

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

Interim     Final

Date of Report    May 28, 2019

## Auditor Information

Name:    K. E. Arnold	Email: <a href="mailto:kenarnold220@gmail.com">kenarnold220@gmail.com</a>
Company Name:    KEA Correctional Consulting LLC	
Mailing Address:    P.O. Box 1872	City, State, Zip:    Castle Rock, CO 80104
Telephone:    484-999-4167	Date of Facility Visit:    April 15-17, 2019

## Agency Information

Name of Agency: Community Counseling and Correctional Services Inc.	Governing Authority or Parent Agency (If Applicable):		
Physical Address:    471 East Mercury St.	City, State, Zip:    Butte, MT 59701		
Mailing Address:    Same as Above	City, State, Zip:    Same as Above		
Telephone:    406-782-0417	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency mission:    CCCS is a team of individuals dedicated to meeting the human service needs of youths and adults to promote healthy living through treatment, training, and supervision.			
Agency Website with PREA Information: <a href="http://www.cccscorp.com">www.cccscorp.com</a>			

## Agency Chief Executive Officer

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

### Agency-Wide PREA Coordinator

<b>Name:</b> Marwan Saba	<b>Title:</b> PREA Coordinator/Compliance Manager
<b>Email:</b> <a href="mailto:msaba@cccscorp.com">msaba@cccscorp.com</a>	<b>Telephone:</b> 406-491-0245
<b>PREA Coordinator Reports to:</b> CEO	<b>Number of Compliance Managers who report to the PREA Coordinator</b> 9

### Facility Information

<b>Name of Facility:</b> WATCH/CCP West Program			
<b>Physical Address:</b> P.O. Box G, Xanthopoulos Building on the Montana State Hospital, Warm Springs, MT 59756			
<b>Mailing Address (if different than above):</b> Same as Above			
<b>Telephone Number:</b> 406-693-2272			
<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
<b>Facility Type:</b>	<input type="checkbox"/> Community treatment center	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Restitution center
	<input type="checkbox"/> Mental health facility	<input checked="" type="checkbox"/> Alcohol or drug rehabilitation center	
	<input type="checkbox"/> Other community correctional facility		

**Facility Mission:** The Warm Springs Addiction Treatment and Change Program is a six-month, intensive, cognitive behavioral based Modified Therapeutic Community, which assists Family Members (clients) to develop those skills necessary to create pro-social change, reduce anti-social thinking, criminal behavior patterns and the negative effects of chemical addiction while integrating more fully into society.

Community, Counseling and Correctional Services is a company, through diversity, that continues to changes lives, one-life-at-a-time, by providing services and programs to the persons in need.

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

**Have there been any internal or external audits of and/or accreditations by any other organization?**  Yes  No

### Director

<b>Name:</b> Alex Vukovich	<b>Title:</b> Program Director
----------------------------	--------------------------------

Email: <a href="mailto:avukovich@cccscorp.com">avukovich@cccscorp.com</a>		Telephone: 406-693-2272 ext1004	
<b>Facility PREA Compliance Manager</b>			
Name: A. Bjornemo		Title: PREA Compliance Manager	
Email: <a href="mailto:abjornemo@cccs.corp.com">abjornemo@cccs.corp.com</a>		Telephone: 406-693-2272	
<b>Facility Health Service Administrator</b>			
Name: NA		Title: NA	
Email: NA		Telephone: NA	
<b>Facility Characteristics</b>			
Designated Facility Capacity: 171		Current Population of Facility: 165	
Number of residents admitted to facility during the past 12 months			634
Number of residents admitted to facility during the past 12 months who were transferred from a different community confinement facility:			17
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:			594
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:			632
Number of residents on date of audit who were admitted to facility prior to August 20, 2012:			0
Age Range of Population:	<input checked="" type="checkbox"/> Adults 46 (18-77)	<input type="checkbox"/> Juveniles	<input type="checkbox"/> Youthful residents
Average length of stay or time under supervision:			90 to 180 DAYS
Facility Security Level:			Alternative Secure
Resident Custody Levels:			Minimum/Low
Number of staff currently employed by the facility who may have contact with residents:			63
Number of staff hired by the facility during the past 12 months who may have contact with residents:			30
Number of contracts in the past 12 months for services with contractors who may have contact with residents:			0
<b>Physical Plant</b>			
Number of Buildings:		Number of Single Cell Housing Units:	

<b>Number of Multiple Occupancy Cell Housing Units:</b>	4
<b>Number of Open Bay/Dorm Housing Units:</b>	0
<b>Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):</b> We currently have 28 cameras throughout the building.	
<b>Medical</b>	
<b>Type of Medical Facility:</b>	Nurse Station- 2 full time Registered Nurses, 1 Part-time Registered Nurse; 1 Clinical Doctor who comes to the facility 1 (one) time.  Ambulatory Care Clinic
<b>Forensic sexual assault medical exams are conducted at:</b>	St. James Hospital, Butte, MT
<b>Other</b>	
<b>Number of volunteers and individual contractors, who may have contact with residents, currently authorized to enter the facility:</b>	1
<b>Number of investigators the agency currently employs to investigate allegations of sexual abuse:</b>	One facility administrative investigator. Anaconda/Deer Lodge Law Enforcement agency conducts criminal investigations.

# Audit Findings

## Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Warm Springs Addiction Treatment and Change/Corrections Connection Program West (WATCh/CCP West) was conducted April 15-17, 2019, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

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

It is noted that participants in the WATCh/CCP West program are known as family members. Accordingly, the family member terminology is reflected throughout this report.

Following the on-site audit, the auditor contacted the Shelter Administrator at Safe Space (third-party clearinghouse for receipt of WATCh/CCP West family member sexual abuse/harassment reports and provider of services to sexual abuse victims) relative to receipt of any reports of sexual abuse from WATCh/CCP West. The Shelter Director advises no such reports have been received during the last 24 months.

The auditor met with the Program Administrator (PA), CCCS PC, CCCS PREA Specialist/Compliance (PS/C), Clinical Director, Chief of Security (COS), and PREA Compliance Manager (PCM) at 8:00AM on April 15, 2019. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 10:40AM, the auditor toured the entire facility with the CCCS PC and PCM.

It is noted the rated capacity of CCP-E is 171 family members and the institutional count on November 15, 2019 was 161 family members.

During the on-site audit, the auditor was provided an office from which to review documents and facilitate confidential interviews with staff and family members. The auditor randomly selected (from a family member roster provided by the PCM) 21 (fifteen of which required no specialty interviews) family members for on-site interviews pursuant to the Resident Interview Questionnaire. Interviewees represented all floors and wings of the facility.

According to the PCM, there were no family member(s), confined in the facility at the time of the on-site audit, there was no transgender/intersex family members or lesbian/gay/bisexual family members confined at the facility at the time of the on-site audit. Accordingly, such interviews were not conducted.

It is noted the 21 random family member interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to family members for reporting sexual abuse and sexual harassment. Overall, random family member interviewees presented good knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for their knowledge and several random family members advised they had received training by WATCH/CCP West staff, as well as, information gleaned pursuant to previous PREA training within State prisons, jails, other CCCS facilities, and transitional centers.

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

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

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

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

It is noted CCCS is the umbrella company for WATCH/CCP West.

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

Disabled [1- LEP, Physical (2), Low Hearing/Low Vision, Cognitive]  
Reported Prior Sexual Abuse During Victimization Screening  
Reported Sexual Abuse Incident Occurring at WATCH/CCP West

The auditor reviewed 12 Staff Training records, 12 family member files, 12 staff HR files, 9 PREA investigative files, and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same.

On April 15, 2019, the auditor and the CCCS PC proceeded to the WATCH/CCP West entry area (Control Center area) where we were processed pursuant to standard security procedures. The auditor also read, signed, and dated the PREA Notification referenced in the narrative for 115.232.

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

The facility is comprised of two floors and four wings. Staff offices are primarily confined to the 2nd Floor while family member housing is confined to North and South Wings. Family member rooms are located on either side of wing hallways. Family member room doors are all equipped with windows while bathroom doors are solid. There is a bubble (equivalent of a staff office) in each wing.

It is noted that on the Ground Floor of the facility, there is a total of three toilets and one shower on the Red Family Unit (CCP West) and three toilets and three showers on the Green Family Unit (WATCh West). Essentially, there is a toilet and a shower on each wing of each unit, with the exception of the Red Family Unit (CCP West). On the Second Floor (all WATCh West), there is a shower and toilet on each wing of the Dark Blue and Light Blue Family Units with an additional two toilets on the Light Blue Family Unit. The showers are shielded by a half wall and an acceptable curtain. Partitions separate toilet areas. Genitalia cannot be seen as the result of this configuration. It is noted that toilet and sink units are affixed in the CCP West rooms.

The auditor notes all bathroom doors are equipped with a window.

During the tour, it was noted that there are several solid doors throughout the facility. When questioned regarding the same and the relevance to PREA, the auditor was advised that such doors must remain open when the room is occupied. It was also noted that staff offices are equipped with a window. This The Auditor was advised that no family members were authorized to be in staff offices with the door closed.

The auditor notes there is a library on each wing with a solid door. The library is located such that the same is subject to video surveillance.

Currently, there are 28 cameras scattered throughout the facility. It was noted that throughout the facility, no cameras were positioned in the wings. There are several areas that are in need of additional camera coverage and as is reflected in the narrative for 115.218, the 1st Shift Security Supervisor and the auditor spoke regarding camera placements and coverage. He (1st Shift Security Supervisor) advised that a camera upgrade analysis had been facilitated and he thought that a proposal had been submitted to CCCS leadership.

Additional information regarding the camera situation is noted in the narrative for 115.218. The auditor notes many of the 28 cameras presented poor resolution and some were inoperative. However, in view of the staffing pattern (direct supervision), team supervision expectations, and the overwhelming assertion by family member interviewees that they felt sexually safe at WATCh/CCP West, the auditor is confident family member sexual safety is cultural amongst both family members and staff.

Notices of the PREA audit were generously posted throughout the facility and both residents and staff were aware that a PREA audit would be conducted from April 15-17, 2019.

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

As mentioned throughout this report, sexual abuse reporting posters and zero tolerance posters are generously displayed throughout the facility. As mentioned in the individual standards narratives, the

auditor finds that family members have ample opportunity to be aware of sexual safety protocols pursuant to numerous channels.

An On-site Audit Closeout meeting was facilitated on April 17, 2019 with the same staff reflected for the April 15, 2019 Opening Meeting. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the PCM for her diligence in terms of ensuring prompt reporting of interviewees and follow-up regarding the auditor's requests for clarification and additional documentation.

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

## Facility Characteristics

WATCH/CCP West is a partnership between CCCS and MDOC. The program is based on a Modified Therapeutic Community model of treating addiction and the subsequent social issues.

The WATCH program opened on February 1, 2002 and was the culmination of efforts by CCCS and MDOC to provide effective treatment and correctional programming services for a rapidly increasing segment of the adult male population who are chemically dependent.

WATCH is an alternative, pro-active response to traditional sentencing of adult felony DUI offenders.

The WATCH/CCP West program is located in the Xanthopoulos Building on the campus of Montana State Hospital, Warm Springs, Montana. The Warm Springs campus is located in southwestern Montana, approximately 20 miles northwest of Butte on Interstate 90.

WATCH/CCP West serves male fourth and subsequent DUI family members and has a capacity of 171 individuals. This program is a cost-effective sentencing alternative that allows individuals to receive treatment, in lieu of, extended stays in jail or prison.

WATCH West is a six-month intensive, cognitive behavioral based Modified Therapeutic Community, which assists family members in developing those skills necessary to create pro-social change, reduce anti-social thinking, criminal behavioral patterns, and the negative effects of chemical addiction while integrating more fully into society.

Although the WATCH West program is a treatment program, it is still a correctional program and those family members receiving treatment at the facility are still offenders. Therefore, public safety is of paramount concern for the WATCH West program. Accordingly, the following security control features are implemented at WATCH West:

- 24/7 security staff on site;
- Regular and random security searches of offenders commensurate with sound PREA and security procedures;
- Regular and random breathalyzer and urinalysis screening and testing;
- Perimeter fencing;
- 28 security cameras strategically placed throughout the interior and exterior areas. Cameras supplement, not supplant, security staff.



Family members in the WATCh West program receive extensive and varied programming seven days per week. Family members are also responsible to complete individual assignments, participate in recreational and religious opportunities, complete therapeutic tasks and participate in other projects as determined by their respective treatment team and family.

Cognitive Principles and Restructuring (CP&R) is a program that was developed by Montana State Prison staff, and has achieved impressive outcome results. CP&R is conducted five days per week for approximately 1.5 hours per session. This component is delivered in both individual and group settings by trained staff.

The WATCh West program includes three distinct phases. Each phase has specific requirements, as well as, individual responsibilities and privileges. Family members may not progress through the phases without the endorsement of their respective team.

The Connections Corrections Program (CCP) is a comprehensive, community-based correctional program designed to serve the unique needs of the Montana correctional population who are chemically dependent. Family members are provided with a full range of treatment services focusing not only on the chemical dependency issue of each individual, but also the underlying behavioral and dysfunctional thinking patterns which contribute to or sustain chemical use and result in criminal behavior.

CCS, in partnership with MDOC, opened 42 State beds, as well as, 10 sanction beds (all male population) for a total of 52 beds at the Connections West facility located in Warm Springs, Montana. The CCP West facility is the sister to the CCP East facility and is co-located with WATCh West.

CCP is based on the intensive outpatient model and is structured to meet the individual needs of clients for a period of up to 60 days.

CCP provides clients with the education and insight into their disease and maladaptive behaviors so they integrate these skills and information into their daily lives. Through this process and intensive programming, the following goals are developed:

- Promote public safety by creating a milieu of programs and services for the adult male offenders in or entering local communities;
- Provide programs and services that assist eligible offenders with their transition from prison to the community;
- Provide an alternative to prison for those offenders who do not pose a significant threat to public safety and whose correctional programming and treatment needs could be best served by community placement;
- Provide an alternative to probation for those offenders who do not pose a significant threat to public safety and who require greater programming structure and monitoring than can be offered through probation;
- Meet the supervision and control needs of adult offenders in a community-based correctional setting;
- Establish and maintain a continuum of programming through formal and informal links to other human service and correctional agencies.

Pursuant to the CCP mission, the program is a highly structured 60 day cognitive behavioral based Intensive Residential Treatment Center that incorporates addiction counseling, thinking errors counseling, cognitive principles and restructuring, victimization counseling, anger management counseling, in conjunction with a strong emphasis on relapse prevention for the criminal offender.

CCP West is designed to serve the following types of male offenders:

Intensive Supervision Probationers (ISP) and Parolees violating the conditions of their parole plans to a level that would result in imprisonment;  
Offenders at the Montana State Prison (MSP) who are mandated by the Board of Pardons and Parole to complete chemical dependency programming;  
Offenders at MSP who are court-ordered to complete chemical dependency programming prior to release;  
Offenders participating in pre-release programs who violate as a result of chemical use;  
Offenders referred by U. S. Probation Officers.

Family members with sex-related crimes are normally not accepted at CCP West. Additionally, family members with a history of violent crime will generally not be served at CCP West however, each family member is considered on a case-by-case basis. Finally, family members who have serious medical or mental health problems that would prohibit or significantly limit participation in correctional programming and chemical dependency treatment would generally not be served at CCP West. The local screening committee considers many factors including the following: 1. Nature and number of offenses; 2. Previous community placements; 3. Behavior at other institutions; 4. Desire to change and motivation to participate in programming; and 5. Medical or psychological limitation that could prevent participation in the program.

As a point of interest, a PREA Compliance Acknowledgement is issued to all contractors, visitors, and volunteers each time they enter WATCh-CCP West. Potential entrants are instructed to read this Acknowledgement and affix their signature to the same. The Acknowledgement addresses definitions of sexual abuse, sexual harassment, and voyeurism. Additionally, the same includes a certification of understanding of the requirements of PREA as scripted in the document, verbiage regarding zero tolerance towards any form of sexual abuse and sexual harassment, and verbiage regarding immediate reporting of any knowledge of sexual abuse or sexual harassment. This document serves as a constant PREA reminder to affected individuals entering the confines of WATCh-CCP West.

It is noted that during the tour, the auditor did observe Emergency Grievance Boxes that are built into facility walls in each living unit area. Reportedly, PREA Emergency Grievances are picked up by the Grievance Coordinator on a daily basis, with the exception of days off. Shift Supervisors also pick up Emergency Grievances every shift and provide the same to the grievance coordinator. PREA Emergency Grievances are immediately distributed to the WATCh-CCP PCM for immediate processing.

## Summary of Audit Findings

**Number of Standards Exceeded:** 115.231, 115.232, 115.286

115.231- The auditor finds between trainings, staff are expected to periodically review policies. All staff receive PREA orientation (Pre-Service) training within two days of hire. Refresher PREA training is conducted annually.

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

115.232- WATCh/CCP West PREA Policy 3.6 entitled Training, page 2, section II(E)(1-3) addresses 115.232(a).

The auditor notes this policy prescribes PREA training every two years for contractors/volunteers. As the standard is silent regarding any training frequency, the auditor finds WATCh/CCP West exceeds standard requirements for 115.232(a).

In addition to the above, as articulated in the narrative for 115.232, practice substantiates the policy requirement.

115.286- Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the past 12 months, 0 administrative sexual abuse investigations were facilitated at WATCh/CCP West.

WATCh/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A) (1)(a) addresses 115.286(a). The auditor notes this policy includes the conduct of SART reviews for both sexual assault and sexual harassment. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds WATCh/CCP West exceeds standard expectations.

The auditor's review of three Sexual Assault Response Team (SART) reports completed in 2017, two completed in 2018, and three completed in 2019 reveals the same were facilitated in a timely manner (within 30 days of conclusion of the respective investigations), the requisite composition of the SART team was present during the reviews, the review team considered all requisite checklist items as described in 115.286(d), a report was generated, and recommendations were documented.

It is noted one 2019 investigation was determined to be a false report by the alleged victim and accordingly, a SART review was not conducted.

**Number of Standards Met:** 36

**Number of Standards Not Met:** 0

### **Summary of Corrective Action (if any)**

While the auditor finds WATCh/CCP West substantially compliant with all standards, the following matter [115.216(c)] requires follow-up staff training:

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

Six of 12 random staff interviewees assert the agency does allow the use of family member interpreters, readers, and assistants to assist disabled family members or LEP family members when making an allegation of sexual abuse/harassment. Four of the six cited a delay in obtaining an effective interpreter could either compromise the family member's safety or impede the investigation of the family member's allegations. One random interviewee has not yet participated in training regarding the subject-matter of this provision. The interviewee's status is addressed in the narrative for 115.215(e).

While policy is clear and practice has not presented any deviation from either policy or standard provision, the auditor finds that re-training of staff regarding the specifics of 115.216(c), is necessary. Accordingly, the WATCH/CCP West PCM will ensure re-training of all facility staff (accentuating the conditions under which use of such interpreters, translators, assistants is appropriate) on or before November 28, 2019.

Eleven of 12 random staff interviewees assert, to the best of their knowledge, family member interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/harassment. As evidence of re-training, the PCM will provide the auditor a copy of the training plan used to facilitate re-training. Additionally, the PCM will ensure a copy of the training roster regarding the training, as well as, individual training documentation reflecting the employee's understanding of the subject-matter, is provided to the auditor. The auditor will retain the same in the audit file.

## PREVENTION PLANNING

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

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

#### 115.211 (a)

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

#### 115.211 (b)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's

approach to preventing, detecting, and responding to sexual abuse/harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse/harassment and the policy includes sanctions for those found to have participated in prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of family members.

WATCH CCP West PREA Policy 3-1, pages 1-8 addresses 115.211(a).

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

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

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

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

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

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

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

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

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents OR the response to 115.212(a)-1 is "NO".)  Yes  No  NA

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

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

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

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

### Auditor Overall Compliance Determination

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

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

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

Accordingly, absent evidence of non-compliance, the auditor finds WATCH/CCP West substantially compliant with 115.212.

## Standard 115.213: Supervision and monitoring

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

#### 115.213 (a)

- Does the agency develop for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency document for each facility a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the physical layout of each facility in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the resident population in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring?  Yes  No

- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? X  Yes  No

#### 115.213 (b)

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

#### 115.213 (c)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing, and where applicable, video monitoring to protect family members against sexual abuse. The PA self reports the average daily number of family members since the last PREA audit is 156 and the average daily number of family members on which the staffing plan is predicated is 156.

WATCH/CCP West Policy 3.1 entitled PREA General Requirements, pages 6 and 7, section IV(A)(5) addresses 115.213(a).

The auditor's review of the January 30, 2017, January 15, 2018, and January 15, 2019 WATCH/CCP West Staffing Plans reveals the facility meets standard expectations. Additionally, review of the May 20, 2017 and June 20, 2018 Annual Staffing Plan Reviews reveals all four of the requisite community confinement facility issues are considered during development and documentation of the initial staffing plan. All staffing plans are extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services, as an absolute last resort.



Of note, the Staffing Plans are reviewed and signed by the CCCS PC, as evidenced by the actual plans. The PA asserts the facility does have a staffing plan and the plan is adequate to protect family members against sexual abuse. Effective and strategic assignment of staff minimizes the impact of blind spots, etc. Video monitoring is considered in the plan and addressed pursuant to Sexual Abuse Review Team (SART) reviews. A discussion regarding video surveillance appears in the narrative for 115.218. The staffing plan is documented and maintained by the PA, Chief of Security (COS), and Clinical Treatment Coordinator. Additionally, a copy of the same is maintained in the Corporate Office.

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

1. The physical layout of the facility;

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

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

2. The composition of the family member population;

Any increases in gang members and "wannabes" may warrant additional monitoring and minimally, realignment of resources may be warranted. The sexual offender population is likewise closely monitored for victimization and/or sexual aggression. Realignment of resources may likewise be required. Family member movement patterns within the facility are also a consideration.

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

As part of the SART process, as well as routine rounds, we assess areas wherein sexual abuse/harassment incidents occurred. Questions addressed are: Do we need additional video surveillance? Is additional staff and family member training warranted? and Is additional staffing warranted?

4. Any other relevant factors.

There are no other relevant factors.

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

When assessing adequate staffing levels and the need for adequate video monitoring, the PCM asserts the following factors are considered:

1. The physical layout of the facility;

Blind spots and locations where camera surveillance may be insufficient are assessed. Lines of sight are carefully assessed on a continual basis to ensure a sexually safe environment. These are guiding principles in terms of staffing and strategic camera placements.

2. The composition of the family member population;



Gang members and "wannabe" increases may drive the need for additional staffing requests. Minimally, realignment of existing resources may be driven by this issue.

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

At WATCh/CCP West, there are more allegations of sexual harassment, as opposed to, sexual abuse. Most alleged incidents occur in obscure locations during "down" times for family members. Again, realignment of existing resources would be the primary strategy, along with staff training.

4. Any other relevant factors

There are none.

Pursuant to the PAQ, the PA self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PA self reports the four most common reasons for deviating from the staffing plan in the last 12 months are as follows: staff sick call; transportation of family members for medical appointments; security staff shortage; and inadequate shift coverage.

WATCh/CCP West Policy 3.1, page 7 section IV(A)(6) addresses 115.213(b).

The auditor's review of 20 2017 and 16 2018 CCCS WATCh/CCP West Deviation Forms reveals substantial compliance with 115.213(b). Of note, in reality, the auditor finds there are no deviations from the staffing plan as essential positions are covered as articulated in the Annual Staffing Plan Reviews.

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

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

WATCh/CCP West PREA Policy 3.1, page 7, section IV(A)(7) addresses 115.213(c).

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

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

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

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

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

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

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

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

#### 115.215 (c)

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

#### 115.215 (d)

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

#### 115.215 (e)

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

#### 115.215 (f)

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

### Auditor Overall Compliance Determination

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

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

WATCH/CCP West PREA Policy 3.1, page 7, section IV(A)(8) addresses 115.215(a).

The non-medical staff involved in cross-gender strip or visual searches interviewee asserts when a family member is believed to be carrying dangerous contraband (e.g. shank) in his rectum, the same would be considered an exigent circumstance, thereby warranting a cross-gender strip or visual search if same sex staff are not available.

The auditor's review of Exigent Circumstances Logs validated the PA's statement above regarding the frequency of such searches.

Pursuant to the PAQ, the PA self reports the facility does not house female family members. The auditor's facility tour and random family member interviews validated the fact female family members are not housed at WATCH/CCP West. Accordingly, the auditor finds 115.215(b) is not applicable to WATCH/CCP West.

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

WATCH/CCP West PREA Policy 3.1, page 7, section IV(A)(9) addresses 115.215(c).

As referenced in the narrative for 115.215(a), 0 cross-gender visual or body cavity searches of family members were conducted during the last 12 months. Additionally, cross-gender pat searches of female family members are not conducted at WATCH/CCP West as female family members are not housed therein.

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

WATCH/CCP West PREA Policy 3.1, page 8, section IV(A)(10 and 11) addresses 115.215(d).

All 21 random family member interviewees assert female staff announce their presence when entering housing areas. Additionally, family members are not naked, or in full view, of female staff (not including medical staff such as doctors or nurses) when showering, toileting, or changing clothes.

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

During the facility tour and throughout the on-site audit, the auditor observed female staff announce their presence stating, "Female on the floor" or some equivalent.

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

WATCh/CCP West PREA Policy 3.1, page 7, section IV(A)(9)(a)(3) addresses 115.215(e).

Eleven of 12 random staff interviewees assert they are aware staff are prohibited from searching or physically examining transgender/intersex family members for the sole purpose of determining the family member's genitalia. One of the interviewees has not yet been trained regarding the same as she is shadowing tenured and trained staff. She has no contact with family members in the absence of supervising staff.

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

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

WATCh/CCP West PREA Policy 3.1, page 8, section IV(A)(12) addresses 115.215(f).

The auditor's review of 17 Staff Development & Training Record Forms (covering 2018 and 2019) reveals staff understand Gender Responsive Strategies. This training was provided to staff representing several different institutional disciplines, inclusive of Security.

The auditor's review of 13 random staff training files reveals all affected staff completed and understand Cross Gender and Transgender/Intersex Family Member pat search techniques. Additionally, documentation reveals training was facilitated, minimally, during 2018 in applicable cases.

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

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

One interviewee had not yet participated in the training as she was shadowing a tenured and trained employee until she receives Orientation training. She has no one-on-one contact with family members while in this status. She is always under the supervision of a staff member, as previously mentioned.

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

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

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

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

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

## 115.216 (b)

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

### 115.216 (c)

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

### Auditor Overall Compliance Determination

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

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

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

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

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

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

All five family members with disabilities or who are limited English Proficient (LEP) interviewees (one LEP, two physical, one low hearing/low vision, and one cognitively impaired) assert the facility provided information about sexual abuse/harassment that they were able to understand.



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

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

WATCH/CCP West PREA Policy 3-3 entitled Intake Screening, pages 2 and 3, section II(A)(3) addresses 115.216(b).

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

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

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

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

Six of 12 random staff interviewees assert the agency does allow the use of family member interpreters, readers, and assistants to assist disabled family members or LEP family members when making an allegation of sexual abuse/harassment. Four of the six cited a delay in obtaining an effective interpreter could either compromise the family member's safety or impede the investigation of the family member's allegations. One random interviewee has not yet participated in training regarding the subject-matter of this provision. The interviewee's status is addressed in the narrative for 115.215(e).

While policy is clear and practice has not presented any deviation from either policy or standard provision, the auditor finds that re-training of staff regarding the specifics of 115.216(c), is necessary. Accordingly, the WATCH/CCP West PCM will ensure re-training of all facility staff (accentuating the conditions under which use of such interpreters, translators, assistants is appropriate) on or before November 28, 2019.

Eleven of 12 random staff interviewees assert, to the best of their knowledge, family member interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/harassment. As evidence of re-training, the PCM will provide the auditor a copy of the training plan used to facilitate re-training. Additionally, the PCM will ensure a copy of the training roster regarding the training, as well as, individual training documentation reflecting the employee's understanding of the subject-matter, is provided to the auditor. The auditor will retain the same in the audit file.

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

## Standard 115.217: Hiring and promotion decisions

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

#### 115.217 (a)

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

#### 115.217 (b)

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

#### 115.217 (c)

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

#### 115.217 (d)



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

#### 115.217 (e)

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

#### 115.217 (f)

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

#### 115.217 (g)

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

#### 115.217 (h)

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

#### Auditor Overall Compliance Determination

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

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

- a. Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;

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

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

The auditor's review of five of 12 random staff files reveals substantial compliance with 115.217(a). In seven of the 12 cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle. The questions articulated in 115.217(a) were asked with responses documented by staff who were promoted in two of two random promotion cases.

As reflected in the narrative for 115.232, there is one contractor at WATCH/CCP West. The auditor's review of her Disclosure of PREA Employment Standards Violation form dated November 16, 2017, reveals the three questions articulated in 115.217(a) and the sexual harassment question articulated in 115.217(b) were asked and she responded in the negative to all questions.

Of note, the CCCS PC asserts the contractor commenced provision of services on November 29, 2017, 13 days subsequent to execution of the PREA Employment Standards Violation form.

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

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

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

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

Pursuant to the PAQ, the PA self reports agency policy requires that before it hires any new employees who may have contact with family members, it a. conducts criminal background record checks and b. consistent with federal, state, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The PA further self reports in the past 12 months, 30 staff who may have contact with family members, have had criminal background record checks.

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

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

Of the 12 random staff files reviewed by the auditor, one applicant documented a prior institutional employer and a verification request was forwarded to the previous employer prior to the date of hire. No response was noted in the file.

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

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

According to the CCCS PC, the medical contractor works with an agency who provides medical services to CCCS pursuant to an agreement. She provides somewhat minimal intermittent services on an "as needed" basis.

The auditor notes this contractor was previously referenced in a Final PREA Audit Report for another CCCS facility as the original background investigation conducted, constituted a professional background investigation. The same does not constitute a criminal background record check as required by 115.17(d). Accordingly, the auditor determined that facility was non-compliant with 115.17(d) and as one component of corrective action, the conduct of a criminal background record check was required.

As part of the post-audit review for that facility, the auditor has confirmed the requisite background check has been completed. Accordingly, given the fact this contractor provides services at multiple CCCS facilities as articulated in 115.232, the auditor finds WATCH/CCP West compliant with 115.217(d).

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

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

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

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

The auditor notes the Montana Public Criminal History Record encompasses only those arrests/convictions occurring within the State of Montana. Given the transient society in which we work, this process leaves the possibility of hiring employees who have been involved in the offenses articulated in provision 115.217(a) in a State other than Montana.

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

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

The auditor's review of five-year re-investigations applicable to random staff reveals adequate compliance with 115.217(e) in four of five cases. Accordingly, the auditor finds WATCh/CCP West substantially compliant with this provision.

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

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

During an audit of a CCCS facility conducted during 2017, this auditor discovered the three questions were not asked on an annual basis in conjunction with the performance appraisal process. Accordingly, the Disclosure of PREA Employment Standards Violation form was implemented on an annual basis, commencing with calendar year 2018. This document includes the three questions referenced in the narrative for 115.217(a), as well as sexual harassment [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, the auditor reviewed 12 random staff HR files to determine compliance with the totality of 115.17. Nine of the 12 files included the above properly executed form for calendar year 2018. In regard to the three remaining files, the employees had not yet participated in the evaluation process as of the dates of the on-site audit.

The auditor finds the afore-mentioned evidence to substantiate compliance with 115.217(f).

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

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

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

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses the majority of 115.217, inclusive of 115.217(g). The auditor's random review of completed documents validates these forms were completed in conjunction with the afore-mentioned standard provisions for 2018.

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

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

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

## Standard 115.218: Upgrades to facilities and technologies

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

#### 115.218 (a)

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

#### 115.218 (b)

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

### Auditor Overall Compliance Determination

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

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

WATCH/CCP West Policy 15.8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.218(a).

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

Pursuant to the PAQ, the PA self reports the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

WATCH/CCP West Policy 15.8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.218(b).

Currently, there are 28 cameras scattered throughout the facility. As reflected in the WATCH/CCP West Final PREA Audit Report dated January 7, 2017, the auditor noted throughout the facility, no cameras were positioned in the wings. As a matter of fact, there were several areas in need of additional camera coverage.

The 1st Shift Security Supervisor and the auditor spoke, during the on-site audit, regarding camera placements and coverage. He (1st Shift Security Supervisor) advised a camera upgrade analysis had been facilitated and he thought a proposal had been submitted to CCCS leadership.

The auditor did secure a copy of the proposal and the increase in cameras and coverage is substantial (approximately 56 cameras). According to the 1st Shift Security Supervisor, he and the vendor representative jointly facilitated the analysis, taking into account sexual safety considerations.

At that time, the auditor was advised by the CCCS PC that the building is owned by the State of Montana and accordingly, approval to proceed would have to come from MDOC.

At the time of the instant audit, the addition of cameras in accordance with the afore-mentioned plan has not been implemented. Contractual negotiations are in process with MDOC for continued operation of the WATCH/CCP West program and State of Montana building. At such time as the contract is ratified, CCCS leadership will proceed with shared purchase of the camera system and implementation when approved by MDOC.

Pursuant to observation/review of staffing/review of the PREA program at WATCH-CCP West/ and review of current camera coverage, it appears that supervision is adequate (at this point until the camera upgrade is complete) to ensure sexual safety at the facility.

In view of the above, the auditor finds 115.218(b) not applicable to WATCH/CCP West.

As there are currently no deviations from 115.218, the auditor finds WATCH/CCP West substantially compliant with 115.218.

## RESPONSIVE PLANNING

### Standard 115.221: Evidence protocol and forensic medical examinations

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

##### 115.221 (a)

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

##### 115.221 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) X  Yes  No  NA

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

#### 115.221 (c)

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

#### 115.221 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X  Yes  No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? X  Yes  No
- Has the agency documented its efforts to secure services from rape crisis centers? X  Yes  No

#### 115.221 (e)

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

#### 115.221 (f)

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

#### 115.221 (g)

- Auditor is not required to audit this provision.

### 115.221 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (Check N/A if agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d) above.)  Yes  No  NA

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including family member-on-family member sexual abuse or staff sexual misconduct). Criminal investigations are conducted by the Anaconda/Deer Lodge County Law Enforcement Department (ADLC LEA). When conducting a sexual abuse investigation, the agency investigators follow a uniform evidence protocol.

WATCH/CCP West PREA Policy 3.4 entitled Reporting, page 8, section II(E)(1) addresses 115.221(a).

ADLC LEA investigators secure all crime scene physical evidence. Commensurate with 115.264(a), WATCH/CCP West staff assist in the evidence process pursuant to the protocol defined in the aforementioned standard provision.

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

Six of 12 random staff interviewees properly assert the PCM facilitates administrative sexual abuse/harassment investigations while nine of 12 interviewees assert ADLC LEA investigators facilitate criminal sexual abuse/sexual harassment investigations.

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

The auditor's review of an MOU between CCCS and ADLC LEA specifically addresses tenets of 115.221(b). The MOU is dated November 26, 2018. The auditor finds WATCH/CCP West to be substantially compliant with 115.221(b).

Pursuant to the PAQ, the PA self reports the facility offers to all family members who experience sexual abuse access to a forensic medical examination. Forensic medical examinations are offered without



financial cost to the victim. Where possible, examinations are conducted by SAFE/SANEs. When SAFE/SANE Nurses are unavailable, a qualified medical practitioner performs forensic medical examinations. All of the above is clearly articulated in an MOU with St. James Healthcare. According to the PA, no forensic medical examinations were conducted during the last 12 months.

The auditor's review of a letter dated March 5, 2018 from the Director of Emergency/Trauma Services at St. James Healthcare specifically addresses the subject-matter of 115.221(c) and provision of SAFE/SANE services. The letter, in question, is detailed in regard to all services provided.

WATCH/CCP West PREA Policy 3.4 entitled Reporting, page 8, section II(E)(3) addresses 115.221(c).

According to the SAFE/SANE interviewee, she and her team are responsible for conducting all forensic medical examinations for WATCH/CCP West. She asserts eighty percent of the Nurses in her department are SANE trained however, they are not SAFE/SANE certified. The remaining 20 % of the Nurses are provided SANE Orientation training.

Trained SANE nurses are available on a 24 hour, seven day per week basis. Therefore, coverage is continuous.

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

WATCH/CCP West PREA 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). All requirements of the provision are clearly articulated in the MOU.

In addition to the above, the auditor's review of two tests (PRC course entitled PREA and Victim Services: A Trauma Informed Approach) and accompanying training certifications reveals a Counselor Technician and a Case Manager are properly trained facility Victim Advocates (VAs) who can provide services in the absence of Safe Space VAs.

The PCM asserts there is an MOU between WATCH/CCP West and Safe Space regarding provision of VAs for family members in need of the same. Additionally, two facility VAs are NIC trained for this purpose.

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

The family member who reported alleged sexual abuse at WATCH/CCP West asserts he was not allowed to contact anyone subsequent to reporting.

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

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

WATCH/CCP West PREA Policy 3.4 entitled Reporting, page 8, section II(E)(5) addresses 115.221(e).

As reflected throughout this narrative, the PCM-PREA Investigator facilitates administrative investigations. ADLC LEA investigators facilitate criminal investigations pursuant to a carefully scripted MOU.

WATCH/CCP West PREA Policy 3.4 entitled Reporting, page 9, section II(E)(6) addresses 115.221(f).

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

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

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

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

#### 115.222 (a)

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

#### 115.222 (b)

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

#### 115.222 (c)

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

#### 115.222 (d)

- Auditor is not required to audit this provision.

#### 115.222 (e)

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

Pursuant to the PAQ, the PA self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including family member-on-family member and staff sexual misconduct). In the past 12 months, six allegations of sexual abuse and sexual harassment were received. All six allegations were administratively investigated and zero allegations were referred for criminal investigation. All administrative investigations were reportedly completed and the auditor validated completion of these investigations.

WATCH/CCP West PREA Policy 3.4 entitled Reporting, page 2, section II(A)(11) addresses 115.222(a).

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

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

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

WATCH/CCP West PREA Policy 3.4 entitled Reporting, page 2, section II(A)(12) addresses 115.222(b).

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

The auditor's review of the afore-mentioned MOU describes the responsibilities of both WATCH/CCP West investigative staff and the investigative agency.

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

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

## **TRAINING AND EDUCATION**

## Standard 115.231: Employee training

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

### 115.231 (a)

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

### 115.231 (b)

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

### 115.231 (c)

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

### 115.231 (d)

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

### Auditor Overall Compliance Determination

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

### Instructions for Overall Compliance Determination Narrative

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

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

WATCh/CCP West PREA Policy 3.6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.231(a).

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

All 12 random staff interviewees assert they have received training regarding the afore-mentioned PREA topics either during Orientation training conducted at Corporate, training received pursuant to review of policies and pamphlets during a "shadow period" facilitated at WATCh/CCP West, or during annual PREA

training. Of note, one interviewee had not completed the formal PREA training at the facility however, she shadows tenured staff, never having one-on-one contact with family members. In other words, she is under constant supervision by tenured staff, much like On-the-Job training. Tenured staff provide some PREA training during this process.

The auditor notes WATCh/CCP West staff receive a plethora of training, piece-mealed by month throughout the calendar year.

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

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

The auditor's on-site review of 13 random staff training files reveals substantial compliance with 115.231(a). Five staff were hired during 2018 and 2019 and PREA training was provided prior to contact with family members. There is no documentation substantiating the same for one additional 2018 new hire. All files reveal annual PREA training was provided during 2018 and 2019. Six files pertain to employees hired prior to or during the last audit period.

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

WATCh/CCP West PREA Policy 3.6 entitled Training, page 2, section II(B) addresses 115.231(b).

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

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

The CCCS PC asserts no employees transferred from a female facility within the last 24 months.

Pursuant to the PAQ, the PA self reports 63 staff, who may have contact with residents, were trained or retrained in PREA requirements. This equates to 100% of staff.

The auditor notes the exception as reflected in the narrative for 115.231(a). Given the employee's training and her exposure to family members while in this status, the auditor does not find any evidence of non-compliance with 115.231(c).

Between trainings, staff are expected to periodically review policies. All staff receive PREA orientation (Pre-Service) training within two days of hire. Refresher PREA training is conducted annually.



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

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

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

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

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

In view of the above, the auditor finds WATCH/CCP substantially compliant with 115.231.

## Standard 115.232: Volunteer and contractor training

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

#### 115.232 (a)

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

#### 115.232 (b)

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

#### 115.232 (c)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with family members have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment/prevention, detection, and response. The PA further self reports 0 volunteers have provided services at WATCH/CCP West during the past 24 months.

The PA advises one contractor provides services to family members at WATCH/CCP West and she has been trained on her responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The auditor notes she also provides services at START.

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

The auditor notes this policy prescribes PREA training every two years for contractors/volunteers. As the standard is silent regarding any training frequency, the auditor finds WATCH/CCP West exceeds standard requirements for 115.232(a).

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

The WATCH/CCP West/START contractor asserts she has been trained in her responsibilities regarding sexual abuse/harassment prevention, detection, and response, per agency policy and procedure.

The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals the contractor executed the same on November 9, 2017. The same addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options.

The medical contractor is a full-time employee of MDOC, assigned to the Montana State Prison (MSP) in Deer Lodge, Montana. The CCCS PC advises the contractor has completed annual PREA Refresher Training at MSP. The auditor has been provided copies of Certificates signifying she completed 2018 Annual PREA Refresher training at MSP on September 12, 2018. Additionally, the auditor reviewed Certificates for completion of PREA Post-Audit Corrective Action, on the same date.

The auditor reviewed the MSP Final PREA Audit Report dated October 18, 2016 and finds no evidence of training and content deficiencies with respect to the topics covered pursuant to 115.31(a). Accordingly, the auditor deduces the content of requisite training topics to be, minimally adequate, in accordance with 115.31(a). The auditor finds that the medical contractor received PREA training exceeding the expectations of 115.232(a).

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.232(a).

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

Controlling policy is cited in the narrative for 115.232(a).

The medical contractor asserts she signed the PREA Compliance Acknowledgment which addresses definitions of sexual abuse/harassment, START zero tolerance regarding the same, and reporting options. Other PREA training is referenced in the narrative for 115.32(a).

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

Controlling policy is cited in the narrative for 115.232(a).



In view of the above, the auditor finds WATCH/CCP West exceeds standard compliance with respect to 115.232.

## Standard 115.233: Resident education

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

#### 115.233 (a)

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

#### 115.233 (b)

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

#### 115.233 (c)

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

#### 115.233 (d)

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

## 115.233 (e)

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

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports family members receive information at time of Intake about the zero-tolerance policy, how to report incidents or suspicions of sexual abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 634 WATCH/CCP West family members were provided requisite information at Intake during the last 12 months. Reportedly, this equates to 100% of the family members admitted to WATCH/CCP West during the last 12 months.

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 1, section II(A)(1)(a)(1-4) addresses 115.233(a).

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

Twenty of the 21 random family member interviewees assert they received information about the facility's rules against sexual abuse/harassment upon arrival. Specifically, they received the PREA Handbook and PREA pamphlet. The auditor's review of the one family member (file) who asserts he did not receive requisite information until the following day, reveals he received requisite information on the date of arrival at WATCH/CCP West.

Twenty of the 21 random family member interviewees assert when they first arrived at the facility, they were told about:

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

Twenty of the 21 interviewees assert they were provided requisite information within one week of arrival. One interviewee advised he received requisite information within two weeks of arrival.

The auditor's review of 12 random family member files, inclusive of the family member who reported receipt of Orientation within two weeks of arrival, reveals all 12 family members received initial PREA education on the date of intake and 11 family members received Orientation within seven days of arrival, while one family member received the same within eight days of arrival.

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

Pursuant to the PAQ, the PA self reports the facility provides family members who are transferred from a different community confinement facility with refresher information as referenced above. The PA further self reports 2 family members were transferred to WATCH/CCP West from a different community confinement facility within the last 12 months and all have received refresher training. Family members receive the same PREA information when they transfer from one facility to another facility.

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

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

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

The auditor's review of five WATCH/CCP West PREA Education forms completed within the last 12 months reveals the same were completed upon the family member's transfer from CCP East.

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

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

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

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

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

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

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

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

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

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

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

## Standard 115.234: Specialized training: Investigations

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

#### 115.234 (a)

- In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? [N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.221(a).] X  Yes  No  NA

#### 115.234 (b)

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

#### 115.234 (c)

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

## 115.234 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

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

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

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

The investigative staff interviewee asserts she did receive training specific to conducting sexual abuse investigations in a confinement setting. She asserts the same was a three hour on-line NIC sponsored training. Additionally, she participated in a seven hour CCCS sexual assault training class wherein scenarios were resolved.

The auditor's review of the NIC Certificates for the PA, Chief of Security, CCCS PC, ex-PCM, and current PCM, reveal completion of the Conducting Sexual Abuse Investigations in a Confinement Setting course. Additionally, Development and Training Record Forms for the CCCS PC reveals substantial compliance with 115.234(a) and (c).

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

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

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

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

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

WATCH/CCP West PREA Policy 3.6 entitled Training, page 3, section II(I)(3) addresses 115.234(c).

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.234.

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

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

**115.235 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment?  Yes  No
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment?  Yes  No

**115.235 (b)**

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

**115.235 (c)**

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

**115.235 (d)**

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231?  Yes  No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? [N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.]  Yes  No  NA

**Auditor Overall Compliance Determination**

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

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

WATCh/CCP West PREA Policy 3.6 entitled Training, page 3, section III(A)(1-4) addresses 115.235(a).

The medical staff interviewee asserts she has completed a three hour on-line PREA Resource Center course regarding medical treatment of sexual abuse in a confinement setting. The same included the following topics:

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

During the on-site audit, the mental health specialist was unavailable as she was on vacation during the interview process and accordingly, the auditor interviewed the mental health specialist from START. She assumes "acting" duties in the absence of the WATCh/CCP West mental health specialist.

The mental health staff interviewee asserts she received specialized training regarding sexual abuse/harassment. She asserts she completed a three hour on-line NIC PREA course regarding provision of care to victims of sexual abuse in a confinement setting. Topics were identical to those referenced above in the narrative for the medical staff interviewee.

The auditor's review of two NIC Certificates for the course entitled PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting and NIC Certificates for the course entitled Behavioral Health Care for Sexual Assault Victims apply to two staff. One staff member has completed the previously referenced Mental Health (MH) PREA course. A recently selected medical contractor completed the previously referenced PREA Medical course and one staff member completed the PREA Medical specialty course.

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

The medical staff interviewee asserts forensic medical examinations are not facilitated at WATCh/CCP West.

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

WATCh/CCP West PREA Policy 3.6 entitled Training, page 3, section III(C) addresses 115.235(c). The auditor's review of three medical staff and the mental health specialist's training files reveals three staff completed 2018 annual PREA training and two staff completed 2019 annual PREA training. The two staff who have not completed 2019 training are not untimely at this point. One staff member was hired during 2018 and completed PREA Orientation at that point. She has completed her first annual PREA training.

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

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



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

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

#### 115.241 (a)

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

#### 115.241 (b)

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

#### 115.241 (c)

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

#### 115.241 (d)

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



the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)? X  Yes  No

- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization? X  Yes  No
- Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability? X  Yes  No

#### 115.241 (e)

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

#### 115.241 (f)

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

#### 115.241 (g)

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

#### 115.241 (h)

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

#### 115.241 (i)

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

### Auditor Overall Compliance Determination

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

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

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, pages 3 and 4, section II(B) addresses 115.241(a). This policy stipulates family members are screened through the WATCH/CCP West screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other family members or sexually abusive toward other family members. Security staff meets with the resident within twenty-four (24) hours and completes the medical and mental health screening instrument. Housing and program assignments are made accordingly on a case-by-case basis by the Admission and Intake Supervisor, Security Coordinator, and PREA Manager.

The staff responsible for risk screening asserts he/she does screen family members upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other family members.

Twenty of the 21 random family member interviewees assert when they first came to the facility, they were asked the following questions:

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

Twenty of the 21 random interviewees also assert they were screened within 24 hours of arrival at the facility.

The auditor's review of 12 random family member files, inclusive of the two family members previously mentioned, reveals substantial compliance with 115.241(a), (b), (c), and (d). Specifically, all of the previously referenced questions were asked of each interviewee and all initial screenings were completed on the date of arrival.

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA self reports that during the last 12 months, 632 family members entering the facility (either through Intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other family members, within 72 hours of their entry

into the facility. This equates to 100% of family members admitted to the facility during the last 12 months, for 72 hours or more.

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 3, section II(B) addresses 115.241(b). This policy stipulates family members are screened through the WATCH/CCP West screening tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other family members or sexually abusive toward other family members. Security staff meets with the family member within twenty-four (24) hours and completes the medical and mental health screening instrument. Housing and program assignments are made accordingly on a case-by-case basis by the Admission and Intake Supervisor, Security Coordinator, and PREA Manager.

The auditor's review of 10 2017, 2018, and eight 2019 WATCH/CCP West family member Initial/Reassessment PREA screening documents (28 total) reveals the same are comprehensive and completed in a timely manner (within 24 hours of arrival at the facility).

The staff responsible for risk screening asserts he/she screens family members for risk of sexual victimization or risk of sexually abusing other family members, at intake.

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

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

The auditor finds the screening instrument is objective.

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

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

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 4, section II(B)(1) addresses 115.241(d).

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

In terms of the process for conducting initial screening, the family member is escorted past the control center and screened in an adjacent office. The office slider door is closed and each family member is screened by one staff member.

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

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

Pursuant to the PAQ, the PA self reports the policy requires the facility reassess each family member's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the family member's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA self reports that during the last 12 months, 594 family members entering the facility (either through Intake or transfer) whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual victimization or risk of sexually abusing other family members, within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of family members who meet the above 30-day criteria and who arrived within the last 12 months.

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

The PCM facilitates 30-day reassessments at WATCH/CCP West. She asserts family member risk assessments are facilitated around 30-days subsequent to arrival. She accesses a weekly roster and hand collates/highlights due dates for all reassessments.

Sixteen of 21 random family member interviewees assert they were again screened within 30-days of arrival. Two interviewees were not yet due for reassessment as they arrived in the recent past.

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

The auditor's review of 12 randomly selected family member files, inclusive of the three remaining family members who assert they were not reassessed, reveals three family members were reassessed outside the 30-day threshold. The three family members previously mentioned were timely reassessed.

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

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

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

The auditor's review of two victim's reassessments following investigations of sexual harassment reveals substantial compliance with 115.241(g).

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

Whether or not the family member has a mental, physical, or developmental disability;  
Whether or not the family member is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;  
Whether or not the family member has previously experienced sexual victimization; and

The family member's own perception of vulnerability.

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

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

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

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

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

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

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

Both staff responsible for risk screening assert completed assessments are routed from the security technicians to the PCM.

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

## Standard 115.242: Use of screening information

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

#### 115.242 (a)

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

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

#### 115.242 (b)

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

#### 115.242 (c)

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

#### 115.242 (d)

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

#### 115.242 (e)

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

#### 115.242 (f)

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

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

### Auditor Overall Compliance Determination

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

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

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 5, section II(C)(2) addresses 115.242(a).

The auditor's review of six days of Room Assignments reveals substantial compliance with 115.242(a). Each room is identified, and the mechanics of room assignments are identified in accordance with each family member's victimization, aggressor, or unrestricted status. The auditor's cursory review of the documents reveals sufficient checks and balances to address housing concerns.

In response to how the facility uses information from risk screening during intake to keep family members from being sexually victimized or being sexually abusive, the PCM asserts Potential Victims (PVs) and Known Victims (KVs) are geographically separated from Potential Aggressors (PAs) and Known Aggressors (KAs). Victims are not housed in the same room with Aggressors. They may be housed with family members designated as Unrestricted. The PCM maintains a spreadsheet. She maintains close contact with security supervisors regarding room changes, etc., guarding against inappropriate housing assignments.

The staff responsible for risk screening interviewee asserts the facility primarily uses information gleaned from the risk screening to ensure safe housing assignments. PVs/KVs and PAs/KAs are not housed together. The screening tool generates a score and staff add the calculations, assigning a status. The assessment tool is subsequently forwarded to the Control Center for bed assignment and on to the PCM. Pursuant to the PAQ, the PA self reports the facility makes individualized determinations about how to ensure the safety of each family member.

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 5, section II(C)(3) addresses 115.242(b).

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

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



WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 5, section II(C)(4) addresses 115.242(c).

The PCM asserts there are no designated wings or housing units for transgender/intersex family members. Placements are treated in the same manner as any other family member. The family member's personal feelings regarding vulnerability are considered.

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

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

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(6) addresses 115.242(d).

The PCM asserts transgender/intersex family members' own views with respect to safety are given serious consideration in placement and programming assignments.

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

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(9) addresses 115.242(e).

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

According to the PCM, showers are positioned close to staff bubbles in each housing area. All family members sign up for specific shower times and they shower one at a time. Transgender/intersex family member showers would be facilitated with closer staff supervision.

The auditor's observations during the facility tour corroborate the PCM's statement.

WATCH/CCP West PREA Policy 3.3 entitled Intake/Screening, page 6, section II(C)(10) addresses 115.242(f).

The PCM asserts the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) family members. LGBTI family members are not placed in a designated wing or housing area. The PCM closely monitors the afore-mentioned housing spreadsheet, taking such housing into consideration. The auditor's review of the previously mentioned spreadsheet reveals no deviation from the requirements of 115.242(f).

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

## REPORTING

### Standard 115.251: Resident reporting

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



### 115.251 (a)

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

### 115.251 (b)

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

### 115.251 (c)

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

### 115.251 (d)

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

### Auditor Overall Compliance Determination

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

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

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

WATCH/CCP West PREA Policy 3-4 entitled Reporting, pages 1 and 2, section II(A)(1-6) addresses 115.251(a).

The auditor's review of the WATCH/CCP West Handbook reveals significant information regarding reporting options. Pages 4 and 5 of this resource clearly provide necessary information for family members to be educated regarding reporting options as required pursuant to the totality of 115.251.

Eleven of the 12 random staff interviewees were able to identify at least two methods in which family members can privately report pursuant to 115.251(a). The other random staff member was previously referenced as a new employee who is "shadowing tenured staff" and has not yet completed training in this regard.

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

All 21 random family member interviewees were able to identify at least two methods of private reporting of incidents prescribed in 115.251 (a). Methods of reporting identified are third-party report, verbal report to staff, call the Hotline, write a letter, and submit an emergency grievance. All interviewees identified either/or the Hotline and third-party report from family or friends as methods to report sexual abuse/harassment to someone who doesn't work at the facility.

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

WATCH-CCP PREA Policy 3.4, pages 1 and 2, section II(A)(4 and 5) addresses 115.251(b).

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

The PCM reports the facility provides family members the opportunity to report sexual abuse/harassment to a public or private entity or office that is not part of the agency pursuant to placement of a Hotline call to Safe Space. The Hotline telephone number is posted near family member telephones. This procedure does enable receipt and immediate transmission of family member reports of sexual abuse/harassment to agency officials, as articulated in the MOU with Safe Space.

Of note, the auditor tested the Hotline system during the facility tour. The same was operational as the CCCS PC was alerted to the test.

Nineteen of 21 random family member interviewees assert they can make a report without having to give their name.

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

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

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

Ten of 12 random staff interviewees assert family members can report allegations of sexual abuse verbally, in writing, anonymously, and from third-parties. One interviewee asserts reports cannot be made by third-parties. The other interviewee is "shadowing tenured staff" and has not yet completed the requisite training.

Twenty of 21 random family member interviewees assert reports of sexual abuse/harassment can be made both verbally and in writing. Seventeen of the interviewees assert such reports can be made by a friend or relative so the family member does not have to be named.

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

WATCH-CCP PREA Policy 3.4, pages 1 and 2, section II(A)(3-5) addresses 115.251(d).

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

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

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

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

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

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

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

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

#### **115.252 (c)**

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)  Yes  No  NA

- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) X  Yes  No  NA

#### 115.252 (d)

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

#### 115.252 (e)

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

#### 115.252 (f)

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

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

### 115.252 (g)

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

### Auditor Overall Compliance Determination

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

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

WATCH-CCP PREA Policy 3.4, page 3, section II(A)(13)(a-f) addresses 115.252(a).

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

WATCH-CCP PREA Policy 3.4, page 3, section II(A)(13)(a-d) addresses 115.252(b).

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

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

WATCH-CCP PREA Policy 3.4, page 4, section II(A)(13)(e)(5) addresses 115.252(c).

PREA Handbook, pages 5 and 6 addresses 115.252(c).

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

WATCH-CCP PREA Policy 3.4, page 4, section II(A)(13)(f)(1-4) addresses 115.252(d).

The family member who reported a sexual abuse interviewee asserts he did not file a grievance related to his allegation.

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

WATCH-CCP PREA Policy 3-4, page 7, section II(D)(2 and 3) addresses 115.252(e). Resident PREA Handbook pages 5 and 6 also address 115.252(e).

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

WATCH-CCP PREA Policy 3-4, page 3, section II(A)(13)(e)(1 and 2) addresses 115.252(f).

Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline a family member for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the family member filed the grievance in bad faith. The PA further self reports that during the last 12 months, there were 0 instances of family member discipline for incidents of this nature.

WATCH-CCP PREA Policy 3-4, page 3, section II(A)(13)(e)(3) addresses 115.252(g).  
In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.252.

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

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

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

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

### 115.253 (b)

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

### 115.253 (c)

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

### Auditor Overall Compliance Determination

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

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

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

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

Inmate PREA Handbook, page 4, section entitled Family Member Access to Outside Confidential Support Services also addresses 115.253(a).



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

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

Twenty of the 21 random family member interviewees assert services are available outside of the facility for dealing with sexual abuse, if they need the same. Nine interviewees identified Safe Space as the advertised service, two interviewees identified counseling, and one interviewee identified mental health services. The auditor notes Safe Space is a VA group, providing counseling. Perhaps most important, 12 interviewees assert the name, telephone number, and address for service(s) is posted on unit walls and seven interviewees assert requisite information is noted in the PREA Handbook. Eighteen interviewees assert the number(s) is/are free to call. Eighteen interviewees assert they can talk to staff from the service(s) anytime.

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

The family member who reported a sexual abuse interviewee asserts the facility provides mailing address(es) and telephone number(s) for outside services. He specifically cited Safe Space as a service and the same is identified in the PREA Handbook. The number is free to call.

The interviewee asserts when he needs assistance with coping, he can call anytime.

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

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

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

The Family Member PREA Handbook, pages 6 and 7, section entitled Counseling Programs for Victims of Sexual Abuse also addresses 115.253(b). Clearly, reports of sexual abuse, either in the community or at the facility, must be reported by Safe Space staff.

Nineteen of the 21 random family member interviewees assert what they say to staff from the services referenced in the narrative for 115.253(a) remains private. Thirteen interviewees also assert the conversations with them may be listened to or told to someone else. Twelve interviewees cited reasons for sharing the content of such conversations are criminal matters, narrative regarding intent to facilitate self harm, narrative regarding a threat to personal safety, a mandatory reporting matter, and child abuse.

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

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

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.253.

## Standard 115.254: Third-party reporting

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

#### 115.254 (a)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of family member sexual abuse or sexual harassment. A third party reporting form is located on all floors and the [www.cccscorp.com](http://www.cccscorp.com) website. Family members can mail forms to their visitors, etc. for use, when necessary. According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc.

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

WATCH.CCP West PREA Policy 3-4 entitled Reporting, page 7, section II(D)(1) addresses 115.254(a). This policy stipulates CCCS, Inc. has posted a method for third-party reporting and the reporting forms on the corporate website at [www.cccscorp.com](http://www.cccscorp.com).

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

On the first day of the on-site audit, the auditor completed a form entitled PREA Compliance Acknowledgment (Contractors, Visitors, and Volunteers), signing and dating the same and acknowledging understanding of the contents of the document. Included in the document were definitions of sexual abuse/harassment, zero tolerance towards sexual abuse/harassment at WATCH/CCP West, and reporting

procedures. The auditor finds this PREA informational tool, which is signed by all contractors, visitors, and volunteers to be a very useful training tool.

The auditor finds there are sufficient methods of informing potential third-party reporters of scripted procedures. In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.254.

<b>OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT</b>
--

### **Standard 115.261: Staff and agency reporting duties**

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

#### **115.261 (a)**

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

#### **115.261 (b)**

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

#### **115.261 (c)**

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

#### **115.261 (d)**

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

### 115.261 (e)

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

### Auditor Overall Compliance Determination

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

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

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

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 5, section II(C)(1) addresses 115.261(a).

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

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

Minimally, agency policy/procedure requires all staff to immediately report the above to their supervisor.

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 West PREA Policy 3-4 entitled Reporting, page 6, section II(C)(3) addresses 115.261(b).

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

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

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

Neither interviewee asserts he/she became aware of such incidents at WATCH/CCP West. However, they would report the same immediately.

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

The PA asserts juveniles are not housed at WATCH/CCP West. He would contact MDOC in the event an allegation of sexual abuse/harassment is made by someone who is considered a vulnerable adult. The PCM corroborated the statement of the PA with respect to reporting an allegation of sexual abuse/harassment lodged by family member under the age of 18 or someone who is considered a vulnerable adult.

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

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

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

## Standard 115.262: Agency protection duties

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

#### 115.262 (a)

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

#### Auditor Overall Compliance Determination

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

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

WATCH/CCP West PREA Policy 3-4 entitled Reporting, page 2, section II(A)(7) addresses 115.262(a).

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

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

When it is learned a family member is subject to risk of imminent sexual abuse, the PA asserts he is removed from the danger zone and placed in another wing or facility. Minimally, the potential victim is placed near the bubble to ensure enhanced staff supervision.

All 12 random staff interviewees corroborate the statements of the Agency Head and PCM, additionally citing action is immediately taken.

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

## Standard 115.263: Reporting to other confinement facilities

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

#### 115.263 (a)

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

#### 115.263 (b)

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

#### 115.263 (c)

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

#### 115.263 (d)

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

### Auditor Overall Compliance Determination

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

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

member was sexually abused while confined at another facility. However, the auditor's review of a reported sexual abuse allegedly occurring at another facility reveals compliance with 115.263(a).

Specifically, the family member arrived at WATCH/CCP West on March 8, 2019 and reported the alleged 2017 incident on the same date. An e-mail reflects the alleged incident was properly reported to the administrator at the affected jail within three days of the report. Accordingly, the auditor finds WATCH/CCP West substantially compliant with 115.263(a), (b) and (c).

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

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

WATCH.CCP West PREA Policy 3-4 entitled Reporting, page 7, section II(C)(10) addresses 115.263(b). This provision requires notification within 72 hours as required by 115.263(b).

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.263(b).

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

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

Documentation of the notification, in question, is addressed in the narrative for 115.263(a).

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

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

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

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

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.263.

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

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

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

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
X  Yes  No



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

### 115.264 (b)

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

### Auditor Overall Compliance Determination

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

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

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

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

WATCH/CCP West PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1)(a-j) addresses 115.264(a).

Seven of 12 random staff interviewees correctly cited the four first responder steps. Four of the five remaining interviewees stipulated both victims and perpetrators would be treated the same in terms of destruction of physical evidence. Clearly, the auditor finds substantial compliance with 115.264(a).

The two security first responder and the non-security first responder interviewees stipulated both victims and perpetrators would be treated the same (request/ensure/don't allow) in terms of destruction of physical evidence. Accordingly, the auditor recommends reinforcement of the nuances of the first responder policy and card, during annual PREA refresher training, as all staff receive the same first responder training.

The family member who reported a sexual abuse interviewee advises he submitted a communication and staff responded the next day.

Auditor's Note: The interviewee asserts the allegation involved no sexual abuse or penetration.

The interviewee asserts the first responder responded quickly. Additionally, when the staff member first arrived, he/she removed him from the wing, subsequently placing him another wing.

The auditor's review of the MDOC Sexual Assault Response and Containment Checklist also contains the appropriate provision requirements.

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

## Standard 115.265: Coordinated response

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

#### 115.265 (a)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among staff First Responders, medical and mental health practitioners, investigators, and facility leadership. WATCH/CCP West PREA Policy 3.11 entitled Coordinated Response/First Response Duties, pages 1-7 addresses 115.265(a).

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

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

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

Policy 3.11 details specific responsibilities by functional area. Notification responsibilities and decision-making regarding referral for forensic examination, securing the crime scene, etc. are clearly delineated in the document. The plan is addressed during annual PREA refresher training.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.265(a).

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

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

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

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

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

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

Pursuant to the PAQ, the PA self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. While 115.266(a) is technically not applicable to WATCH/CCP West, the facility is substantially compliant as there are no deviations from standard.

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

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.266.

## Standard 115.267: Agency protection against retaliation

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

#### 115.267 (a)

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

#### 115.267 (b)

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

#### 115.267 (c)

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

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

#### 115.267 (d)

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

#### 115.267 (e)

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

#### 115.267 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency has a policy to protect all family members and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other family members or staff. According to the PA, the Grievance Coordinator and the PCM are the designated retaliation monitors at WATCh/CCP West.

WATCh/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J) (1) addresses 115.267(a).

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J) (2) addresses 115.267(b). This policy stipulates staff and family members who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc. Alternative protection against retaliation may include moving a family member to another housing unit or to another detention facility if deemed necessary by the PA.

The PA asserts for allegations of sexual abuse/harassment, family members may be moved to different housing units, facilities, and rooms. Additionally, family members may be referred to Victim Advocates (VAs) and mental health practitioner(s).

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

The designated staff member charged with monitoring retaliation interviewee asserts in response to a report of sexual abuse/harassment or family members who cooperate with sexual abuse/harassment investigations, initiates retaliation monitoring. He meets with the family member on a weekly basis, completing the Retaliation Monitoring Form (in the case of sexual abuse investigations).

Measures available to protect these family members and staff from retaliation include movement to other housing/wings/ etc., makes a recommendation to remove the perpetrator, or victim if absolutely necessary, from the facility, and recommends mental health counseling. In the event of sexual abuse allegations, this could be accomplished pursuant to monthly reviews. The interviewee asserts he initiates contact with family members who reported sexual abuse on a weekly to monthly basis.

The family member who reported a sexual abuse at WATCH/CCP West interviewee asserts he feels protected enough against possible revenge from staff or other family members, because of what happened to him.

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

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

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J) (3)(a and c) addresses 115.267(c).

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

- Change in behavior;
- Isolation;
- Not engaging in groups;
- He talks to the family member's mentor and group hierarchy regarding what is going on with relevant family members;
- Monitors personal hygiene;
- Assesses alterations in routine;
- Assesses any decrease in submission of homework in a timely manner/quality; and
- Increase in write-ups or disciplinary reports.

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

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

The auditor's review of one substantiated sexual abuse case conducted during the audit period reveals 90-day completion of retaliation monitoring was not accomplished in this case. However, retaliation monitoring was initiated as indicated on WATCH/CCP West PREA Retaliation Monitoring Form. This matter is mitigated by the transfer of the victim to another CCCS facility shortly after the report. The auditor finds the aforementioned form addresses the victim's comfort level with the transfer.

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

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J) (3)(a) addresses 115.267(d).

The CCCS PC asserts periodic status checks are documented in the family member's progress notes. As reflected above, the transfer of the victim of sexual abuse occurred within days of completion of the investigation and therefore, there was insufficient time for conduct of the same.

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

The auditor finds if any other individual who cooperates with an investigation expresses fear of retaliation, he/she is monitored in the same manner as reflected throughout 115.267. With respect to the sexual abuse incident mentioned in the narrative for 115.267(c), two additional family members were monitored for retaliation based on their reports of threats. The monitoring is reflected on the WATCH/CCP West PREA Retaliation Monitoring Form completed for both individuals. As reflected on the form, neither family member was experiencing any difficulty as the result of their cooperation with the investigation.

The perpetrator in the above matter was also removed from the facility. The auditor finds the follow-up to be adequate under the circumstances.

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

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.267.

## INVESTIGATIONS

### Standard 115.271: Criminal and administrative agency investigations

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

##### 115.271 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not



responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] X  Yes  No  NA

- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a).] X  Yes  No  NA

#### 115.271 (b)

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

#### 115.271 (c)

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

#### 115.271 (d)

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

#### 115.271 (e)

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

#### 115.271 (f)

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

#### 115.271 (g)

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

#### 115.271 (h)

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

#### 115.271 (i)

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

#### 115.271 (j)

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

#### 115.271 (k)

- Auditor is not required to audit this provision.

#### 115.271 (l)

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

#### Auditor Overall Compliance Determination

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

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

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 1, section I addresses 115.271(a).

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

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

The auditor's review of three 2017, two 2018, and four 2019 investigations (included in the PAQ packet) reveals substantial compliance with 115.271. All investigations were initiated in a timely manner, they were comprehensive, inclusive of witness statements (victim, perpetrator, staff, and other family members), included a conclusion, and assessed witness credibility with respect to the conclusion. The three 2017 investigations were based on sexual harassment investigations, one involving an employee whose employment was subsequently terminated due to other Code of Conduct violations.

Both 2018 investigations were based on circumstances best described as sexual harassment. None of the 2017 or 2018 allegations involved penetration or acts requiring a forensic examination.

Three of the four 2019 investigations were likewise based on fact patterns descriptive of sexual harassment. One appears to be representative of sexual assault.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 1, section II(A) addresses 115.271(b).

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

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 2, section II(C)(3) addresses 115.271(c).

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

- Review initial staff reports (10-15 minutes);
- Check camera footage (30-60 minutes);
- Check files (10 minutes);
- Talk to alleged victim (threshold questioning)- (30-60 minutes);
- Discuss Medical/Mental Health issues;
- Interview witnesses (20 minutes/witness);
- Interview alleged perpetrator (8-30 minutes); and
- Report writing (minimum of two hours).

Direct evidence is generally handled by ADLC LEA investigators. The facility investigator would secure family member files, video, and interview notes.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 1, section II(B) addresses 115.271(d). This policy stipulates compelled interviews are not facilitated at WATCH/CCP West.

The investigative staff interviewee asserts compelled interviews are not facilitated at WATCH/CCP West. ADLC LEA investigators handle the same.

The auditor finds 0 allegations were referred to ADLC LEA for criminal investigation. WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 2, section II(C)(4) and (5) addresses 115.271(e).

The investigative staff interviewee asserts victims, suspects, or witnesses are considered credible until proven otherwise. She would not, under any circumstances, require a family member who alleges sexual

abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

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

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 1, section II(A)(1)(a) and (b) addresses 115.271(f).

The investigative staff interviewee asserts when assessing whether staff actions or failure to act contributed to an incident of sexual abuse, she considers where they were in relationship to the fact pattern. She assesses what they knew and how they reacted, assessing any potential Code of Conduct issues. Were staff negligent or deliberately indifferent?

The interviewee further asserts she documents administrative investigations in written reports. The introduction constitutes a narrative of the allegations. The body of the report addresses the Who?, What?, When?, Where?, and Why? of the allegations and investigative findings. Interview findings, credibility assessments related to the victim/perpetrator/ and witnesses, findings of the investigation, and the investigative conclusion are also included in the report.

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

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

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

During this audit period, 0 investigative cases were referred for prosecution.

The investigative staff interviewee asserts ADLC LEA investigators are responsible for prosecution referrals. Penetration of any kind would warrant a referral for criminal investigation and hopefully, ADLC LEA investigators would refer the case for prosecution, dependent upon available evidence. Of course, the evidence would clearly have to exceed the level of preponderance, leaning towards "beyond a reasonable doubt".

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

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 2, section II(D) addresses 115.271(i).

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 1, section I addresses 115.271(j).

The investigative staff interviewee asserts she continues with the investigation both when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and when an alleged victim who alleges sexual abuse/harassment leaves the facility prior to completion of the investigation into the incident.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 2, section II(C)(2) addresses 115.271(l).

The PA asserts the facility investigator contacts the outside investigating agency on a weekly basis to remain informed of the progress of a sexual abuse investigation.

The PCM is also the facility investigator and she asserts she maintains contact with the outside agency on a weekly basis to remain informed of the progress of a sexual abuse investigation. She also asserts she assists ADLC LEA investigators in any manner needed throughout the conduct of their investigation.

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

## Standard 115.272: Evidentiary standard for administrative investigations

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

#### 115.272 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 2, section II(E) addresses 115.272(a).

The investigative staff interviewee asserts a preponderance of evidence is required to substantiate administrative investigations of sexual abuse/harassment. The same equates to approximately 51% on a scale of 100%. There is more evidence substantiating the allegation than not.

The auditor's review of all investigations conducted during this audit period reveals compliance with both policy and standard in regard to the standard of evidence.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.272.

## Standard 115.273: Reporting to residents

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

#### 115.273 (a)

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? X  Yes  No

#### 115.273 (b)

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

#### 115.273 (c)

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

#### 115.273 (d)

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

#### 115.273 (e)

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

#### 115.273 (f)

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

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

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any family member who makes an allegation he suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The PA self reports 0 criminal and/or administrative investigations of sexual abuse were conducted at WATCH/CCP West during the last 12 months.

The auditor notes he has determined there was one 2019 investigation wherein the fact pattern was somewhat indicative of sexual abuse as it was validated the perpetrator placed his hands on the victim's leg and thigh, liberally construed as an attempt to arouse. There was no penetration, etc. triggering many of the other processes articulated in this report.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 2, section III(A) addresses 115.273(a). This policy stipulates the requisite notification, as described in 115.273(a), is completed in both sexual abuse and sexual harassment situations.

The PA asserts the victim is notified when the allegation of sexual abuse/harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The investigative staff interviewee asserts agency procedure requires that a resident who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation.

The family member who reported a sexual abuse interviewee asserts the facility is required to notify the victim when a sexual abuse allegation has been substantiated, unsubstantiated, or unfounded and he was notified.

The auditor's review of nine sexual abuse/harassment investigations (three in 2017, two in 2018, and four in 2019) reveals timely notification was completed in one of the three 2017 investigations, both of the 2018 investigations, and two of the four 2019 investigations. Accordingly, the auditor finds substantial compliance with 115.273(a) and (e). As reflected in the narrative for 115.271 above, all of these investigations, with the exception of one, are properly described as sexual harassment.

The auditor notes the investigative memorandum regarding the alleged sexual assault reflects the victim was notified regarding the results of the investigation. The same was clearly documented.

While the above evidence substantiates the compliance finding, WATCH/CCP West staff are encouraged to enhance consistency in this area.

Pursuant to the PAQ, the PA self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the family member of the



outcome of the investigation. The PA further self reports during the last 12 months, 0 criminal investigations have been completed by ADLC LEA.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 2, section III(B) addresses 115.273(b).

Pursuant to the PAQ, the PA self reports that following a family member's allegation a staff member has committed sexual abuse against him, 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 family member's unit;  
The staff member is no longer employed at the facility;  
The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or  
The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PA further self reports there has been no substantiated or unsubstantiated complaints of sexual abuse committed by a staff member against a family member in an agency facility in the past 12 months. However, the auditor finds one substantiated allegation of staff-on-family member sexual harassment during 2017 and the family member was advised the staff member no longer worked at the facility. Of note, the staff member's employment termination was due to other Code of Conduct matters.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 3, sections III(C)(1-4) addresses 115.273(c).

The auditor notes the incident the family member who reported a sexual abuse interviewee references, did not involve a staff member.

Pursuant to the PAQ, the PA self reports following a family member's allegation he has been sexually abused by another family member at WATCH/CCP West, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or  
The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 3, section III(D)(1 and 2) addresses 115.273(d).

As referenced throughout this report, the incident involving the family member who reported a sexual abuse interviewee is synonymous with sexual harassment, as opposed to, sexual assault. Accordingly, neither policy nor standard requires notification as reflected in 115.273(d).

The auditor notes there were no such incidents wherein either indictments or convictions for family member sexual abuse at WATCH/CCP West occurred during the audit period.

Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented. Written notifications in accordance with 115.273(e) are discussed above in the narrative for 115.273(a). WATCH/CCP West PREA Policy 3.10 entitled Investigations, page 3, section III(E) addresses 115.273(e).

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.273.

## DISCIPLINE

### Standard 115.276: Disciplinary sanctions for staff

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

#### 115.276 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?  Yes  No

#### 115.276 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?  Yes  No

#### 115.276 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?  Yes  No

#### 115.276 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?  Yes  No

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H) addresses 115.276(a).

Pursuant to the PAQ, the PA self reports in the past 12 months, 0 facility staff members are alleged to have violated agency sexual abuse or sexual harassment policies.

WATCh/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H) (1) addresses 115.276(b).

The auditor's review of PAQ information confirms no terminations from employment during the last 12 months, for staff engaging in sexual abuse with family members.

Pursuant to the PAQ, the PA self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The PA further self reports that in the past 12 months, 0 staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

WATCh/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H) (2) addresses 115.276(c).

Pursuant to the PAQ, the PA self reports all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports during the last 12 months, 0 facility staff have been reported to law enforcement or licensing boards following termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

WATCh/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H) (3) addresses 115.276(d).

In view of the above, the auditor finds WATCh/CCP West substantially compliant with 115.276.

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

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

#### **115.277 (a)**

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? X  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies unless the activity was clearly not criminal?  Yes  No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? X  Yes  No

#### **115.277 (b)**

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? X  Yes  No

## Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with family members. According to the PA, in the past 12 months, no contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies.

Pursuant to the auditor's review of sexual abuse/harassment investigations conducted during 2017, 2018, and 2019, zero allegations involved contractors or volunteers.

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I) (1) addresses 115.277(a).

Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with family members in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I) (2) addresses 115.277(b).

The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, family member contact with the contractor or volunteer and contractor/volunteer access to the facility would be denied. One time and infrequent vendors are under constant staff supervision. There are no examples of such contact during this audit period.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.277(b).

## Standard 115.278: Interventions and disciplinary sanctions for residents

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

#### 115.278 (a)

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, are residents subject to disciplinary sanctions pursuant to a formal disciplinary process?  Yes  No

#### 115.278 (b)

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

#### 115.278 (c)

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

#### 115.278 (d)

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

#### 115.278 (e)

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

#### 115.278 (f)

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

#### 115.278 (g)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports family members are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative or criminal finding the family member engaged in family member-on-family member sexual abuse.

The PA asserts, in the past 12 months, there were no administrative findings of family member-on-family member sexual abuse that occurred at the facility. However, as previously referenced in this report, the auditor finds there was one such finding. The PA asserts, in the past 12 months, there were zero criminal findings of guilt for family member-on-family member sexual abuse that occurred at the facility.

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) (1-3) addresses 115.278(a).

Page 8 of the WATCH/CCP West PREA Handbook reflects Prohibited Acts for which offenders may be administratively charged, pursuant to 115.278(a), related to sexual abuse and sexual harassment.

The auditor's review of an Authorization to Pick Up and Hold Probationer form, as issued by Montana Probation and Parole (P&P), reveals the aggressor in an incident was removed from the facility for failure to successfully complete CCP as an Intermediate Sanction. While this does not meet the literal language of the standard, P&P would provide Due Process in this scenario.

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) (1-3) addresses 115.278(b).

The PA asserts physical separation of victim and perpetrator and removal of the perpetrator from the facility are examples of sanctions that can be imposed in such cases.

As a point of reference, WATCH/CCP West staff write the misconduct report and MDOC staff facilitate the hearing, imposing sanctions, if appropriate. Based on his observation, sanctions are proportionate to the nature and circumstances of the abuses committed, the residents' disciplinary histories, and the sanctions imposed for similar offenses by other residents with similar histories. Additionally, mental disability or mental illness is considered when determining sanctions.

The report completed by MDOC staff referencing the incident addressed in the narrative for 115.278(a) appears to substantiate compliance with 115.278(b) and (c).

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D) (1) addresses 115.278(c).

Pursuant to the PAQ, the PA self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. In view of the above, facility staff consider whether to require the offending family member to participate in such interventions as a condition of access to programming or other benefits.

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D) (2) and (3) addresses 115.278(d).

The mental health staff interviewee asserts the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility considers whether to offer these services to offending family members.

The interviewee further elaborated when such services are provided, a family member's participation is not required as a condition of access to programming or other benefits.

Pursuant to the PAQ, the PA self reports the agency disciplines family members for sexual conduct with staff only upon finding that the staff member did not consent to such contact.

WATCH/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.278(e).

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

Pursuant to the PAQ, the PA self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

WATCh/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.278(f).

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

WATCh/CCP West PREA Policy 3.9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.278(g).

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

## MEDICAL AND MENTAL CARE

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

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

#### 115.282 (a)

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?  
X  Yes  No

#### 115.282 (b)

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262? X  Yes  No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X  Yes  No

#### 115.282 (c)

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? X  Yes  No

#### 115.282 (d)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  
X  Yes  No



## Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports family member victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

WATCH/CCP West PREA Policy 3.5 entitled Medical and Mental Health, page 1, section II(B) addresses 115.282(a).

The medical staff interviewee asserts family member victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The same typically occurs immediately following a report. The nature and scope of these services is determined according to the practitioner's professional judgment.

The medical/mental health interviewees assert if the family member victim is amenable, he is, within a maximum of one hour, transferred to Saint (St.) James Hospital. The nature and scope of services are determined according to the professional judgment of both WATCH/CCP West medical/mental health practitioners (referral to St. James Hospital) and subsequently, professionals at St. James Hospital.

The family member who reported a sexual abuse interviewee asserts he met with a WATCH/CCP West mental health practitioner on the same day of 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.

A synopsis of security staff and non-security staff first responder interviewees regarding responsibilities is captured in the narrative for 115.264(a). Additionally, the same is captured for all random staff interviewees.

As referenced in the narrative for 115.282(a), the auditor's review of the PREA Response Checklist- Medical Response Form captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials. The subject-matter of 115.282(b) is clearly captured within this document.

Pursuant to the PAQ, the PA self reports family member victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the

appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

WATCH/CCP West PREA Policy 3.5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.282(c).

The medical staff interviewee asserts 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.

In terms of whether the family member who reported a sexual abuse was provided information about, and access to, emergency contraception and/or sexually transmitted infection prophylaxis, the same is not applicable based on the circumstances of his report. It was determined there was no basis for transport to St. James Hospital for the conduct of a forensic examination based on the fact pattern presented.

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

Pursuant to the PAQ, the PA self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

WATCH/CCP West PREA Policy 3.5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) addresses 115.282(d).

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

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

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

#### **115.283 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? X  Yes  No

#### **115.283 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? X  Yes  No

#### **115.283 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X  Yes  No

#### **115.283 (d)**

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (e)

- If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if all-male facility.)  Yes  No  NA

#### 115.283 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?  Yes  No

#### 115.283 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?  Yes  No

#### 115.283 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all family members who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

WATCH/CCP West Policy 3.5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.283(a).

The auditor's review of the previously mentioned nine sexual abuse/harassment investigations (one was deemed to be descriptive of sexual abuse) reveals requisite medical and mental health evaluation and, as appropriate, treatment was offered to all victims.

The auditor's review of the 2017 Butte Jail sexual abuse incident reported by a WATCH/CCP West family member (during initial victimization/aggressor screening) resulted in the family member's request for mental health intervention. As mentioned in the narrative for 115.263(a), the family member arrived at the facility on March 8, 2019 and received his initial victimization/aggressor screening on the same date. The auditor's

review of the MH report surrounding this incident and referral of the family member for a meeting, reveals compliance with 115.283(a) as the meeting was facilitated on March 12, 2019. The allegation was discussed in depth with the family member, as well as, suicidal ideations, etc. The family member advised he would pursue additional counseling if he deemed the same to be necessary.

Auditor's Note: This same family member denied being asked if he wanted a follow-up meeting with a medical/mental health practitioner following his report of a prior sexual abuse incident at another facility.

WATCH/CCP West Policy 3.5 entitled Medical and Mental Health, page 2, section II(C)(1) addresses 115.283(b).

The medical staff interviewee asserts she brings mental health staff into the loop whenever she receives a report of family member victimization. She facilitates a clothed visual scan of injury(ies). Additionally, she facilitates a nursing assessment, inclusive of a vitals check. She subsequently contacts the contract provider with her findings and completes the PREA Trauma Form. She provides basic medical care.

The mental health staff interviewee asserts she inquires as to where the victim is at emotionally. She then explains details of the services she is providing while, at the same time, providing support and monitoring. She also offers follow-up care.

The family member who reported a sexual abuse interviewee asserts a medical/mental health practitioner did not discuss follow-up services, treatment plans, or, if necessary, referrals for continued care with him. He plans to submit a kite to the mental health practitioner on April 15, 2019.

WATCH/CCP West Policy 3.5 entitled Medical and Mental Health, page 2, section II(C)(2) addresses 115.283(c).

The medical/mental health staff interviewees assert medical and mental health services are offered consistent with community level of care. The forensic examination, as the same is conducted in the community, is the community standard.

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

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

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

WATCH/CCP West Policy 3.5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) addresses 115.283(f).

The family member who reported a sexual abuse interviewee asserts he was not offered tests for sexually transmitted infections.

Auditor's Note: In this particular fact pattern, there was no penetration rather, the same was more synonymous with sexual harassment.

Pursuant to the PAQ, the PA self reports treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

WATCH/CCP West Policy 3.5 entitled Medical and Mental Health, pages 2 and 3, section II(C)(3) addresses 115.283(g).

The family member who reported a sexual abuse asserts he did not have to pay for any treatment related to the incident of sexual abuse.

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

WATCH/CCP West Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(5) addresses 115.283(h).

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

## DATA COLLECTION AND REVIEW

### Standard 115.286: Sexual abuse incident reviews

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

##### 115.286 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? X  Yes  No

##### 115.286 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X  Yes  No

##### 115.286 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? X  Yes  No

##### 115.286 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? X  Yes  No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? X  Yes  No

- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?  Yes  No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts?  Yes  No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?  Yes  No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?  Yes  No

### 115.286 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so?  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the past 12 months, 0 administrative sexual abuse investigations were facilitated at WATCH/CCP West.

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A) (1)(a) addresses 115.286(a). The auditor notes this policy includes the conduct of SART reviews for both sexual assault and sexual harassment. This exceeds standard requirements as SART reviews, according to 115.286(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds WATCH/CCP West exceeds standard expectations.

The auditor's review of three Sexual Assault Response Team (SART) reports completed in 2017, two completed in 2018, and three completed in 2019 reveals the same were facilitated in a timely manner (within 30 days of conclusion of the respective investigations), the requisite composition of the SART team was present during the reviews, the review team considered all requisite checklist items as described in 115.286(d), a report was generated, and recommendations were documented.

It is noted one 2019 investigation was determined to be a false report by the alleged victim and accordingly, a SART review was not conducted.

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the past 12 months, 0 administrative sexual abuse investigations were facilitated at WATCH/CCP West. However, as reflected in the narrative for 115.286(a), policy addresses the conduct of SART reviews in conjunction with both sexual abuse/

harassment investigations. The auditor finds five sexual harassment and one potential sexual abuse investigations were conducted at WATCH/CCP West during the last 12 months.

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A) (1)(b) addresses 115.286(b).

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

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 1, section II(A) (1)(c) addresses 115.286(c).

The PA asserts the facility has a sexual abuse incident review team and the same is comprised of upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the PAQ, the PA self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A) (1)(d) addresses 115.286(d).

In regard to how the team uses the information gleaned from the sexual abuse incident review, the PA asserts assessments of what was done correctly and incorrectly, whether all policies were followed, and whether additional training is required, are made.

The team does consider whether:

The incident or allegation was motivated by race; ethnicity; gender identity; LGBTI status or perceived states; gang affiliation; and/or other group dynamics at the facility;

The area in the facility where the incident allegedly occurred contains physical barriers in that area may enable abuse;

The adequacy of staffing levels is appropriate in that area during different shifts; and

Monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts SART facility staff prepare a report of their findings from the reviews, including any determinations made regarding the components identified in the PA's statement and any recommendations for improvement. The PCM prepares the report and no trends have been noted. In regard to any recommendations, the PCM asserts she follows through on the same, if warranted. If not warranted, the basis for failing to follow through is documented.

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

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

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A) (1)(e) addresses 115.286(e).



Currently, there are 28 cameras scattered throughout the facility. As reflected in the WATCh/CCP West Final PREA Audit Report dated January 7, 2017, the auditor noted throughout the facility, no cameras were positioned in the wings. As a matter of fact, there were several areas in need of additional camera coverage.

The 1st Shift Security Supervisor and the auditor spoke regarding camera placements and coverage. He (1st Shift Security Supervisor) advised a camera upgrade analysis had been facilitated and he thought a proposal had been submitted to CCCS leadership.

The auditor did secure a copy of the proposal and the increase in cameras and coverage is substantial (approximately 56 cameras). According to the 1st Shift Security Supervisor, he and the vendor representative jointly facilitated the analysis, taking into account sexual safety considerations.

At that time, the auditor was advised by the CCCS PC that the building is owned by the State of Montana and accordingly, approval to proceed would have to come from MDOC.

At the time of the instant audit, the addition of cameras in accordance with the afore-mentioned plan has not been implemented. Contractual negotiations are in process with MDOC for continued operation of the WATCh/CCP West program and State of Montana building. At such time as the contract is ratified, CCCS leadership will proceed with shared purchase of the camera system and implementation when approved by MDOC.

Pursuant to observation/review of staffing/review of the PREA program at WATCh-CCP West/ and review of current camera coverage, it appears that supervision is adequate, at this point, until the camera upgrade is complete, to ensure sexual safety at the facility.

The auditor notes the above narrative serves as the justification for failing to address the recommended addition of camera surveillance, as documented as a SART report recommendation.

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

## **Standard 115.287: Data collection**

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

#### **115.287 (a)**

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

#### **115.287 (b)**

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

#### **115.287 (c)**

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

#### 115.287 (d)

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

#### 115.287 (e)

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

#### 115.287 (f)

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

#### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. The PA further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-k) addresses 115.287(a)(c).

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

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-k) addresses 115.287(b).

The auditor's review of aggregated data from 2017, 2018, and 2019 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually.

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

WATCh/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(3) addresses 115.287(d).

The auditor learned neither CCCS nor WATCh/CCP West contracts with other facilities for the confinement of family members designated to their care, custody, and control. Accordingly, the auditor finds 115.287(e) is not applicable to WATCh/CCP West.

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

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

## Standard 115.288: Data review for corrective action

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

#### 115.288 (a)

- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? X  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis? X  Yes  No
- Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X  Yes  No

#### 115.288 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse X  Yes  No

#### 115.288 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? X  Yes  No

#### 115.288 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? X  Yes  No

## Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:

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

The auditor's review of the 2017 and 2018 WATCH/CCP West Annual Reports reveals substantial compliance with all components of 115.288. Specifically, a comparison and assessment of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the reports are approved by the Agency Head, and the same are posted on the CCCS website. The reports reveal no redactions pursuant to 115.288(d).

The auditor notes there is no recap of 2017 Annual Report demographics in the 2018 report whereas the 2017 report does reflect such a recap for the 2016 Annual Report demographics. To ensure consistency, the auditor recommends that PCM include such a numerical recap to ensure consistency in reporting. There is a brief and generic written narrative in the 2018 report addressing the same and thereby meeting the intent of the provision. Additionally, the auditor recommends the PCM include language as to whether any recommendations resulted from SART reviews and the outcome of the same. If there were no recommendations, a concise statement noting no training/operational, etc. recommendations resulted from the cumulative (year) SARTs, is sufficient.

The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. She 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.

The PCM further asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The PCM writes a facility annual report and forwards the same to the CCCS PC.

Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

Pursuant to the PAQ, the PA self reports the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

The auditor's review of the WATCH/CCP West website reveals signed copies of the 2016, 2017, and 2018 Annual Reports are available for public consumption on the same. The reports are signed by the WATCH/CCP West PA, the CCCS PC, and the CCCS CEO.

The Agency Head asserts he approves annual reports written pursuant to 115.288.

Pursuant to the PAQ, the PA self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The PA further asserts the agency indicates the nature of the material redacted.

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

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

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

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

#### 115.289 (a)

- Does the agency ensure that data collected pursuant to § 115.287 are securely retained?  
 Yes  No

#### 115.289 (b)

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?  Yes  No

#### 115.289 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?  Yes  No

#### 115.289 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?  Yes  No

### Auditor Overall Compliance Determination

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

Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(1) addresses 115.289(a). This policy stipulates data is maintained either with the PA or PCM.

During the facility tour, the auditor noted relevant data, as articulated in 115.289(a), was securely maintained in a secure filing cabinet in the PCM's locked office.

The PCM asserts the agency reviews data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. She 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.

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

WATCH/CCP West 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 West website, all relevant statistics captured on the SSVs are posted on the same.

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(3) addresses 115.289(c).

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

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

WATCH/CCP West Policy 3.7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(4) addresses 115.289(d).

This is the first triennial audit at WATCH/CCP West.

In view of the above, the auditor finds WATCH/CCP West substantially compliant with 115.289.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

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

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*)  Yes  No

#### 115.401 (b)

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

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility?  Yes  No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?  Yes  No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?  Yes  No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel?  Yes  No

#### Auditor Overall Compliance Determination

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



The auditor experienced no concerns related to the provisions of this standard. The pre-audit, on-site audit, and post-audit were handled in a very professional manner.

## Standard 115.403: Audit contents and findings

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

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) X  Yes  No  NA

#### Auditor Overall Compliance Determination

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

No comments.

## AUDITOR CERTIFICATION

I certify that:

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

### Auditor Instructions:

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

**K. E. Arnold**

**May 28, 2019**

**Auditor Signature**

**Date**

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

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