

PREA AUDIT REPORT Interim Final
COMMUNITY CONFINEMENT FACILITIES

Date of report: June 8, 2016

Auditor Information			
Auditor name: Loree Ivanets			
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Telephone number: (701)-290-1596			
Date of facility visit: April 23, April 24, April 25, 2016			
Facility Information			
Facility name: Butte Pre-Release Center/Women's Transitional Center			
Facility physical address: West Broadway Street, Butte, MT 59701			
Facility mailing address: <i>(if different from above)</i> Click here to enter text.			
Facility telephone number: (406)-782-6266			
The facility is:	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input checked="" type="checkbox"/> Private not for profit		
Facility type:	<input type="checkbox"/> Community treatment center	<input checked="" type="checkbox"/> Community-based confinement facility	
	<input type="checkbox"/> Halfway house	<input type="checkbox"/> Mental health facility	
	<input type="checkbox"/> Alcohol or drug rehabilitation center	<input type="checkbox"/> Other	
Name of facility's Chief Executive Officer: Steve McArthur			
Number of staff assigned to the facility in the last 12 months: 92			
Designed facility capacity: BPRC – 143; WTC - 57			
Current population of facility: BPRC – 112; WTC - 59			
Facility security levels/inmate custody levels: Community Based/Open Minimum			
Age range of the population: 18-72			
Name of PREA Compliance Manager: Meg Murphy		Title: BPRC/WTC PREA Manager	
Email address: mmurphy@cccscorp.com		Telephone number: (406)-496-5078	
Agency Information			
Name of agency: Community, Counseling, and Correctional Services, Inc.			
Governing authority or parent agency: <i>(if applicable)</i> Click here to enter text.			
Physical address: 471 East Mercury Street, Butte, MT 59701			
Mailing address: <i>(if different from above)</i> Click here to enter text.			
Telephone number: (406)-782-0417			
Agency Chief Executive Officer			
Name: Mike Thatcher		Title: Chief Executive Officer	
Email address: mthatcher@cccscorp.com		Telephone number: (406)-491-0245	
Agency-Wide PREA Coordinator			
Name: Marwan Saba		Title: CCCS, Inc. PREA Coordinator	
Email address: msaba@cccscorp.com;		Telephone number: (406)-491-0245	

AUDIT FINDINGS

NARRATIVE

The Butte Pre-Release/Women's Transitional Center originally contracted with the auditor in early March of 2016 to conduct the on-site PREA audit in the end of the third week of April, 2016. The purpose of the audit was to determine the degree of compliance with the federal Prison Rape Elimination Act (PREA) standards. The contractor is a certified Department of Justice (DOJ) PREA Auditor.

Six weeks in advance of the audit, several posters were hung throughout the facility announcing the upcoming audit. These posters explained the purpose of the audit, and provided residents and staff with the auditor's contact information. Pictures were sent to the auditor verifying the posters were hung consistent with DOJ auditing expectations.

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

The first PREA Audit of the Butte Pre-Release/Women's Transitional Center was conducted April 23, April 24, and part of April 25, 2016. The auditor wishes to extend sincere appreciation to Mike Thatcher, Chief Executive Officer of Community, Counseling, and Correctional Services and his staff for the professionalism they demonstrated throughout the audit, and for the kindness and hospitality they showed the auditor. The auditor also wishes to compliment Marwan Saba and Meg Murphy for their work in organizing the audit files that were provided to the auditor prior to the on-site audit. This preparation enabled the audit to move forward very efficiently through the documentation phase of the audit.

Upon arrival to the Butte Pre-Release/Women's Transitional Center, the auditor met with the facility leadership which included Jay Grant, Program Administrator, Marwan Saba, CCCS, Inc. PREA Coordinator, Rocko Mulcahy, Chief of Security, Meg Murphy, BPRC/WTC PREA Manager, and Lori Verell, CCCS, Inc Food Service Coordinator. The auditor explained the audit process and expectations for the audit.

Lori Verell, Corporate Food Service Coordinator provided the auditor with a complete tour of the kitchen and cafeteria which is across the street from the BPRC/WTC facility. The kitchen and dining areas are shared between two CCCS, Inc. facilities; Butte Pre-Release/Women's Transitional Center and Connections Corrections Program East.

The auditor was given a thorough tour of the BPRC/WTC facility; encompassing two buildings which are melded together. While on tour and through out the on-site audit, the auditor was permitted access to all areas of the facility.

At the close of the on-site tour, the auditor began the interviews and review of on-site proof documentation. The Daily Count of BPRC was 134 on April 23, 2016; 110 In-House State Count, 10 In-House Federal Count, and 14 Inmate Workers. 10 residents were in the community on Transitional Living Program status. The Daily Count of WTC was 55 females on April 23, 2016; 52 In-House State Count, 3 In-House Fed Count. 11 residents were in the community on Transitional Living Program status.

Those interviewed were selected in part from residents available in the facility; although the auditor did wait for some residents to return to the facility from the community, and attempted to meet with other residents earlier in the morning before they left the facility. In addition, residents who were identified as being in a PREA Audit Report

designated group (i.e., disabled, gay, bisexual, those who have reported sexual abuse or sexual harassment, and from different housing areas etc.) were also interviewed. A total of ten BPRC residents were interviewed, which included four federal residents, one of which had memory and comprehension issues, an inmate worker, one resident who identified as gay, and one Transition Living Program resident. Six WTC female residents were interviewed, including two self identified bisexual individuals, two Transition Living Program residents, and one resident who had reported community sexual harassment. Ten staff from BPRC/WTC were randomly selected as well as twelve other identified specialized staff were interviewed, including the Director of CCCS, Inc. Community Correctional Programs, CCCS, Inc. PREA Coordinator, Director of Human Resources, BPRC/WTC Program Administrator, BPRC/WTC PREA Manager, Chief of Security, PREA Investigators, First Responders, Medical and Mental health professionals, Protection Against Retaliation Staff, Staff who Screen for Risk, and Case Managers. The auditor was impressed by how knowledgeable the staff were about PREA, first response, evidence collection, etc. A phone interview with the Director of Safe Space was conducted on April 6, 2016.

When the on-site audit was completed, the auditor conducted a Corporate Exit Interview. The Corporate Exit Interview was held at CCCS, Inc. in the presence of Mike Thatcher, CCCS, Inc. Chief Executive Officer, Agency PREA Coordinator, CCCS, Inc. Director of Human Resources, Program Administrator, Chief of Security, Facility PREA Manager, Cooperate Food Service Coordinator, and Program Specialist.

While the auditor could not give the facility a final ruling, as there was a substantial amount of proof documentation and interviews to review, the auditor did discuss areas in depth which had been identified as 'not meeting standards' during the on-site audit. The auditor did give an overview of the audit and thanked the staff for their hard work and commitment toward compliance with the Prison Rape Elimination Act. The auditor encouraged CCCS, Inc. and BPRC/WTC to utilize the support and resources available through the National PREA Resource Center website at <http://www.prearesourcecenter.org>.

On April 25, 2016, the on site audit was completed at BPRC/WTC after the Corporate Exit Interview. Within hours after the auditor left BPRC/WTC a report of sexual harassment was made. The investigation resulted in an unfounded finding.

Post on-site audit, the auditor reviewed the additional proof documents secured while on-site and began to triangulate the evidence for compliance with the PREA Standards.

DESCRIPTION OF FACILITY CHARACTERISTICS

CCCS' community-based operations started in December, 1983 with the opening of the 30 bed Butte Pre-Release Center (BPRC). The center provides services for adult males, and has been American Correctional Association (ACA) accredited since 1998. It remains the only ACA accredited male pre-release center in the state of Montana. In July of 1987, the center expanded to 40 beds. The center has evolved to current maximum capacity of 160 beds for adult males. The Montana Department of Corrections (MDOC) and the Federal Bureau of Prisons (FBOP) contract services at BPRC.

In July of 1992, CCCS developed and opened the 24-bed Women's Transitional Center (WTC). The women's pre-release center provides services for adult female offenders in order to assist their transition back into the community. ACA accredited since 1998, it remains the only female pre-release center in the state of Montana to achieve ACA accreditation. CCCS has expanded the center's maximum capacity of 60 beds. The MDOC and FBOP contract services at WTC.

It is noteworthy BPRC and WTC undergo annual audits provided by Montana Department of Corrections, interim and annual audits by the Federal Bureau of Prisons, and scheduled audits to maintain their unique American Correctional Association.

This PREA Auditor was provided with the results of the aforementioned audits.

The Community Counseling & Correctional Services Mission Statement is as follows: CCCS is a team of individuals dedicated to meeting the Human Service needs of youths and Adults to promote Healthy Living Through Treatment, Training and Supervision.

Located in two adjoining multi-level buildings constructed in 1898 and 1901 in the culturally rich historic section of Butte, MT, the main level of the BPRC/WTC facility has a separate entrance and hosts administrative, food services, mental health, PREA staff, and case management offices. Also on the main level, but with separate entrances, the laundry facility, Program Administrator's office, and the Resident Resource facility are off of West Broadway Street.

The Federal floor is on the main level as well; however, is totally separated by sight and sound from where State residents reside. Both female and male Federal residents live on the Federal floor, but in different sections which are separated by the Resident Assistant office. The Federal floor has a separate entrance as well. At a capacity of 16 Federal male residents, housed in 5 rooms; the Federal floor provides 2 private restrooms with showers for male residents. The Federal floor provides for complete separation from the male Federal residents to a capacity of 6 Federal female residents in 2 rooms with access to one private bathroom and showers.

Using an entrance off of West Broadway street, one takes a flight of stairs that lead to the second floor where the holding cell, and East and West wings accommodate a capacity of 75 state male residents in 23 rooms with access to 4 private restrooms, and 1 open bay shower which hosts 10 shower heads. State male residents may access the showers on the 3rd floor to shower as well. Another ascending stairway in the male area leads to the Morier Addition which is viewed as a privileged male residence area at a capacity of 27. The Morier Addition has 8 bedrooms each with a private bathroom and shower. The 3rd floor which houses a capacity of 22 state male residents in 10 bedrooms, offers 5 private shower stalls, and 2 private restrooms.

55 state female residents reside in an upper level secluded section from state male residents, and are provided with 14 bedrooms, 5 private showers and restrooms, as well as a holding cell. It should be noted there is a separate entrance to the female unit off of West Broadway as well.

Most bedrooms are designed to hold between 2-4 residents; however BPRC/WTC clearly has a variety of options to house individually if needed.

Resident Assistant offices are strategically placed in both male and female areas, and have access to monitor cameras throughout the facility. Locked emergency grievance boxes are near each Resident Assistant office in each section.

BPRC/WTC is fondly referred to as a maze; however, every inch of space is utilized creatively and efficiently. Administration and staff are clearly dedicated to the safety of their residents. There were 38 cameras with internal and external views at the time of the on-site audit. 8 more cameras are currently being added as a result of a Staffing Plan review. BPRC/WTC staff should be strongly commended for their diligence in conducting rounds and continuing to roam and interact with residents, rather than heavily relying on electronic monitoring.

BPRC/WTC is not a secure facility; however the female and male residents are completely physically segregated in the housing units, and Federal and state residents are further separated by sight and sound. Residents are allowed to smoke across the street at a designated smoking area at scheduled intervals. The kitchen and dining area is also across the street, and shared with another community confinement facility; Community Corrections – East. BPRC/WTC residents eat at scheduled times.

SUMMARY OF AUDIT FINDINGS

The Interim Report was provided on May 25, 2016, to the Butte Pre-Release Center/Women's Transition Center. BPRC/WTC has exceeded the following Community Confinement PREA Standards: 115.221 and 115.283. Community Confinement PREA Standards: 115.213, 115.241, and 115.288 were brought into complete compliance after a very short period of corrective action. All corrective action was received and reviewed as of June 5, 2016. Community Confinement PREA Standards 115.212 and 115.266 are nonapplicable to BPRC/WTC.

The Butte Pre-Release Center/Women's Transition Center became 100% compliant with Community Confinement PREA Standards as of June 5, 2016.

Number of standards exceeded: 2

Number of standards met: 35

Number of standards not met: 0

Number of standards not applicable: 2

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

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

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

Community, Counseling, and Correctional Services, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy 15-1; entitled "PREA General Requirements" was reviewed by the auditor. The policy mandates zero-tolerance toward all forms of sexual abuse and sexual harassment in the facility. The policy also includes the agency's approach to preventing, detecting, and responding to incidents of sexual abuse and sexual harassment. The policy further includes definitions for prohibited behaviors regarding sexual harassment and sexual abuse along with sanctions for those found to have participated in prohibited behaviors.

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

Meg Murphy, Facility PREA Manager, reports to Marwan Saba, the Agency PREA Coordinator. The Agency PREA Coordinator reports to Mike Thatcher, Chief Executive Officer of CCCS, Inc. The PREA Manager also assists the Agency PREA Coordinator as an agency compliance specialist in conducting performance and contract compliance audits as well as internal PREA audits. The PREA Manager feels she has sufficient time, support, and authority to carry out her PREA duties. The Agency PREA Coordinator oversees all compliance efforts of 10 CCCS, Inc. facilities, affirming sufficient time, support, and authority in regards to PREA implementation.

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

The positions and hierarchy of the Agency PREA Coordinator, and Facility PREA Manager are represented on the CCCS, Inc. Agency Organizational Chart, as well as the BPRC/WTC Facility Organizational Chart, and are addressed in Policy 15-1.

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

Standard 115.212 Contracting with other entities for the confinement of residents

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance

determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Not Applicable

N/A BPRC/WTC does not contract for the confinement of its residents with private agencies.

Standard 115.213 Supervision and monitoring

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-1; entitled "PREA General Requirements" which addresses Staffing Plans was reviewed by the auditor.

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

In 2014, an allegation of sexual abuse made by a male resident regarding a pat-down performed by a male staff member resulted in a finding of the allegation being unfounded. A third-party report was made on behalf of a female resident resulting in an unsubstantiated sexual harassment allegation against a male staff member during a transport. Also in 2014, an allegation of sexual abuse made by a female resident regarding the behavior of a male resident while on a transport resulted in a substantiated finding. The male resident was returned to prison.

In 2015, three allegations of sexual abuse involving a male staff member and three female residents, as well as sexual harassment allegations involving three other female residents, allegedly victimized by the same male staff member remain under criminal investigation by Butte Silver Bow Law Enforcement. At least one of these allegations which remain under criminal investigation involved cross-gender transport.

On the last day of the on-site of the audit, April 25, 2016, a BPRC female resident made a sexual harassment allegation towards a female staff member involving staff procedure during a pat search, which resulted in an unfounded finding.

The 2015-2016 BPRC/WTC Staffing Plan included 11 components required according to Prison and Jail PREA Audit Report

PREA Standards, as opposed to the 4 components mandated according to Community Confinement PREA Standards; therefore, exceeding this subset of Standard 115.213.

According to PREA Standards, and CCCS, Inc policy, BPRC/WTC's Program Administrator, Chief of Security , and PREA Manager are expected to review the staffing plan on an annual basis to determine if adjustments should be made in the staffing for the facility, deployment of monitoring technology, and the allocation of resources to commit to the staffing plan to ensure compliance with the staffing plan; however, the Program Administrator produced documentation of 6 month review. The auditor was further provided documented communication regarding staffing plan review in early 2016.

An email authored in 2016 by the CEO, and forwarded by the Agency PREA Coordinator indicated the CEO of CCCS, Inc. authorized BPRC/WTC to add additional surveillance cameras which had been requested for 2016. The Program Administrator had consulted with the Chief of Security, and PREA Manager, and requested six additional cameras in writing throughout the facility.

BPRC/WTC's 2015-2016 Staffing Plan was predicated on 149 BPRC residents and 61 WTC residents.

The auditor was provided with physical plant schematics of BPRC/WTC in addition to the current camera locations within the facility, which included the directional view of cameras, and a sample of the surveillance camera footage. During the on-site tour, while walking through the two buildings, the auditor observed placement of current cameras and staffing posts of Resident Assistants. Resident Assistants carry hand held radios to ensure immediate communication. Recently, given the physical complexity of the BPRC/WTC facility, the Program Administrator acknowledged the possibility in a short delay of staff communication, and response in an emergent situation, and proactively mandated the provision and use of hand held radios.

During the on-site audit, the auditor was provided unannounced rounds logs, conducted by shift supervisors and administration. The tours are completed at least once per shift. The rounds are conducted unannounced and staff are prohibited from alerting other staff the rounds are being completed. It is routine for the Program Administrator of BPRC/WTC to walk through the facility at least twice per day. The Program Administrator mandates his Chief of Security to log administrative walk-throughs.

Even though this is not a PREA Standard of Community Confinement Facilities, Shift Supervisors, and higher-level staff members were interviewed and stated they are required to conduct an unannounced round each shift.

Although BPRC/WTC acknowledges the need for surveillance cameras, staff is expected to continue to roam about the facility and interact with residents. BPRC/WTC's diligent efforts to engage residents while attempting to ensure safety for their residents is demonstrated in part by conducting consistent, unannounced rounds. This is the second subset of Standard 115.213 exceeded by BPRC/WTC.

The 2015-2016 BPRC/WTC Staffing Plan addresses the possibility of, nature of, and expectation that supervisors document deviations. According to the completed Pre-Audit Questionnaire, BPRC/WTC reports there have been no deviations to the 2015-2016 Staffing Plan.

Because of the nature of a pre-release program which includes a large breadth of staff post orders such as transports, completing mandatory checks on residents living in the community, providing security supervision in the dining hall, and checking the smoking area both of which are across the street, while

covering posts and completing tasks of various gender-specific programs within the facility, etc. the propensity for staffing plan deviation is high.

BPRC is comprised of female and male units. Other than supervisory and administrative staff, typically there is not be a male line staff on the female floor, nor in the Women's Transition Unit which houses solely female residents. The Federal floor (FBOP contract program) houses both male and female Federal residents on the same floor.

It should be noted that only female line staff work in the Women's Transition Center. Typically, only male line staff work the male unit of BPRC; however, at times there are two female staff stationed on the BPRC men's unit during night shift which helps to avoid Staffing Plan deviations in the Women's Transition Center, and on the Federal floor. This is not a Staffing Plan deviation.

In addition to providing coverage in-house, and completing transports, some residents transition into independent living within the community. Staff are responsible to complete checks on Transitional Living Program residents in the community. These checks are completed by same gender staff, or at least one staff of same gender as the TLP resident of two staff completing the TLP check. BPRC/WTC attempts to have 2 staff complete the TLP resident checks since sexual abuse allegations arose from TLP resident checks in 2015.

Staffing Plan deviations were mentioned in the majority of staff and resident interviews regarding cross-gender transports and inconsistent presence of BPRC security staff during early breakfast meals in the dining room.

The CCCS, Inc. kitchen and dining room utilized by BPRC/WTC residents is across the street from the BPRC/WTC facility. As observed by the auditor during the on-site audit, PREA posters are mounted on the walls in the dining room. The kitchen/dining room was upgraded in 2012 by installing 12 cameras. These 12 cameras are viewed from the offices of the Chief of Security, Security Shift Supervisor, Corporate Food Service Director, and Food Service Supervisor. Inmate workers help prepare meals, and work in the kitchen cleaning as a possible prerequisite to becoming eligible for community confinement status. The inmate workers are supervised by the kitchen staff who are under the supervision of the CCCS, Inc. Corporate Food Services Director. During BPRC/WTC meal times, male and women residents are scheduled to dine separately. BPRC/WTC security staff attend to the supervision of the BPRC residents in the dining room area.

Audit interview findings indicate a kitchen staff member, who may be of opposite gender than the male residents and inmate workers, was expected at times to supervise both the male inmate workers and male residents without the presence of a BPRC staff member. The issue of lack of consistent security supervision was addressed during the on-site audit in a conversation with the Chief of Security, Program Administrator, and Agency PREA Coordinator and quickly resolved. The Agency PREA Coordinator has communicated to the auditor that BPRC security staff have been present during all meals, as confirmed in a conversation with the Corporate Food Services Director.

During post-audit triangulation of compliance evidence the review of BPRC staff post assignment logs indicate a staff member had been consistently assigned to "breakfast", yet no Staffing Plan deviations were documented.

BPRC/WTC strive to diligently meet their expectation of completing the tasks of transport and checking on community based residents in the Transitional Living Program with same gender staff, or having two staff attend to the task, one being same gender as the resident. The BPRC/WTC Program Administrator indicates staff have been expected to complete same gender transports since multiple sexual abuse allegations were received in 2014 and 2015.

In 2014, a third-party report was made on behalf of a female resident resulting in an unsubstantiated sexual
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harassment allegation against a male staff during a transport. Also in 2014, an allegation of sexual abuse made by a female resident regarding the behavior of a male resident while on a transport with BPRC/WTC staff present resulted in a substantiated finding. The male resident was returned to prison.

At least one of the sexual abuse allegations, reported in April, 2015, and currently under criminal investigation involved cross-gender transport of male staff, and female resident.

A pattern emerged upon auditor review of interviews, in which both staff and residents stated cross-gender transports sometimes occur. Auditor reviewed BPRC/WTC staff transport logs, and no deviations had been documented or justified.

The need to document and justify staffing plan deviations was addressed in the PREA audit exit interview at the Corporate Office on April 25, 2016. The Agency PREA Coordinator created a form to efficiently track staffing plan deviations, and justifications on May 19, 2016. As indicated in the 2015-2016 BPRC/WTC Staffing Plan, the management of documented staffing plan deviations is the responsibility of the shift/staff supervisor. The form created by the Agency PREA Coordinator serves to immediately alert the Chief of Security and Program Director, but would not replace supervisory documentation in the briefing notes; Total Offender Management (TOM). According to the Agency PREA Coordinator, a log is kept on both floors tracking deviations as well.

All BPRC/WTC Security and Shift Supervisors were trained on when and how to use the Staffing Plan Deviation form(s) and logs, and the auditor was provided with a completed Staffing Plan Deviation Form as evidence of completed corrective action.

There may be instances resulting in staffing plan deviations which would meet definition of “exigent circumstance”. If that is the case, both Exigent Circumstance Log and the Staffing Plan Deviation forms need to be completed.

The results of the following interviews were considered: Agency Head (designee), Program Administrator, Agency PREA Coordinator, Facility PREA Manager, Security Coordinator, Shift Supervisors, Random Staff, and indirectly with Corporate Food Services Director through post-audit consultation with Agency PREA Coordinator.

Standard 115.215 Limits to cross-gender viewing and searches

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

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

CCCS, Inc., Butte Pre-Release Center/Women’s Transitional Center, Policy and Procedures Manual, Policy 15-1; entitled “PREA General Requirements” governs cross-gender strip searches by nonmedical staff and cross-gender visual body cavity searches by nonmedical staff without exigent circumstances. Employees may not

conduct cross-gender strip searches or cross-gender visual body cavity searches (anal or genital opening) except in exigent circumstances or when performed by medical practitioners.

The auditor observed the Exigent Circumstance Log where all pat down or unclothed searches are documented. There have been no cross-gender strip searches or visual cavity searches at BPRC/WTC.

The auditor observed the private bathroom with mirrors used to collect urine analyses, as well as the nurse's station. The nurse's station is a private office, and may be used for strip searches, which prevent cross-gender observation. Other than medical professionals, which include a nurse and physician, same gender staff members would conduct all strip searches absent exigent circumstances. As stated previously, there have been no cross-gender strip searches or visual cavity searches at BPRC/WTC.

Interviews with non-medical staff (involved in cross-gender strip or visual searches) supported compliance with BPRC/WTC's policy.

In addressing 115.215 (b), BPRC is able to staff every shift with at least one female Resident Assistant on every shift; therefore, female residents are not restricted from programming or other outside opportunities. It should be noted that only female staff work in the Women's Transition Center, with the exception of supervisory and administrative staff. At times there are two female staff stationed on the BPRC men's unit during night shift which helps to continue coverage and avoid Staffing Plan deviations in the Women's Transition Center, on the female unit of BPRC, or the Federal Bureau of Prisons floor.

Female Resident open access to programming and outside opportunities was confirmed by interviews of female residents and staff from both BPRC/WTC. There is consistently enough female staff to perform pat search duties.

None of the random staff or residents interviewed at the facility indicated they had been involved in, or had knowledge of any cross-gender strip searches or body cavity searches being conducted at the facility.

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

During the on-site tour, the auditor observed staff announcing themselves when entering housing units that housed residents of the opposite gender. Touring staff initially announced on behalf of the auditor. The auditor further observed posters throughout BPRC/WTC stating opposite gender staff worked in the facility 24/7.

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-1 states:

1. Staff will document any cross-gender strip searches and cross-gender visual body cavity searches, and documents all cross-gender pat-down searches on the exigent circumstances log. Strip searches, and body cavity searches are strictly prohibited, except:

a. Exigent Circumstances

- i. Security staff will be trained on cross gender pat searches and will only perform these searches under emergency/exigent circumstances.
 - ii. No strip searches or body cavity searches will be conducted unless prior authorization of the CEO and in his/her absence, their respective designee, is obtained. If a strip search should be deemed a necessity by the CEO or designee, typically it will be performed only by a staff member of the same sex as the resident; however, the CEO or designee may authorize an opposite gender staff member in the case of a transgender or intersex resident.
 - iii. The facility shall not search or physically examine any resident, including transgender and intersex residents for the sole purpose of determining the resident's genital status. If staff cannot determine the biological sex of a resident, the staff shall ask medical personal for resident verification of the sex of the genitalia. Medical Staff must conduct this inquiry in private and in a professional manner to preserve confidentiality in order to avoid subjecting the resident to abuse or ridicule.
 - iv. The facility will maintain a log of exigent circumstances resulting in deviance from 115.215 which will be kept in the program administrator's office.
2. BPRC/WTC enables residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine housing checks.
 3. Opposite gender staff will announce their presence on the floor and prior to entering any living area, bathroom, or shower room.
 - i. Signage stating BPRC/WTC is staffed with female and male staff 24 hours per day will be posted in conspicuous areas for resident awareness.
 4. BPRC/WTC will train security staff on how to conduct cross-gender pat-down searches, and searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs in the event such search is deemed necessary.

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

A random selection of staff was interviewed for consideration of compliance. There were no transgender or intersex residents available during the on-site audit to interview. Staff is familiar with the policy against searching transgender or intersex residents solely to determine their genital status.

The Moss Group Guidance in Cross-gender and Transgender Pat Searches Training Curricula for staff members and the training logs for this training were reviewed. In addition, CCCS, Inc./BPRC/WTC Policy 15-

2, "LGBTI Gender Identity and Gender Expression, Housing, Programs and Searches" amplifies agency protocol regarding searches of LGBTI residents.

In order to make a determination of compliance, the following people were interviewed and the following interview findings were considered:

A random selection of staff members was interviewed to determine staff had completed the necessary training. Several staff members were asked to describe how they would conduct a cross-gender pat down search. The techniques presented were in compliance with acceptable methodology. Training records indicate all BPRC/WTC staff has completed Cross-gender Pat Search training.

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

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-1; entitled "PREA General Requirements" states interpretation services will be made available, and a contract with CTS Language Link was reviewed by the auditor. Policy 15-1 states BPRC/WTC will not rely on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances, and must be fully documented, where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of First Responder duties or the investigation of the resident's allegations.

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

All Intake Staff interviewed indicate they read through the PREA Resident Handbook at the time of intake, whether or not the residents have a visual impairment.

A random selection of staff, residents, and the Agency Head (designee) were interviewed for compliance. Although unable to locate any limited English proficient residents, the auditor interviewed a resident with comprehension issues during the on-site audit. This individual affirmed that he receives extra support from BPRC staff and his Case Manager regarding global comprehension issues. The resident affirmed an understanding of PREA issues.

Standard 115.217 Hiring and promotion decisions

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

Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion

must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

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

Administrative HR Staff and Agency PREA Coordinator were interviewed regarding compliance with this provision.

Subsequently, employee and contractor documents were reviewed for compliance to ensure the necessary background checks were completed at hiring/contracting/retention.

Review of employee HR documents confirmed that background criminal records checks are conducted for all staff prior to having contact with inmates. The facility also attempts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse or sexual harassment.

Community, Counseling, and Correctional Services, Inc. PREA Policy 1.3.5.12 states CCCS, Inc. shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor or volunteer who may have contact with residents. There are no volunteers at BPRC/WTC.

Interviews with Administrative HR Staff and Agency PREA Coordinator both indicated contractors must undergo a criminal records background check prior to entering the facility to conduct any work.

The auditor reviewed a list of staff and contractors who work in the facility. The agency maintains a list of each employee and contractor who works in the facility with their hire date, and the last date the criminal records background check was completed.

According to the completed Pre-Audit Questionnaire provided by BPRC/WTC, 15 new employees in the past 12 months completed criminal background checks.

Agency policy indicates that staff, contractors and volunteers will complete a criminal records background check at least once every five years, or prior to promotion. The interview of the CCCS, Inc. Director of Human Resources supports all staff, contractors and volunteers rotate on a computerized system which ensures background check updates every five years.

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

Agency PREA policy, 1.3.5.12 states, "Material omissions regarding such misconduct or the provision of materially false information shall be grounds for termination of employment, or volunteer privileges and contracts."

Interview with CCCS, Inc. Director of Human Resources supports material omissions regarding misconduct or the provision of materially false information is grounds for termination.

A BPRC/WTC staff member was terminated from employment in 2015 because of allegations of resident sexual abuse and sexual harassment. A termination letter addressing the staff member was provided for audit review. According to documents reviewed and the interview of CCCS, Inc. Director of Human Resources, the staff member is flagged as never eligible for re-hire. BPRC/WTC referred this sexual abuse/sexual harassment investigation to Butte Silver Bow Law Enforcement where an ongoing criminal investigation is being conducted. Prior to termination, the former employee was immediately suspended when an initial allegation was brought to the awareness of BPRC/WTC, and CCCS, Inc.

Agency PREA policy 1.3.5.12 states, "Unless prohibited by law, CCCS, Inc. shall provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer with whom the employee has applied to work."

Auditor interviewed the CCCS, Inc. Director of Human Resources to determine the facility does provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work, providing a release of information is presented.

Contract agencies of Montana Department of Corrections are mandated to use the Montana Department of Justice to provide the service of completing background checks for CCCS, Inc. employees, volunteers, and contractors. The Montana Department of Justice completes a background check entitled, "Montana Public Criminal History Record". This background check is limited only to documented criminal history in the State of MT, and severely limits the scope of gathering critical information for purposes of resident safety and security. While this is not a shortcoming of CCCS, Inc. it is strongly recommended other options for completion of national criminal background checks be expediently explored. The CCCS, Inc. Chief Executive Officer's deep concern was strongly evident during the discussion within the context of the Corporate PREA Audit Exit Interview regarding the obvious heightened risk the limited background checks bring to CCCS, Inc.'s programs, residents, and staff, as CCCS, Inc. needs to rely on these criminal background checks for hiring and promotion.

CCCS, Inc. indicated they will be addressing this issue with MDOC, and have approached local law enforcement in anticipation Butte Silver Bow Law Enforcement may be able to provide NCIC background checks for CCCS employees.

The Federal Bureau of Prisons conducts National Criminal Intelligence Center (NCIC) background checks annually on 38 BPRC employees who specifically work on the Federal floor, where FBOP has a contract to house their residents. The results of the NCIC checks are communicated via letter directed to the Program Administrator, and the CCCS, Inc. Director of Human Resources, who retains the NCIC background checks at Corporate office. The results of the background checks are also kept on file at BPRC/WTC with the Chief of Security.

The CCCS, Inc. Director of Human Resources has had extensive training in the area of sexual harassment, and has completed specialized Human Resource training regarding PREA. Via corporate mandate, the CCCS, Inc. Director of Human Resources has been directly involved in BPRC/WTC's Administrative PREA Investigations. The involvement of the CCCS, Inc. Director of Human Resources in the PREA investigations is a significant asset to the BPRC/WTC Investigation team. To deepen understanding of the unique dynamics of sexual abuse and sexual harassment investigations in confinement, it was recommended the CCCS, Inc. Director of Human Resources complete the Specialized Training for PREA Investigators, and Human Resources and Administrative Investigations located on the National PREA Resource Center's website.

This recommendation was discussed at the Corporate PREA Audit Exit Interview, and the CCCS, Inc. Director of Human Resources completed the training on May 22, 2016.

Documentation, Interviews, and Other Evidence Reviewed:

Completed Pre-Audit Questionnaire submitted by BPRC/WTC
CCCS, Inc. Application for Employment
Interview Response Rating Form
Promotion Checklist and Questions Relative to PREA
2015 Employee Termination Letter involving ongoing Criminal Investigation
Suspension Letter Template
CCCS, Inc. Reference Checking Form
Documentation of criminal record background checks of BPRC/WTC employees hired or promoted in the last 12 months
Documentation of criminal record background checks of BPRC/WTC contractors who might have contact with residents
Documentation of criminal record background checks of current BPRC/WTC employees at five-year intervals
Harassment and PREA Employee Investigation Checklist
Synopsis of HR Training Related to PREA Investigations
Email regarding CCCS, Inc. Director of Human Resources completing Human Resources and Administrative Investigation training on NPRC website, on May 22, 2016
Email regarding Agency Head inquiring about the possibility of Butte Silver Bow Law Enforcement completing NCIC background checks.
Email from Agency PREA Coordinator indicating an intent for CCCS, Inc. to address the limited scope of current background checks with MDOC.
Interviews of CCCS, Inc. Director of Human Resources, Agency PREA Coordinator, and Program Administrator

Standard 115.218 Upgrades to facilities and technologies

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

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

CCCS, Inc., and BPRC/WTC reports no acquisitions of new facilities, substantial expansions, modifications or retrofitting of the current BPRC/WTC buildings. The BPRC/WTC facility is actually 2 buildings melded together, having been built in 1898 and 1901.

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

The BPRC/WTC programs maintain surveillance systems to help monitor order in common areas and allow video footage to be archived and stored on digital format. Cameras have been placed at all major entrances,

exit locations, hallways, day room, food service area, Resident Resource area, and basement to provide an enhanced level of safety when inmates and others are interacting throughout the facility.

The CCCS, Inc. kitchen/dining room utilized across the street from BPRC/WTC upgraded in 2012 by adding 9 high definition cameras to the previous 3. These cameras are monitored across the street in the BPRC facility in the Chief of Security, Corporate Food Service's Director offices, and the Kitchen Supervisor's office in the kitchen area. According to the Chief of Security, the kitchen DVR has a 3TB harddrive set to record on motion capture, storing for approximately 3-4 weeks.

A camera system was installed in the UA storage room by the mail room on the men's floor in 2015, as an addition to the 12 standard definition cameras set to record on motion capture. Cameras retain digital data for approximately 4-5 weeks.

The women's floor DVC has a 3 TB harddrive with 11 high definition cameras set to record on motion capture. This DVR is set to capture motion only, so should retain data in excess of 4 weeks.

Cameras are not placed in sleeping areas, shower, or restroom areas per agency and facility policy. Video cameras are monitored 24/7 in the Resident Assistant offices, as well as Chief of Security office.

An email authored in 2016 by the CEO, and forwarded to the Program Administrator of BPRC/WTC by the Agency PREA Coordinator indicated the CEO of CCCS, Inc. authorized BPRC/WTC to add additional surveillance cameras to the existing 38 cameras. The Program Administrator had consulted with the Chief of Security, and PREA Manager, and requested 8 additional cameras in writing to shore up camera coverage and address some identified blind spots throughout the facility. The auditor viewed the blind spots identified by staff during the on-site audit. The auditor reviewed emails regarding camera coverage between the Agency PREA Coordinator, CEO of CCCS, Inc., and Program Administrator of BPRC/WTC.

The auditor supports BPRC/WTC's efforts to install cameras, as this should produce excellent electronic coverage in older buildings with winding staircases, and many corners occurred. It should be further noted that the vast majority of sexual abuse and sexual harassment allegations since 2014 outside of the facility. One of the new cameras requested would be placed in the area of a basement storage area which was identified in a 2015 sexual abuse allegation.

The auditor received an email from the Agency PREA Coordinator indicating new cabling and the installation of the (2) NVRs to support the expansion of the surveillance system was completed by May 20, 2016. The email further indicated the installation of the additional cameras were priority.

Sexual abuse and sexual harassment allegations occurred during transport; some cross-gender. Proactively, BPRC/WTC recognized these patterns as a result of objectively reviewing these investigations, and changed policy and procedure. Cross-gender transportation would only occur as a result of Staffing Plan deviation or in an "exigent circumstance", and cameras are being installed in 2 BPRC/WTC vehicles. The auditor was forwarded an email from CCCS, Inc. Vehicle Maintenance by the Agency PREA Coordinator, confirming a camera was scheduled to be installed in the 15 passenger van in early June, 2016.

Policies, Documentation, Interviews, and Other Evidence Reviewed:

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-8

Completed Pre-Audit Questionnaire submitted by BPRC/WTC

Facility Schematic Map including Placement and Directional View of Cameras

Emails from CEO to Agency PREA Coordinator in 2016

Emails from Agency PREA Coordinator and Program Administrator in 2016

An email sent by the Program Administrator regarding installation process of the 6 additional cameras at the time of authoring this report, dated March 8, 2016.

An email from CCCS, Inc. Vehicle Maintenance by the Agency PREA Coordinator, confirming a camera is scheduled to be installed in the 15 passenger van in early June, 2016.

An email dated 5/20/2016, from Agency PREA Coordinator confirming the installation of two new NVRs to aid in the expansion of the current system, new cabling, and the anticipated arrival of the cameras on order.

Interviews with Agency Head (designee), Agency PREA Coordinator, Program Administrator, PREA Manager, Chief of Security, and Random Staff

Standard 115.221 Evidence protocol and forensic medical examinations

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-4, states BPRC/WTC follows a uniform protocol for investigation allegations of sexual abuse that maximizes potential for obtaining useable physical evidence for administrative proceedings and criminal prosecutions. BPRC/WTC's protocol is victim-centered, and the crime scene is protected and secured in anticipation of response from Butte Silver Bow Law Enforcement. BPRC/WTC refers all allegations of sexual abuse to Butte Silver Bow Law Enforcement for criminal investigation, and referred 3 sexual abuse and 3 sexual harassment allegations involving a former employee in 2015 which remain under investigation. Butte Silver Bow Sheriff's Department follows the recommended uniform evidence protocol cited in this PREA standard, evidenced by a revised, formal Memorandum of Understanding (MOU) with BPRC/WTC, executed on March 16, 2016.

Additionally, all allegations of sexual abuse are reported to MT Department of Corrections (MDOC), and allegations involving Federal Bureau of Prison residents are reported to FBOP.

BPRC/WTC conducts an internal administrative investigation of employee misconduct in conjunction with the law enforcement criminal investigation. The Program Administrator is responsible to assign a trained PREA Investigator; however, having also completed Specialized Training, the Program Administrator often takes on the role of PREA Investigator in partnership with the Chief of Security. The administrative investigation of employee misconduct will also encompass the CCCS, Inc. Director of Human Resources, as demonstrated in a 2015 PREA investigation of an employee accused of sexual abuse and sexual harassment allegations.

During the on-site audit, a WTC resident reported she was being sexually harassed at her place of employment by an individual not associated with BPRC/WTC. Through coordination of the Program

Administrator, the resident's report was referred to Butte Silver Bow County. Further, the Program Administrator took steps to support the resident in making the report, and was vigilant in taking measures to protect her. Even though this alleged sexual harassment report is not under the PREA umbrella, the Program Administrator and WTC staff responded as if it was, ensuring the safety and wellbeing of this resident.

St. James Hospital has a SANE program where all victims of sexual assault are taken in Silver Bow County. BPRC/WTC has a detailed MOU with St. James Healthcare, SCL Health to provide SANE exams in the event of a sexual assault which was executed on September 10, 2015.

Although two alleged sexual abuse victims were offered forensic medical examinations in 2015, there were no forensic medical exams conducted by SANE nurses or qualified medical practitioners during the past year.

BPRC/WTC also has a formal MOU with Safe Space, a local advocacy group who provides rape crisis services. This agreement also involves Safe Space providing follow-up counseling, referral and advocacy services as requested by the victim; Safe Space staff would remain with the BPRC/WTC resident throughout the entire process from the time a BPRC/WTC resident arrives at St. James through the medical examination and follow-up. This MOU was officially executed on 09/03/2015.

Policy 15-4 indicates forensic exams and all medical services provided to a BPRC/WTC resident would be at no cost to the resident.

A Case Manager of BPRC/WTC is active within the community as a victim advocate associated with Safe Space. This staff member's experience and training supersedes required qualifications of a Qualified Agency Staff Member, and would provide competent support and intervention in the rare event Safe Space could not respond during a forensic exam.

BPRC/WTC has superseded the requirements of this standard, as demonstrated by the involvement of this Case Manager who is a certified victim advocate, and is now referred to as the BPRC/WTC Victim Advocate. During the on-site audit, a WTC resident reported having been sexually harassed at her place of employment by an individual not associated with BPRC/WTC. The resident was distraught and worried about retaliation. The BPRC/WTC Victim Advocate met with resident and offered interventions and referrals for services. The Program Administrator reassigned the WTC resident to this Case Manager's caseload.

A synopsis of secondary documentation from the BPRC/WTC Victim Advocate, indicated during the course of every meeting with the (resident) since having been transferred to her caseload (after resident's victimization occurred), (resident) has been offered mental health service as well as advocacy services (resident has been reminded at every meeting that all services are available free of charge). No medical was necessary, but still offered to resident, and declined. Resident has declined referral to mental health as well as referral to outside advocacy services, stating resident only wants to take part in BPRC/WTC advocacy services offered by this BPRC/WTC Victim Advocate. Those services include but are not limited to: meeting whenever (resident) is feeling vulnerable and having difficulties coping. (Resident) has requested BPRC/WTC Victim Advocate accompany and assist (resident) with any and all interactions with Law Enforcement, and as well as in any possible court proceedings.

Again, during the on-site audit a WTC resident reported unfounded sexual harassment against a WTC staff member. The BPRC/WTC Victim Advocate immediately met with resident within hours of BPRC/WTC staff having received the report to offer support and services.

During an interview with the Interim Executive Director of Safe Space on April 6, 2016, the Director indicated a desire to work more closely with BPRC/WTC, and mentioned the possibility of providing support groups to the general population within BPRC/WTC. Safe Space Interim Executive Director and a Sexual Assault Specialist have completed Victim Services PREA training to develop an understanding of what Community Confinement resident rights are under the Prison Rape Elimination Act on May 23, 2016. The Safe Space office is located in very close proximity to the BPRC/WTC facility within convenient walking distance for residents.

Interviews with a random sample of staff, a resident who reported sexual harassment within the community, Program Administrator, Agency PREA Coordinator, Facility PREA Manager, and Safe Space Interim Executive Director support written procedure. There were no residents on-site who had reported sexual abuse at BPRC/WTC.

Standard 115.221 was exceeded by BPRC/WTC.

Standard 115.222 Policies to ensure referrals of allegations for investigations

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 15-4; entitled, "Reporting", ensures an administrative or criminal investigation is completed for all reports of sexual abuse and sexual harassment.

A comprehensive Memorandum of Understanding (MOU) with Butte Silver Bow Law Enforcement which details the responsibilities of BPRC/WTC and Butte Silver Bow in conducting criminal investigations of sexual abuse and sexual harassment can be viewed on CCCS, Inc.'s website at www.cccscorp.com.

BPRC/WTC staff who has completed the Specialized Training for Investigators would initially respond to a report of sexual abuse and sexual harassment. All reports are also immediately communicated to MT Department of Corrections, and FBOP if appropriate. Upon immediate suspicion or awareness of criminal element, the BPRC/WTC Program Administrator would refer the investigation to Butte Silver Bow Law Enforcement. If the allegation involves an employee of BPRC/WTC, the CCCS, Inc. Director of Human Resources would be involved in the ensuing investigation. An administrative investigation may occur simultaneously with a criminal investigation.

Upon investigation, one allegation of sexual harassment reported on a grievance was unfounded in 2014, a third-party report of a sexual harassment allegation was unsubstantiated, one allegation of sexual abuse was unfounded, and one allegation of sexual abuse was substantiated as a result of administrative investigations. Three allegations of sexual abuse, and three allegations of sexual harassment from additional female residents were all referred to Butte Silver Bow Law Enforcement for criminal investigation and remain under

investigation. On April 25, 2016, the last day of the on-site audit after the auditor left the facility, an allegation of sexual harassment reported on a Resident Report Form was made resulting as unfounded post investigation. Every report of sexual abuse or sexual harassment results in an immediate, thorough investigation.

Interviews with the Agency Head (designee), Agency PREA Coordinator, Program Administrator, Facility PREA Manager, CCCS, Inc. Director of Human Services, and BPRC/WTC PREA Investigators confirm all reports of sexual abuse and sexual harassment result in an investigation.

Standard 115.231 Employee training

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-6; entitled, "Training", requires all new BPRC/WTC employees to complete in-depth training on PREA and Sexual Harassment in the Workplace during employee orientation. This training includes becoming familiar with CCCS, Inc. and BPRC/WTC PREA policies and procedures. A review of the PREA curricula indicates training on the ten specific topics required in this standard. New employees must complete this training and affirm understanding prior to independent contact with residents of BPRC/WTC.

The training was tailored to the unique needs, attributes, and genders of the residents of BPRC/WTC. The auditor observed staff of the opposite gender announcing their presence when they enter an opposite gender resident floor. This procedure demonstrates the internalization of the policy and procedure relative to gender specific training.

The auditor observed PREA posters and information related to compliance with PREA standards clearly displayed throughout the BPRC/WTC facility.

BPRC/WTC employees receive annual refresher training. The Facility PREA Manager who is responsible for BPRC/WTC staff PREA training sees a need to provide mini trainings between annual refresher PREA training to ensure procedural retention as BPRC/WTC policies were recently updated. The Facility PREA Manager reported 96 staff were trained, or retrained regarding PREA, within the past 12 months, and understand their responsibilities therein, evidenced by signed Staff Development and Training Record Forms.

Random training certificates and staff acknowledgements of understanding were reviewed. A random sampling of BPRC/WTC staff were interviewed, and appeared knowledgeable about their individual responsibilities regarding PREA. A Security Shift Supervisor, and a Shift Leader who often work on the same shift; 1 from BPRC and 1 who mainly works WTC, both shared in their respective interviews they often verbally quiz their staff on PREA knowledge and issues, attempting to ensure recent policy changes are being understood and applied on their shifts.

Documentation, Interviews, and Other Evidence Reviewed:

New Employee Training Agenda
Gender Responsive Strategies for Adults Curricula on NPRC website
PREA Training Curricula Contents
PREA Training Curricula
PREA Staff Refresher Training Curricula Contents
PREA Staff Refresher Training Curricula
CCCS PREA Policy Staff PREA Acknowledgement Form
CCCS Staff Development and Training Record Form
First Responders Training Curricula
Interviews completed with random sample of BPRC/WTC staff, Agency PREA Coordinator, Agency Director of Human Resources, and Facility PREA Manager

Standard 115.232 Volunteer and contractor training

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-6; entitled, "Training", requires all volunteers and contractors who may have contact with residents to be trained on PREA requirements.

The auditor reviewed the training curricula for volunteers and contractors who have contact with residents, as well as confirmation of training and understanding by signature on Contractor PREA Acknowledgement Forms.

There are no volunteers at BPRC/WTC.

A part time physician contracts with CCCS, Inc. to provide medical services to BPRC male inmate workers, and recently completed refresher training on May 5, 2016.

BPRC/WTC Policy 15-6 entitled; "Training" requires volunteers and contractors to complete PREA refresher training every two years.

The contractor is current with criminal background checks and rotates regarding criminal background checks updates on the same system as BPRC/WTC employees.

Standard 115.233 Resident education

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-3; entitled, "Intake/Screening" provides the mandates for PREA resident education.

BPRC/WTC deserves to be acknowledged for their consistent and diligent efforts to ensure their residents understand and are aware of their rights and the processes of PREA at BPRC/WTC.

BPRC reports 351, and 135 WTC residents have been processed through intake in the past 12 months, and further all residents have been provided comprehensive PREA information upon intake. BPRC and WTC Intake Staff receive specialized training, and provide separate, yet identical Intake processes at their respective programs. BPRC/WTC Intake Staff present the BPRC/WTC resident with a Resident PREA Handbook during the process of intake. The Resident PREA Handbook contains detailed information on the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and agency policies and procedures for responding to such incidents.

If the resident is unable to read, the entire Resident PREA Handbook is read to the resident. Residents with reading or vision issues, are issued a bolded, larger font Resident PREA Handbook. Highlights of the PREA information is read to other residents who are able to read during the BPRC/WTC intake process. A verbal introduction about PREA is also provided to the resident explaining the issuance of the Resident PREA Handbook. Residents are asked to sign a Client PREA Acknowledgement Form indicating receipt of the Resident PREA Handbook, and understanding of PREA content.

As viewed during the on-site tour by the auditor; upon entering BPRC/WTC, a resident is able to view PREA posters on the walls, phone numbers of Safe Space and Butte Silver Bow Law Enforcement mounted by the resident phones, and information related to reporting retaliation and whom to report retaliation to posted throughout BPRC/WTC.

Within 3 days of intake, the new BPRC/WTC resident enters Orientation for approximately a week.

BPRC/WTC residents who are in Orientation view the DVD, "What Have You Got to Lose", and receive a full review of the comprehensive PREA information which was provided upon intake. This DVD has the option to show subtitles for hearing impaired.

During the first session with the BPRC/WTC case manager, the PREA processes are once again revisited, and

understanding is assured.

When a resident progresses to the Transitional Living Program, which allows the resident to reside in the community, the residents receive a verbal review of PREA with the TLP Case Manager.

The completed Pre-Audit Questionnaire submitted by BPRC/WTC indicated they provided PREA refresher information to 286 BPRC residents, and 114 WTC residents who transferred from another Community Confinement facility. All BPRC/WTC residents go through the intake process.

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

Documentation, Interviews, and Other Evidence Reviewed:

BPRC/WTC Resident PREA Handbook

Large Print, Bolded Resident PREA Handbook

Random selection of Client PREA Acknowledgement Forms paired against Resident Intake Screening Forms

Completed Pre-Audit Questionnaire provided by BPRC/WTC

Interviews of Random Residents, Orientation Staff, Intake Staff, Facility PREA Manager

PREA Posters, posted information regarding protection from retaliation and posted phone numbers by facility resident phones.

Orientation Agenda

“What Have You Got to Lose” DVD

Standard 115.234 Specialized training: Investigations

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

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

CCCS, Inc., Butte Pre-Release Center/Women’s Transitional Center, Policy and Procedures Manual, Policy 15-6; entitled, “Training”, states in addition to the general training provided to all employees pursuant to 115.231, CCCS, Inc. and BPRC/WTC will ensure that, to the extent BPRC/WTC itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.

An overview of pertinent training records revealed the Chief of Security, Facility PREA Manager, and Program Administration of BPRC/WTC completed PREA: Investigating Sexual Abuse in a Confinement Setting, provided online by the National Institute of Corrections.

Further, the NIC PREA Investigator specialized training includes the following content requirements:

techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

According to Policy 15-6, only BPRC/WTC investigators who have completed the aforementioned specialized training regarding PREA Investigations in Confinement execute investigations.

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

Standard 115.235 Specialized training: Medical and mental health care

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-5; entitled, "Medical and Mental Health" addresses specialized training for BPRC/WTC medical and mental health providers.

The completed Pre-Audit Questionnaires provided by BPRC/WTC, indicated 100% of the 4 medical and mental health practitioners have completed specialized training.

BPRC/WTC has a RN, and a LPN on-site, as well as a physician who contracts with CCCS, Inc. The physician typically is on-site once per week.

Training records and documentation indicate both medical providers have completed specialized training entitled; PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting provided online through the National Institute of Corrections. In addition, both medical providers completed requisite PREA training.

Two Licensed Mental Health Professionals, one full-time, and one part-time provide mental health services at BPRC/WTC. Both completed requisite PREA training, as well as completion of specialized training entitled; PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting provided online through the National Institute of Corrections.

Interviews with medical and mental health providers confirmed they have knowledge of how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence of sexual abuse; how to respond effectively and professionally to victims of sexual abuse and sexual harassment; and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment.

Standard 115.241 Screening for risk of victimization and abusiveness

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

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

Completed Pre-Audit Questionnaire provided by BPRC/WTC indicated within the past 12 months 351 BPRC residents and 135 WTC residents were screened for risk of sexual victimization or risk of sexually abusing other residents within 72 hours of their entry into BPRC/WTC.

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-3 entitled; "Intake/Screening", governs the screening process.

During the on-site audit the auditor viewed the private office(s) where residents are screened upon intake. Intakes are completed by supervisory staff at BPRC/WTC who has received training regarding the sensitive and critical process of intake. Intakes occur immediately upon a resident's arrival to BPRC/WTC, well within the 72 hours expectation.

Residents read and sign a disclaimer which informs them of the facility's mandate to report sexual abuse and sexual harassment occurring in a confinement facility. The disclaimer serves as an introduction to the screening tool, and also informs residents they will not be disciplined if they choose not to answer sensitive, and deeply personal questions within the screening tool.

While the original intake screening tool used by BPRC/WTC intake staff contained the required criteria as outlined in this standard, it lacked objectivity. Prior to the on-site audit, BPRC/WTC acquired a new screening tool which scores resident's responses, and correlates scores with propensity towards vulnerability or aggressiveness. The updated screening tool is currently addressed as the "Initial Assessment/Re-Assessment" form. Hence, this same tool was used to complete re-assessments of resident's risk levels.

During Random Resident interviews, many reports were made regarding the group shower in BPRC being a place where physical violence may occur. This was discussed with the Agency PREA Coordinator, Facility PREA Manager, Program Administrator, and Chief of Security, and in the Corporate Exit Interview. A decision was made to include a question regarding safety in the shower in a revised re-assessment. The auditor provided an example of an extended version of a re-assessment for reference. BPRC/WTC's re-assessment tool was revised while preserving mandated content, specifically addressing general safety concerns in housing and shower options. Random samples of revised re-assessments were reviewed and received by the auditor through May and early June, 2016.

If a resident identifies as transgender or intersex, the resident is asked upon during initial assessment or upon re-assessment to share their gender identity, preferred pronoun, and the gender of staff the resident would

prefer to conduct pat searches. This is one of the many strengths of the BPRC/WTC Initial Assessment/Re-Assessment process.

BPRC/WTC is committed to housing transgender and intersex residents by gender-identity, rather than genitalia, given consideration of the individual and security and safety needs. This is a strength of BPRC/WTC.

The auditor has reviewed multiple groups of random samples of initial screening/assessments through the pre-audit period and during the on-site audit as BPRC/WTC became more comfortable using the screening tool, and revised it to meet their unique needs. Interviews with Random Residents and Intake Staff confirm the use of the screening tool in the intake process which takes place immediately. Random review of signed Resident Disclaimers paired against resident's admission dates confirm initial screening/assessment is consistently completed well within 72 hours. Documentation review indicates every BPRC/WTC resident has been, and is being initially screening/assessed.

Completed Pre-Audit Questionnaire provided by BPRC/WTC indicated 0 residents within the past 12 months (whose length of stay in the facility was for 30 days or more) were re-assessed for risk of sexual victimization or risk of sexually abusing other residents within 30 days after their arrival at the facility based upon any additional, relevant information received since intake.

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-3 entitled; "Intake/Screening", requires each BPRC/WTC resident's risk of victimization or abusiveness be re-assessed within a set time period, not to exceed 30 days after the resident's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening.

Residents may be re-assessed multiple times based on referral, request, upon making a report of sexual abuse and sexual harassment, or receipt of information which bears on the resident's risk of sexual victimization or abusiveness; however, each BPRC/WTC resident needs to be re-assessed within 30 days of intake.

BPRC/WTC Case Managers re-assessed all of BPRC/WTC residents since early March, 2016, as evidenced by many re-assessments from each program received during the pre-audit, and the random overview of 6 re-assessments during the on-site audit phase from each program. In addition, the auditor was provided with the re-assessment of a resident who identifies as gay, and two residents who identified as bisexual. Multiple random samples of re-assessments were received and reviewed through June 2, 2016, indicating consistent compliance which fulfilled corrective action.

During the on-site audit, a WTC female resident was sexually harassed at her place of employment by an individual not associated with BPRC/WTC. In an on-site interview, the WTC resident confirmed she had been re-assessed within 24 hours of her reporting the sexual harassment to WTC staff. Auditor was provided a copy of her re-assessment.

Also during the on-site audit, a WTC female resident made an unfounded report of sexual harassment against a female staff member. Post audit, the Agency PREA Coordinator emailed the auditor a copy of this resident's re-assessment which had been completed within days of the resident's report.

Case Managers re-assess all residents within a set time period, not to exceed 30 days from intake. The process of completing re-assessments prior to 30 days, or when situations require were confirmed in interviews of Random Residents, Case Managers, Facility PREA Manager, Agency PREA Coordinator, and Program Administrator.

Aforementioned interviews plus interviews with Intake staff revealed both the initial screening/assessment
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and re-assessment tools were being placed in the resident's case file where access is limited to residents, but not to staff.

Various options to implement appropriate controls on the dissemination of the initial assessment and re-assessment tools within BPRC/WTC were discussed during the on-site audit at BPRC/WTC. As a result of successful corrective action, all initial assessment and re-assessment documents are kept in a secure area in the Chief of Security office, while electronic copies are saved on the PREA Manager's computer. There are no initial assessments or re-assessment documents in the resident's case file.

Standard 115.242 Use of screening information

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-3 entitled; "Intake/Screening", describes the practical use of the information gathered in the screening process to ensure resident's safety.

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

The auditor observed separate housing units of various capacities, and the Chief of Security has created a spreadsheet that tracks the resident's scores of the assessment/re-assessment tools which drives housing placements. This spreadsheet is available to staff who manage resident housing. The spreadsheet is continually updated, and staff consults the spreadsheet in response to a request, or need to reassign resident housing.

The auditor observed the showers in the facilities. The majority are all separate, curtained showers in groups of 5, or 2. One open bay shower on the second floor of BPRC, which includes 10 shower heads was identified through Random Resident interviews as an area where physical aggression may occur. All male residents on second floor have access to the 5 separate showers on the third floor. All restrooms are private.

The Morier Addition which is on the upper level of the second floor of the BPRC building, has 8 rooms each with a private bathroom; total male capacity of 27 residents.

In an interview with a BPRC resident who identifies himself as gay, the resident shared he is housed with other individuals in the Morier addition. Through the assessment process, staff scored the resident as

vulnerable, and the resident was reassigned housing in the Morier Addition where he and his roommates have an adjoining private bathroom.

Any BPRC/WTC resident, who may feel vulnerable, can request to shower at a time when no other resident is showering. A resident who identifies themselves as transgender or intersex at any time will be advised they can request the opportunity to shower separately from other residents.

Policy 15-3 states:

- a. In deciding whether to assign a transgender or intersex resident to a facility for males or females, and in making other housing and in deciding whether to assign a transgender or intersex resident to a facility for male or females, and in making other housing and programming assignments, including possible transfer to another facility if most appropriate, BPRC/WTC shall consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether the placement would present management or security problems.
- b. BPRC/WTC will consider facility factors, including resident populations, staffing patterns, and physical layouts. Best practices include initial consultation and multiple reviews of a transgender or intersex resident's housing and programming plan with administration, security, and medical and mental health staff. Housing and programming must allow for gender identity when appropriate.
- c. A transgender or intersex resident's own views with respect to his or her own safety shall be given serious consideration.
- d. A transgender or intersex resident may not be isolated in housing and social programming, other than for security or disciplinary issues, in accordance with BPRC/WTC policy, unless the transgender or intersex resident agrees to house and program by themselves. BPRC/WTC should offer and support the goal of social integration to the transgender and intersex resident, making a referral immediately to medical and mental health staff upon initial intake.
- e. The decision as to the most appropriate housing and programming determination for a transgender or intersex resident can be complex; however, a housing and programming decision for a transgender or intersex resident cannot be further complicated by complaints of other residents or staff, and other levels of discomfort when the complaints and discomfort are based on gender identity.
- f. BPRC/WTC shall not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such placement is in a dedicated facility unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.

BPRC/WTC is not under any type of consent decree, or mandates. Gay, transgender or intersex residents would not be segregated from general population unless they were a threat, or at serious risk for abuse. A gay resident, and two residents who identified as bisexual were interviewed and confirmed compliance. Auditor was provided with the initial assessments and re-assessments of these residents which addressed housing options. There were no transgender or intersex residents at the facility at the time of the audit.

The auditor reviewed CCCS, Inc./BPRC/WTC Policy 15-2 entitled; "LGBTI Gender Identity and Gender Expression, Housing, Programs, and Searches" which further details and amplifies the individual assessment of an LGBTI resident's management at BPRC/WTC.

A random sample of residents and staff were interviewed, as well as the Program Administrator, Facility PREA Manager, Intake Staff, Chief of Security, and resident interviews of gay and bisexual individuals. All interviews supported compliance.

Standard 115.251 Resident reporting

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-4; entitled, "Reporting" addresses this standard.

During the on-site audit, the auditor observed many posters mounted on the walls providing information on how to privately report an incident of sexual abuse or sexual harassment. Residents are encouraged to write to the, "MT Department of Corrections PREA Division" as an option to report. Other posters mounted by resident phones provide telephone numbers to Safe Space, and Butte Silver Bow Law Enforcement. Residents are provided access to pay telephones in private booths within the facility. One telephone is in each private booth. Both staff and residents interviewed stated if a resident needed to make a private phone call, and did not have the funds to use a pay phone, they would be allowed access to a phone in a private office, with ample privacy afforded by staff during the phone call. This was affirmed by administration.

Interviews of a random sample of residents and staff all stated they were aware of a variety of options/mechanisms for residents to report an incident of sexual harassment, sexual abuse, retaliation or staff neglect. Residents are issued a Resident PREA Handbook upon intake listing all mechanisms of reporting available to them, which includes the Emergency Grievance procedure.

Both residents and staff were able to articulate to the auditor how they would report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. The agency identified for receiving these reports is Butte Silver Bow Sheriff's Office. The MOU with Butte Silver Bow Sheriff's Office

indicates residents may report anonymously. Residents may also report anonymously to Safe Space as well.

Staff accepts reports made verbally, in writing, anonymously and from third parties. Staff indicates they would immediately document any verbal reports, and advance the report forward.

Third-party report forms, and contact information for all CCCS, Inc. Facility PREA Managers, and the CCCS, Inc. PREA Coordinator can be accessed on CCCS, Inc.'s website at www.cccscorp.com.

The auditor interviewed a random sample of staff who all indicated they are able to privately report an incident of sexual harassment or sexual abuse by telling their immediate supervisor, the Agency PREA Coordinator, their Program Administrator, or any other CCCS, Inc., administrator if they suspected one of their supervisors was involved. Confirmed in interviews with Director of Human Resources, and the Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, "Whistleblower" Policy indicated all CCCS, Inc. employees are expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy 1.3.6.1 informs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department, if they are not comfortable reporting to their immediate supervisor.

Auditor reviewed reports of unfounded sexual abuse made via grievance, and an unsubstantiated sexual harassment third-party report received and investigated in 2014. In 2015, BPRC/WTC received a report of alleged sexual abuse from a different confinement facility regarding a former resident, and a BPRC/WTC staff member wrote a resident's subsequent report of alleged sexual abuse for the resident, as the resident verbalized the report to the BPRC/WTC staff member. In 2016, auditor reviewed an unfounded sexual harassment allegation written on a form entitled, "BPRC/WTC Resident Report Form", which includes name, date and time prompts to aid the reporter.

Standard 115.252 Exhaustion of administrative remedies

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-4; entitled, "Reporting" addresses this standard.

The auditor reviewed the aforementioned facility policy, and the grievances filed over the past year for evaluating compliance with this provision.

An allegation of unfounded sexual abuse was made on a grievance form in 2014. The investigation began immediately, and was completed within 5 days, with an addendum on the sixth day which reinforced the unfounded finding. The resident who reported the sexual abuse allegation was not at the facility.

The auditor was unable to locate a resident who had reported sexual abuse or sexual harassment in BPRC/WTC to interview.

The completed Pre-Audit Questionnaire provided by BPRC/WTC indicated there were no grievances and no emergency grievances filed over the past 12 months alleging sexual abuse. The auditor reviewed grievances and emergency grievances filed in the last 12 months while on-site provided by the Facility PREA Manager, and found no grievance or emergency grievances filed alleging sexual abuse or sexual harassment.

BPRC/WTC has one Grievance Reporting Form in which a resident is instructed to choose and circle either Informal, Formal, or Emergency.

As indicated in the Resident PREA Handbook, the facility does not require a resident to use an informal grievance process for filing any type of grievance; however, the option is available for non-PREA issues. Policy 15-4 states residents may be disciplined for filing a grievance related to alleged sexual abuse, only where the agency demonstrates the resident filed the grievance in bad faith.

The Emergency Grievances are defined on the Grievance Reporting Form as “Staff on Resident and Resident on Resident sexual misconduct-PREA”, and a locked box is provided for privacy. The Chief of Security and Program Administrator have access to the locked box, as well as Supervisory Staff on the weekends. Interviews with Random Residents and Random Staff confirmed an awareness and familiarity with the process of Emergency Grievances.

CCCS, Inc. website provides third-party report forms which can be printed, mailed, faxed, or emailed. In addition for contact information for the Agency PREA Coordinator, and each Facility PREA Manager, the form states as follows:

“CCCS Inc. will ensure that all staff, contractors, volunteers, and offenders/residents are free from retaliation for reporting occurrences of sexual abuse or harassment.”

A third-party report was made by a resident on behalf of another resident alleging unsubstantiated sexual harassment in 2014. Neither resident were at BPRC/WTC at the time of the audit. The third-party report was immediately investigated.

Standard 115.253 Resident access to outside confidential support services

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

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

CCCS, Inc., Butte Pre-Release Center/Women’s Transitional Center, Policy and Procedures Manual Policy 3-5; entitled, “Medical and Mental Health”, supports the MOU between BPRC/WTC and Safe Space. The MOU is

posted on CCCS, Inc.'s website at www.cccscorp.com.

CCCS, Inc., and BPRC/WTC has entered into an ongoing agreement for collaborative services with Safe Space, a community-based organization which provides advocacy services to victims of sexual abuse and sexual assault. Upon a referral by BPRC/WTC, or by Butte Silver Bow Sheriff's Department on behalf of a BPRC/WTC resident victim of sexual abuse or sexual assault, Safe Space provides (at no charge to the victim) advocacy, and in-person support services to the victim through the forensic medical examination process as well as the investigatory interview process. Advocates provide support, crisis intervention, information and referral services to the victim.

Random Resident and Random Staff interviews confirmed knowledge of access to outside confidential support services. Posters with contact information for Safe Space are mounted near resident phones as noted in the on-site audit. The Resident PREA Handbook contains contact information and assurances of confidentiality regarding communication with Safe Space. Additionally, residents are informed they will be offered victim support and advocacy services with community services providers prior to transfer from BPRC/WTC. This was confirmed in interviews of mental health staff, case management, and the Interim Executive Director of Safe Space.

Standard 115.254 Third-party reporting

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-4; entitled, "Reporting" identifies an established method to receive third-party reports of sexual abuse and sexual harassment, and the agency publication of the procedure to report sexual abuse and sexual harassment on behalf of a resident.

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

BPRC/WTC has a policy that requires all staff to take verbal reports from third parties, document, and report them immediately.

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

A third-party report was made by a resident on behalf of another resident alleging unsubstantiated staff

sexual harassment in 2014. Neither resident were at BPRC/WTC at the time of the audit; however the staff member was interviewed. The third-party report was immediately investigated, and resulted in being unsubstantiated.

In 2015, a BPRC/WTC staff member wrote out a statement of alleged staff sexual abuse for a resident. The resident was not at the facility at the time of the audit, and the allegation remains under criminal investigation.

Standard 115.261 Staff and agency reporting duties

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-4; entitled, "Reporting" addresses Staff and Agency Reporting Duties.

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

Investigation reports reviewed by the auditor dated from 2014-2016 indicate staff document and report PREA allegations immediately.

All BPRC/WTC staff is required to immediately report any suspected or alleged abuse or neglect to the statutorily required entities per agency policy. The agency requires all staff to comply with mandatory child abuse reporting laws, and reporting requirements applicable to the facility's licensing requirements.

Interviews of Mental Health Staff indicated professionally licensed staff is extremely well versed on informed consent, and the confidentiality requirements of reporting sexual abuse of residents which occurred over the age of 18, within the community. Further interviews of a Random sample of Staff confirmed information related to a report of sexual abuse and sexual harassment would only be disclosed as necessary to make treatment, investigation, and other security and management decisions, or on an "need to know" basis.

The Agency PREA Coordinator, and Program Administrator indicated the Program Administrator would assign a trained PREA investigator for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports. This confirms written procedure as indicated in BPRC/WTC Policy 15-10, "Investigations".

Standard 115.262 Agency protection duties

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-4; entitled "Reporting", upon review verifies, "when facility staff learns a resident is subject to a substantial risk of imminent sexual abuse staff shall take immediate action to protect the resident."

The completed Pre-Audit Questionnaire provided by BPRC/WTC, indicated two residents were subjected to a substantial risk of imminent sexual abuse. Upon review of relevant documentation, and interview of the Facility PREA Manager, it was surmised two residents had scored as "potential victims" in the screening process upon intake and staff had taken immediate action to ensure housing was appropriate and safe.

There were no reports that a resident was at risk of substantial risk of imminent sexual abuse in the past twelve months. The auditor interviewed the Agency Head (designee), the Program Administrator, and a Random sample of Staff to determine no cases had been reported over the previous year.

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

Standard 115.263 Reporting to other confinement facilities

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-4; entitled, "Reporting" indicates upon receiving an allegation a resident was sexually abused or sexually harassed while confined at another facility, the Program Administrator of BPRC/WTC will notify the head of the facility, or appropriate office of the agency where the alleged sexual abuse or sexual harassment occurred within 24 hours. This PREA Standard mandates the reporting must occur within 72 hours, and the

understanding of BPRC/WTC policy, which mandates 24 hours was confirmed in an interview with the Agency Head (designee).

One report of alleged staff sexual abuse was received regarding a former WTC resident residing at another confinement facility in 2015. This allegation was immediately investigated, referred to Butte Silver Bow Law Enforcement, and remains under criminal investigation.

There were no reports from residents regarding sexual abuse or sexual harassment in other confinement settings.

Standard 115.264 Staff first responder duties

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-11; entitled, "Coordinated Response/Staff First Response Duties" outlines the duties of First Responders.

The auditor reviewed the Coordinated Response Plan for the facility. The Coordinated Response Plan provides a step-by-step process for responding to an allegation of sexual abuse. Each of the 4 mandated responses are covered in Policy 15-11. Staff in non-security job positions receive the exact same training as security staff. A Random selection of Staff, First Responders, and Non-Security First Responders (staff in non-security job positions) and were interviewed. Each of them was able to articulate the appropriate duties when responding to an incident in accordance with their roles within the facility, including how best to preserve evidence.

All current BPRC/WTC staff and contractors have been trained in First Response procedures according to the Facility PREA Manager. According to policy, all staff and contractors are trained upon hire or retention, and again during annual or biannual refresher training. Interviews with a Random selection of Staff and the Facility PREA Manager confirm an institutionalization of proper procedure.

The completed Pre-Audit Questionnaire provided by BPRC/WTC confirmed 3 allegations of sexual abuse were made in the past 12 months; however, due to the nature of the time frames of alleged staff sexual abuse, and receipt of reports, there were no First Responder responses under 96 hours of sexual abuse. It should be noted; however, BPRC staff reported the sexual abuse allegations immediately upon receipt of report, and PREA investigators which included the Program Administrator, Chief of Security, and CCCS, Inc. Director of Human Resources referred these staff sexual abuse allegations to Butte Silver Bow Law Enforcement in an expedient manner.

Standard 115.265 Coordinated response

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

CCCS, Inc., Butte Pre-Release Center/Women’s Transitional Center, Policy and Procedures Manual Policy 15-11; entitled, “Coordinated Response/Staff First Response Duties” outlines BPRC/WTC’s written plan to coordinate actions taken in response to an incident of sexual abuse and sexual harassment among staff first responders, medical and mental health practitioners, investigators, and facility leadership.

BPRC/WTC’s Coordinated Response Plan is well thought out, comprehensive, and not only details response by staff and administrative role to sexual assault and sexual abuse within 96 hours, but also addresses First Responder duties in receiving a report for sexual abuse or sexual assault post 96 hours, and First Responder duties when receiving a report regarding sexual harassment.

While on-site, the auditor viewed plastic evidence bags which will be used for labeling the paper evidence bags, and can serve as Chain of Custody documents, as well as evidence tape, and Crime Scene tape for securing a crime scene. These items were viewed in the Program Administrator’s office.

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

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

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

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

Not Applicable

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

Standard 115.267 Agency protection against retaliation

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

- Does Not Meet Standard (requires corrective action)

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-9; entitled, "Findings, Sanctions, and False Reporting" outlines CCCS, Inc./BPRC/WTC's plan to keep residents and staff safe from retaliation.

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

BPRC/WTC provided periodic checks for most resident reporters of sexual abuse and sexual harassment in 2014, and 2015 as evidenced by auditor review; however, has developed a more concise system to track and document periodic checks completed by the Chief of Security, Program Administrator or designee.

Auditor reviewed the following documentation provided by the Program Administrator: "we will meet once every other week for 60 days then one meeting the last 30 days. During each meeting the resident is also instructed to come seek us out if a problem exists. Each meeting is separately documented, and we do it for 90 days or until they are released depending on circumstances and information received". Auditor reviewed a monthly data spread sheet entitled, "BPRC/WTC PREA MONTHLY RETALIATION MONITORING REPORT" during the on-site audit related to tracking results of protection against retaliation.

In 2015, a female resident who was on "transitional living program" status alleged sexual abuse against a BPRC staff member. The Program Administrator informed the reporter the staff member had been terminated, and offered the reporter the option to move back into the BPRC/WTC facility in an effort to provide protection. The resident refused the offer, stating there were security entry doors, and other layers of security at her apartment resulting in her feeling safe residing there. BPRC/WTC Program Administrator consulted with MDOC regarding other documented measures to ensure the safety of this resident and another resident who reported staff sexual abuse. Documentation was reviewed by the auditor.

One resident had reported unfounded sexual harassment against a staff member during the on-site audit. The resident is benefitting from ongoing periodic checks to ensure there has been no retaliation from staff or other residents, even though the investigation resulted in an unfounded finding. PREA Standard 115.267 states protection against retaliation regarding an unfounded result is not mandated to occur; however, BPRC/WTC wisely proceeds with protection against retaliation measures for all reporters. Auditor reviewed documented periodic checks. The Program Administrator further documented his meetings with the staff member accused in this allegation to check for retaliation against her, and to ensure she is able to remain professional in her interactions with the resident.

Auditor reviewed documentation of periodic checks and staff communication regarding protection against retaliation involving conflicts of residents that do not meet the definition of PREA allegations.

Interviews of a random sample of residents indicated they were very familiar with CCCS, Inc. /BPRC/WTC's adamant stance against retaliation. Residents were able to identify by name and position the staff members charged with pro-actively monitoring retaliation. Posters declaring monitoring for retaliation and bearing the names of the Program Administrator and Chief of Security were mounted all through the facility. This information is also provided in the Resident PREA Handbook, discussed at time of intake, and in detail during

orientation.

BPRC/WTC residents and staff are very clear and comfortable with the Program Administrator's "open door" policy. All interviews indicated both residents and staff would not hesitate to communicate with both the Program Administrator or the Chief of Security.

In an interview with the Program Administrator, the Program Administrator indicated there would be no tolerance for retaliation of any kind, and discussed strategies involving disciplining a resident who was found to retaliate by requiring the resident to undergo the formal disciplinary process of MDOC, which could result in discharging the resident. Staff would face discipline as well.

While on-site, the auditor witnessed the following example of agency protection against retaliation which is not under the PREA umbrella; however, the dedication and sensitivity exhibited by BPRC/WTC staff in response to an individual experiencing similar dynamics as PREA victims experience is noteworthy. The BPRC/WTC Victim Advocate states in secondary documentation regarding a WTC resident who reported sexual harassment on her job by an individual not associated with BPRC/WTC, "while she feels safe here at BPRC/WTC, (resident) currently fears retaliation from her offender in the community. (Resident) has been offered accommodations for transportation and accompaniment to various activities by BPRC/WTC staff". Resident was also in possession of a cell phone.

Multiple protection measures are available for those who fear retaliation. A change in a resident's behavior and presentation would more than likely be quickly recognized, and intervened upon.

The auditor interviewed a Random sample of Staff who all indicated they are able to privately report an incident of sexual harassment, sexual abuse, or retaliation by informing their immediate supervisor, the Agency PREA Coordinator, the Program Administrator, or any other CCCS, Inc. administrative employee. Confirmed in interviews with the Agency Head (designee), Director of Human Resources, and the Agency PREA Coordinator, CCCS, Inc. Policy Number 1.3.5.10, "Whistleblower" Policy, indicates all CCCS, Inc. employees are expected to report violations or suspected violations of CCCS, Inc. Standards of Conduct, and will be assured of no retaliation. The CCCS, Inc. Open Door Communications Policy 1.3.6.1 informs CCCS, Inc. employees to use the chain of command, or report to the Human Resources Department, if they are not comfortable reporting an incident of retaliation to their immediate supervisor.

Clearly, the importance of protection from retaliation appeared to be deeply understood by BPRC/WTC's administration and staff.

Standard 115.271 Criminal and administrative agency investigations

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

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

The auditor perused CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-10; entitled, "Investigations", and verified proof the facility's investigators have completed Specialized Training for Investigators, maintained at the agency level.

BPRC/WTC has 3 staff who have completed Specialized Training for PREA Investigations in a Confinement Facility; Program Administrator, Facility PREA Manager, and Chief of Security. Currently, the Program Administrator and Chief of Security are designated as first-line BPRC/WTC PREA Investigator Staff.

BPRC/WTC conducts administrative agency investigations, with the involvement of CCCS, Inc. Director of Human Resources as occurred in a 2015 PREA investigation of staff sexual abuse allegations, but does not conduct criminal investigations. Criminal investigations are conducted by the Butte Silver Bow Sheriff Office; however, BPRC/WTC PREA Investigators may assist Silver Bow Sheriff's Office with the collection of evidence for criminal investigations if requested.

BPRC/WTC reports as documented in the completed Pre-Audit Questionnaire there have been 3 allegations of staff sexual abuse, and 4 staff sexual harassment allegations within the last 12 months. All of these allegations except one unfounded allegation of staff sexual harassment have been referred to Butte Silver Bow Law Enforcement for criminal investigation. Auditor was not able to interview these reporters as they have been released. The unfounded sexual harassment report was made within hours after the auditor left the facility, so the auditor was unable to interview the reporter.

Interviews with BPRC/WTC PREA Investigator Staff affirm investigations are handled immediately, third-party reports are treated the same as if the resident filed the report, the credibility of an alleged victim, suspect, or witness is evaluated on an individual basis, and not based on their status as inmate or staff. Investigators gather direct and circumstantial evidence, including any available physical and DNA evidence, as well as electronic monitoring data. Investigative staff interviews alleged victims, suspected perpetrators and witnesses. Investigators also review prior reports and complaints of sexual abuse involving the suspected perpetrators.

When the quality of evidence appears to support criminal activity, the BPRC/WTC PREA investigator will pause the administrative investigation while the criminal investigation is being conducted, unless otherwise directed by the Program Administrator who is the designated point of contact regarding communication with Butte Silver Bow Law Enforcement.

Investigative staff does not require a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for processing, and if a resident leaves BPRC/WTC, an investigation will continue until completion. In addition, interviews revealed if a resident recants an allegation, the investigation will continue to fruition. Auditor reviewed specific documentation where resident reporters of staff sexual abuse attempted to recant their reports. The investigation was referred to law enforcement.

It was determined by interviewing the CCCS, Inc. Director of Human Resources if an alleged abuser left employment of BPRC/WTC both criminal and administrative investigations would continue until completion. Auditor reviewed documentation of the termination after a staff member who became aware allegations were made against him, and did not report to work. The staff member was the subject of sexual abuse and sexual harassment allegations. The investigation was referred to law enforcement.

The BPRC/WTC Program Administrator is the designee who will act as a liaison when Butte Silver Bow Law Enforcement investigates sexual abuse. Currently, BSBLE is investigating 2015 sexual abuse and sexual harassment allegations against a former BPRC staff member. Auditor reviewed documentation indicating the two agencies continue to communicate with each other. It should be noted the Sheriff of BSBLE is a member of

BPRC/WTC's screening committee, and is in frequent contact with the BPRC/WTC Program Administrator.

The auditor also reviewed all Investigator records/reports for all allegations of sexual abuse and sexual harassment for the previous two years. All administrative investigations are documented in writing that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

The auditor reviewed the all investigative files available for the previous two years. Documents provided indicate BPRC/WTC investigators gather direct and circumstantial evidence, including any available physical, DNA evidence, electronic monitoring data, and interviews of alleged victims, suspected perpetrators and witnesses. Most of the investigative files viewed during the on-site audit consisted of various papers placed loosely in individual manila envelopes, kept in a locked file cabinet in the Program Administrator's office. Recently, electronic monitoring data was preserved as evidence.

BPRC/WTC began immediately creating both hard file, and electronic Investigation files for each PREA Investigation since 2014. The individual files include all electronic evidence, the original report(s), evidence, any communication with alleged, reporters, and victims, SART forms, protection against retaliation forms, proof of resident notification, BPRC/WTC Victim Service Log, and documented communication with Butte Silver Bow Law Enforcement. All papers in hard files are secured, and the Investigation files remain in a locked file cabinet in the Program Administrator's office as before.

Standard 115.272 Evidentiary standard for administrative investigations

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

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

Auditor review of the content of CCCS, Inc., BPR/WTC's Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 15-10; entitled, "Investigations" was congruent with results of interviews of BPRC/WTC PREA Investigator Staff which affirmed PREA Investigator Staff impose the "preponderance of the evidence" as the standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.

Reviewing detailed investigation reports, as well as the investigative files for the past two years provided additional support further demonstrating compliance with this PREA standard.

Standard 115.273 Reporting to residents

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

- Does Not Meet Standard (requires corrective action)

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

BPRC/WTC indicates there has been one administrative investigation of alleged sexual harassment completed within the past 12 months. Three sexual abuse allegations and three reports of alleged sexual harassment were referred for criminal investigation during the same time period. These statistics are supported by the completed Pre-Audit Questionnaire submitted by BPRC/WTC, and verified in interviews of the Agency PREA Coordinator, Program Administrator, Facility PREA Coordinator, and BPRC/WTC's PREA Investigator Staff.

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-10; entitled, "Investigations" policy is consistent with this PREA standard, and the interviews confirm a practice that demonstrates compliance, indicating a resident who reported sexual abuse or sexual harassment would be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded. The verbal reporting of investigation results to residents has been documented as reviewed by the auditor.

Auditor review of documentation regarding 2014 allegations of resident on resident sexual abuse resulted in substantiation. The resident victim was verbally informed the offender was discharged from BPRC and sent back to prison.

It should be noted the auditor also reviewed documentation indicating the resident reporters of alleged staff sexual abuse in 2015 were specifically informed the accused employee was terminated, and the investigation had been referred to Butte Silver Bow Law Enforcement. Further, the resident reporters were appraised on the ongoing status of the criminal investigation while in the facility. As of this date, the criminal investigation continues, and Butte Silver Bow Law Enforcement has attempted to contact the victims as they see fit in accordance to the investigation.

Standard 115.276 Disciplinary sanctions for staff

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

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

The completed Pre-Audit Questionnaire submitted by BPRC/WTC indicates in the past 12 months, there has been one staff from the facility that has been terminated (or resigned prior to termination) for violating agency sexual abuse or sexual harassment policies. There has been one staff that has been reported to law enforcement or licensing boards for violating agency policies. Additionally, there has been no staff in the past 12 months that have been disciplined for violations of the agency sexual abuse or sexual harassment policies.

CCCS, Inc., Butte Pre-Release Center/Women’s Transitional Center, Policy and Procedures Manual Policy 15-9; entitled, “Findings, Sanctions, and False Reporting” requires staff be subject to disciplinary action up to, and including termination of employment for violations of sexual abuse and sexual harassment. The policy further states that disciplinary sanctions for violations of CCCS, Inc./BPRC/WTC policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) must commensurate with the nature and circumstances of the acts committed, the staff member’s disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. The CCCS, Inc. Code of Ethics also requires disciplinary action up to and including termination for violations.

In 2014, a staff member was required to complete further training on “sexual harassment and boundaries in a correctional setting” as a result of an unsubstantiated sexual harassment. In 2016, a staff member was required to review “pat-down” search processes, and the use of cameras as collateral as the result of a completed SART.

Policy 15-9 further states all terminations for violations of BPRC/WTC sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

Standard 115.277 Corrective action for contractors and volunteers

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

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

All BPRC/WTC contractors and volunteers are subject to CCCS, Inc./BPRC/WTC policies and protocols related to sexual abuse and harassment. CCCS, Inc., BPRC/WTC Policy and Procedure Manual, Prison Rape Elimination Act Chapter, Policy 15-9; entitled, “Findings, Sanctions, and False Reporting” states, “Any contractor or volunteer who engages in sexual abuse shall be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.” This policy was corroborated in interviews with the Agency PREA Coordinator, and Program Administrator.

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

BPRC/WTC currently has no volunteers.

An interview with the Program Administrator supported further protocol outlined in policy, such as, “The Program Director or designee shall take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of CCCS, Inc./BPRC/WTC sexual abuse or sexual harassment policies by a contractor or volunteer.”

Review of BPRC/WTC's Volunteer and Contractor training curricula revealed volunteers and contractors are sufficiently notified of governing policies and procedures regarding their behavior, and consequences thereof regarding their interactions with BPRC/WTC residents.

Standard 115.278 Disciplinary sanctions for residents

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

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

As indicated in the completed Pre-Audit Questionnaire provided by BPRC/WTC, there have been zero administrative findings of resident-on-resident sexual abuse at the facility; additionally, BPRC/WTC reports there have been zero criminal findings of guilt for resident-on-resident sexual abuse in the past 12 months. If residents were to have been found to have committed these infractions, residents are subjected to disciplinary sanctions pursuant to a formal disciplinary process, as evidenced in 2014. Affirmed by auditor review, a resident on resident substantiated sexual abuse administrative investigation in 2014, resulted in the offender being sent back to prison by a MDOC Hearing Officer. Residents are informed of these expectations and consequences in the Resident PREA Handbook, upon intake, and in orientation.

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-9; entitled, "Findings, Sanctions, and False Reporting" indicates the disciplinary process considers whether a resident's mental disabilities or mental illness contributed to the resident's behavior. Further, the policy states Mental Health Staff shall consider, as a condition of access to programming or other benefits, whether to require the offending resident to participate in therapy, counseling, or other interventions designed to address and correct underlying reasons or motivation for the abuse.

Policy 15-9 indicates BPRC/WTC may discipline a resident for sexual contact with staff only upon a finding the staff member did not consent to the contact.

Specific to false reports, Policy 15-9 states, "For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief the alleged conduct occurred may not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation."

CCCS, Inc. and BPRC/WTC prohibits consensual sex acts. These cases are treated as a disciplinary action, and not investigated as a PREA investigation, unless there was coercion involved.

Standard 115.282 Access to emergency medical and mental health services

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-5; entitled, "Medical and Mental Health", and interviews with Medical and Mental Health staff indicate medical or mental health practitioners determine the nature and scope of treatment according to their professional judgment.

In the event of an emergency, if a Medical or Mental Health practitioner is not on duty, an on-call Mental Health practitioner, and on-call Medical Staff would be summoned while security First Responders would take preliminary steps to protect the victim; however the shift supervisor, according to Coordinated Response Plan will be making arrangements simultaneously for the victim to be transported immediately to St. James hospital for a forensic exam conducted by a SANE. Interviews of First Responders and Security Staff, Non-Security Staff First Responders, and Random Staff confirm this protocol.

BPRC/WTC does have on-site nursing staff, a contracted part-time physician, and mental health professionals in addition to a certified Victim Advocate who is a BPRC/WTC Case Manager. The BPRC/WTC Victim Advocate would respond at any time to provide victim advocacy services to a resident in conjunction with Safe Space.

According to BPRC/WTC's Policy 15-5, BPRC/WTC would offer timely information about, and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care. BPRC/WTC procedures include victims of sexual abuse being examined by on off-site SANE. Once a resident is examined, the resident would be offered access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professional accepted standards of care. Services are provided without financial cost and regardless of whether the victim identifies the abuser or cooperates with any investigation arising out of the incident. Interviews with Medical Staff and the MOU with St. James hospital confirm services would be provided without cost to residents.

The BPRC/WTC Victim Advocate is active within the community as a victim advocate, and is associated with Safe Space. This staff member's experience and training supersedes required qualifications of a Qualified Agency Staff Member, and would provide competent support and intervention in the rare event Safe Space could not respond during a forensic exam.

The completed Pre-Audit Questionnaire provided by BPRC/WTC indicates two resident victims of sexual abuse were offered forensic examinations and mental health services in the past 12 months; however, refused emergency services. Auditor reviewed the referral documentation.

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

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual, Policy 15-5; entitled, "Medical and Mental Health", indicates BPRC/WTC provides follow-up services, treatment plans, and when necessary, referrals for continued care following resident transfer to, or placement in, other facilities, or their release from custody.

As part of BPRC/WTC's standard of care, all residents are seen by Mental Health staff routinely within 14 days of intake. It is noted a resident's referral to Mental Health who would score at risk for vulnerability or aggression as a result of the intake screening process would be prioritized.

Medical Staff affirm according to Policy 15-5, all victims of sexual abuse while incarcerated would be offered tests for sexually transmitted infections as medically appropriate and at no cost to the resident, regardless if the victim cooperates with the investigation or not. Additionally, victims of sexually abusive vaginal penetration while incarcerated would be offered a pregnancy test at no cost to the resident, regardless if the victim cooperates with the investigation or not.

If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services.

As documented, all victims of sexual abuse since 2014 were offered medical and mental health services, more than once. As of recently, all reporters of sexual harassment have been offered medical and mental health services during the investigation process, again being offered these services multiple times.

Secondary documentation of follow up services provided to sexual abuse victims in 2015 was present; however, maintained by medical and mental health services, and is considered extremely confidential and sensitive information.

A Case Manager of BPRC/WTC is active within the community as a victim advocate, and is associated with Safe Space. This staff member's experience and training supersedes required qualifications of a Qualified Agency Staff Member, and would provide competent support and intervention in the rare event Safe Space could not respond during a forensic exam.

BPRC/WTC has superseded the requirements of this standard, as demonstrated by the timely, on-site involvement of this Case Manager who is a certified victim advocate, and is now referred to as the BPRC/WTC Victim Advocate. During the on-site audit, a WTC resident reported having been sexually harassed at her place of employment by an individual not associated with BPRC/WTC. The resident was distraught and worried about retaliation. The BPRC/WTC met with resident and offered interventions and referrals for services. The Program Administrator assigned the WTC resident to this Case Manager/BPRC/WTC Victim Advocate's caseload.

A synopsis of secondary documentation from the BPRC/WTC Victim Advocate, indicated during the course of

every meeting with the (resident) since having been transferred to her caseload (after resident's victimization occurred), (resident) has been offered mental health service as well as advocacy services (resident has been reminded at every meeting that all services are available free of charge). No medical was necessary, but still offered to resident, and declined. Resident has declined referral to mental health as well as referral to outside advocacy services, stating resident only wants to take part in BPRC/WTC advocacy services offered by this BPRC/WTC Victim Advocate. Those services include but are not limited to: meeting whenever (resident) is feeling vulnerable or having difficulties coping. (Resident) has requested BPRC/WTC Victim Advocate accompany and assist (resident) with any and all interactions with Law Enforcement, and as well as in any possible court proceedings.

During the on-site audit a WTC resident reported unfounded sexual harassment against a WTC staff member. The BPRC/WTC Victim Advocate immediately met with the resident within a short time of BPRC/WTC staff having received the report to offer support and services during the investigation process, prior to the unfounded finding.

BPRC/WTC residents go through a screening process prior to acceptance at BPRC/WTC. Those convicted of a sexual crime, or known resident-on-resident abusers are not accepted at this facility; therefore no mental health evaluations of known resident-on-resident abusers were completed.

BPRC/WTC has also created a Victim Service Log for efficient tracking of offering supportive services.

Standard 115.283 was exceeded by BPRC/WTC.

Standard 115.286 Sexual abuse incident reviews

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

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

BPRC/WTC received seven reports of sexual abuse or sexual harassment in the past 12 months, as well as 3 in 2014. BPRC/WTC has assembled a multi-disciplinary team whose purpose is to review each and every incident of sexual abuse and sexual harassment. The Incident Review Team is comprised of Upper-level management, and allows input from line supervisors, investigators, and medical and mental health practitioners.

In addition, as outlined CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-7; entitled, "Data Collection, Aggregation, and Review", the Incident Review Team of BPRC/WTC has developed a template for reviewing these incidents so the template encompasses the requirements in this provision. Review of this form by the auditor revealed each of the required elements is presented as a question to be considered by the team at the time of the incident review.

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

Review of recent completed SART forms indicate an inclusion of mental health and medical staff, and a definite improvement of identifying issues, and mandating recommended improvements. There is clearly progress in the completion and utilization of the SART as evidenced by comparison of 2015 and 2016 SART forms.

Standard 115.287 Data collection

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

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy Policy 15-7; entitled, "Data Collection, Aggregation, and Review" mandates BPRC/WTC collects uniform data for every allegation of sexual abuse and at a minimum collects data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice. The facility submitted a completed survey to the Department of Justice in 2015, as required.

The auditor reviewed the completed SSV survey, and the set of definitions provided. Confirmed in interviews with the Facility PREA Manager, and the Agency PREA Coordinator, the Facility PREA Manager is responsible for completing the SSV survey and an annual aggregated data report for BPRC/WTC. The Facility PREA Manager provides the BPRC/WTC report to the Agency PREA Coordinator, for further inclusion and aggregation of agency-wide data. The reports are generated annually before June 30.

BPRC/WTC data is included in annual reports posted on the website of CCCS, Inc. at www.cccscorp.com from 2012-2015. There have been 9 reports of sexual abuse or sexual harassment during that time period. All annual reports were signed by the CEO of CCCS, Inc.

In anticipation of authoring futuristic reports, the Facility PREA Manager created a spreadsheet based on the categories and substandards provided in the Pre-Audit Questionnaire and the Survey of Sexual Violence.

Standard 115.288 Data review for corrective action

- Exceeds Standard (substantially exceeds requirement of standard)

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

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

The auditor reviewed CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual entitled, Policy 15-7; entitled, "Data Collection, Aggregation, and Review", which states CCCS, Inc. will review data collected and aggregated pursuant to 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its finding and corrective actions for each facility, as well as the agency as a whole.

BPRC/WTC has annual reports posted on the website: www.cccscorp.com from 2013-2015. The annual reports consist of how many and what type of sexual abuse or sexual harassment allegations were received. The BPRC/WTC report addresses the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training including: 1) identifying problem areas; 2) taking corrective action on an ongoing basis; and 3) preparing an annual report of its finding and corrective actions.

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

CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-7; entitled, "Data Collection, Aggregation, and Review", further states CCCS, Inc. and BPRC/WTC's reports shall include a comparison of the current year's data, and corrective actions with those from prior years, and shall provide an assessment of BPRC/WTC's and CCCS, Inc.'s progress in addressing sexual abuse and sexual harassment. These annual reports shall be approved by the CCCS, Inc. Chief Executive Officer, and made readily available to the public through its website. The facility annual reports and the Annual PREA Stats are made readily available to the public through CCCS, Inc.'s website.

The interview with the Agency Head (designee) indicated annual reports are approved pursuant to 115.288; however, a review of BPRC/WTC's 2013-2015 reports indicated all annual reports were signed by the Director of Treatment Programs, and the Agency PREA Coordinator, but not the Chief Executive Officer. This was corrected, and Chief Executive Officer signed the BPRC/WTC 2013-2015 Annual Report, posted on the facility website.

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

Successful corrective action resulted in the CCCS, Inc. Annual PREA Stats template being updated to include the number of referrals to law enforcement for criminal investigations, and each Annual PREA Stats report

2012-2015, and BPRC/WTC 2013-2015 Annual Report bears the signature of Mike Thatcher, CEO of CCCS, Inc., and can be accessed at http://www.cccscorp.com/prea/pdfs/stats_annual.pdf.

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

The Facility PREA Manager created a spreadsheet based on the categories and substandards provided in the Pre-Audit Questionnaire and the Survey of Sexual Violence. Using the spreadsheet as a tracking template for annual data will make the creation of the annual reports efficient both at the facility and agency level.

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

Standard 115.289 Data storage, publication, and destruction

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

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

The auditor reviewed CCCS, Inc., Butte Pre-Release Center/Women's Transitional Center, Policy and Procedures Manual Policy 15-7; entitled, "Data Collection, Aggregation, and Review", and also reviewed publicly available aggregated sexual abuse data to confirm all personal identifiers were redacted or removed prior to publication.

Interviews with the Agency Head (designee), Agency PREA Coordinator, and Facility PREA Manager revealed sexual abuse, sexual harassment, and other sensitive data required to author reports as required is maintained in a secure environment.

AUDITOR CERTIFICATION

I certify that:

- x The contents of this report are accurate to the best of my knowledge.
- x No conflict of interest exists with respect to my ability to conduct an audit of the agency under

review, and

- x I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Loree Ivanets, DOJ Certified Auditor

June 8, 2016

Auditor Signature

Date