b).

115.288(c)

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.

	<p>WATCH/CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(3) addresses 115.288(c).</p> <p>The auditor's review of the WATCH/CCP West website reveals signed copies of the 2023 and 2024 Annual PREA Reports are available for public consumption on the same. The reports are signed by the WATCH/CCP W PA, the CCCS PC, and the CCCS CEO.</p> <p>The Agency Head asserts he approves annual reports written pursuant to 115.288.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.288(c).</p> <p>115.288(d)</p> <p>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.</p> <p>WATCH/CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(4) addresses 115.288(d).</p> <p>In regard to the types of material typically redacted from the annual report, the PM did not know what type(s) of information would be redacted.</p> <p>In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.288(d).</p> <p>Given the lack of adverse findings associated with 115.288 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.288.</p>
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115.289	Data storage, publication, and destruction
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.289(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.</p> <p>WATCH/CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4,</p>

section II(C)(1)addresses 115.289(a). This policy stipulates data is maintained either with the PA or PM.

The PM 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. The PM 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 PM's locked office. The PA and PM are the only staff who can access investigations. Additionally, daily population reports and the daily PREA sheets are maintained electronically and physically in the same manner.

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 PM's locked office.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.289(a).

#### 115.289(b)

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

WATCH/CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(2)addresses 115.289(b).

Pursuant to the auditor's review of the WATCH/CCP W 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.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.289(b).

#### 115.289(c)

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.

WATCH/CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(3) addresses 115.289(c).

	<p>The auditor did not observe any personal identifiers in the statistics reflected on the website. Additionally, during the onsite audit, the auditor found no discrepancies in terms of 115.289(c and d) requirements.</p> <p>In view of the above, the auditor finds WATCH/CCP W substantially compliant with 115.289(c).</p> <p>115.289(d)</p> <p>Pursuant to the PAQ, the agency shall 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.</p> <p>WATCH/CCP W Policy 3-7 entitled Data Collection, Aggregation, and Review, page 3, section II(C)(5) addresses 115.289(c).</p> <p>During the onsite visit, the auditor found no deviation(s) from 115.289(d) requirements.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.289(d).</p> <p>Given the lack of adverse findings with respect to 115.289 provisions, the auditor finds WATCH-CCP W substantially compliant with 115.289.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.401(a)</p> <p>The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.401(a).</p>

115.401(b)

The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.401(b).

115.401(h)

Throughout the onsite visit, the auditor was granted access to all portions of the facility. The auditor did inspect and observe staff offices, staff and client bathrooms, mechanical rooms, sanitation closets, and Food Service freezers, coolers, and dry storage areas.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.401(h).

115.401(i)

Throughout the entire audit process, the auditor was granted access to all documentation requested. The vast majority of documentation was uploaded into OAS. This process entailed all three audit phases.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.401(i).

115.401(m)

The auditor facilitated all interviews (both staff and clients) in a staff office behind closed doors. When interviewing staff and clients during the facility tour, the auditor was afforded privacy whenever talking.

In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.401(m).

115.401(n)

The auditor did not receive any correspondence from clients, staff, contractors, or facility visitors prior to the onsite visit. Additionally, the auditor did not receive any complaints during interviews relative to non-ability to forward correspondence to the auditor or communicate in any way with him.

	<p>Of note, the Audit Notices were clearly reflective of the auditor's cell phone number. The auditor did not receive any telephone calls from clients, families, etc. regarding PREA operations at WATCH-CCP W.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.401(n).</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.401.</p>
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403(f)</p> <p>The auditor's review of the CCCS and WATCH-CCP W websites reveals that the last Final PREA Audit Report for WATCH-CCP W (dated January 24, 2023) is published on the same.</p> <p>In view of the above, the auditor finds WATCH-CCP W substantially compliant with 115.403.</p>



<b>Appendix: Provision Findings</b>		
<b>115.211 (a)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.211 (b)</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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
<b>115.212 (a)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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
<b>115.212 (b)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.)	na
<b>115.212 (c)</b>	<b>Contracting with other entities for the confinement of residents</b>	
	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	na

	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.)	
	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
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	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
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	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.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	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	yes

	staffing patterns?	
	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
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	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.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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,	yes

	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?	
	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
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	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
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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 with residents with disabilities including residents who: Have intellectual disabilities?	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: 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
<b>115.216 (b)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	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
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	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	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	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
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	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
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	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
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	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
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	yes



	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.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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.)	yes
	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
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (d)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (e)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (f)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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
<b>115.221 (h)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	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

<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	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
<b>115.231 (a)</b>	<b>Employee training</b>	
	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	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	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
<b>115.231 (b)</b>	<b>Employee training</b>	
	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
<b>115.231 (c)</b>	<b>Employee training</b>	
	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,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	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
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	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
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	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
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	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
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	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)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	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
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	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
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	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	yes



	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.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	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
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	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
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

<b>(f)</b>		
	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
<b>115.251 (a)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (b)</b>	<b>Resident reporting</b>	

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	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
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	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
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	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.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	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	yes

	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.)	
	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
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	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
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes



	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.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	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
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	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
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

	information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	
	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
<b>115.261 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, do staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.261 (c)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (d)</b>	<b>Staff and agency reporting duties</b>	
	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
<b>115.261 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	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
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	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,	yes

	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?	
	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
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	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
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	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
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	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
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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
<b>115.271 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271</b>	<b>Criminal and administrative agency investigations</b>	

<b>(h)</b>		
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.271 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.271 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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
<b>115.272 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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
<b>115.273 (a)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (b)</b>	<b>Reporting to residents</b>	
	If the agency did not conduct the investigation into a resident's allegation of sexual abuse in an agency facility, does the agency	yes



	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.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	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
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	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	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	

	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
<b>115.277 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents?	yes
<b>115.278 (a)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (b)</b>	<b>Disciplinary sanctions for residents</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories?	yes
<b>115.278 (c)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (d)</b>	<b>Disciplinary sanctions for residents</b>	
	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	yes

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	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
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	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
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	na

	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.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	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
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	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
<b>115.287 (d)</b>	<b>Data collection</b>	
	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
<b>115.287 (e)</b>	<b>Data collection</b>	
	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
<b>115.287 (f)</b>	<b>Data collection</b>	
	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
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	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



<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	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
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	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
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	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
<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	yes
	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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	na
<b>115.401 (h)</b>	<b>Frequency and scope of audits</b>	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes
<b>115.401 (i)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes
<b>115.401 (m)</b>	<b>Frequency and scope of audits</b>	
	Was the auditor permitted to conduct private interviews with residents?	yes
<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	Were inmates, residents, and detainees permitted to send confidential information or correspondence to the auditor in the	yes

	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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