

# PREA Facility Audit Report: Final

**Name of Facility:** Great Falls Pre-Release Transition Center

**Facility Type:** Community Confinement

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 05/06/2023

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Robert Palmquist	<b>Date of Signature:</b> 05/06/ 2023

AUDITOR INFORMATION	
<b>Auditor name:</b>	Palmquist, Robert
<b>Email:</b>	robobem@gmail.com
<b>Start Date of On-Site Audit:</b>	04/18/2023
<b>End Date of On-Site Audit:</b>	04/20/2023

FACILITY INFORMATION	
<b>Facility name:</b>	Great Falls Pre-Release Transition Center
<b>Facility physical address:</b>	1019 15th Street North, Great Falls, Montana - 59401
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Shellie Babinecz
<b>Email Address:</b>	shellie@gfprc.org
<b>Telephone Number:</b>	406-455-9350

<b>Facility Director</b>	
<b>Name:</b>	Alan Scanlon
<b>Email Address:</b>	alan@gfprc.org
<b>Telephone Number:</b>	406-455-9320

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

<b>Facility Health Service Administrator On-Site</b>	
<b>Name:</b>	Heidi Hunter, RN
<b>Email Address:</b>	heidi@gfprc.org
<b>Telephone Number:</b>	406-455-9370

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	240
<b>Current population of facility:</b>	208
<b>Average daily population for the past 12 months:</b>	199
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No

<b>Which population(s) does the facility hold?</b>	Both females and males
<b>Age range of population:</b>	19-69
<b>Facility security levels/resident custody levels:</b>	minimum
<b>Number of staff currently employed at the facility who may have contact with residents:</b>	72
<b>Number of individual contractors who have contact with residents, currently authorized to enter the facility:</b>	0
<b>Number of volunteers who have contact with residents, currently authorized to enter the facility:</b>	2

#### AGENCY INFORMATION

<b>Name of agency:</b>	Great Falls Pre-Release Services, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	1019 15th Street North, Great Falls, Montana - 59401
<b>Mailing Address:</b>	1715 10th Avenue North, Great Falls, Montana - 59401
<b>Telephone number:</b>	4064559350

#### Agency Chief Executive Officer Information:

<b>Name:</b>	Alan Scanlon
<b>Email Address:</b>	alan@gfprc.org
<b>Telephone Number:</b>	4064559320

#### Agency-Wide PREA Coordinator Information

<b>Name:</b>	Shellie Babinecz	<b>Email Address:</b>	shellie@gfprc.org
--------------	------------------	-----------------------	-------------------

## Facility AUDIT FINDINGS

### Summary of Audit Findings

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

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

#### Number of standards exceeded:

0

#### Number of standards met:

41

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2023-04-18
2. End date of the onsite portion of the audit:	2023-04-20

#### Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Victim Advocate Interview, May 1, 2023, YWCA Mercy Home Coordinator. This organization provides 24 advocacy support, accompaniment during law enforcement interviews and through the legal process, coordination with law enforcement, prosecutor's office, necessary referrals to community resources, 24-hour hospital advocacy to survivors of sexual assault/abuse, free counseling with a licensed counselor and emergency shelter.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	240
15. Average daily population for the past 12 months:	208
16. Number of inmate/resident/detainee housing units:	3

<p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>
--	---

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

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

<p><b>36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b></p>	<p>216</p>
<p><b>38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>10</p>
<p><b>39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>6</p>
<p><b>40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>

<p><b>42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>5</p>
<p><b>44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>1</p>
<p><b>45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>2</p>
<p><b>47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b></p>	<p>0</p>
<p><b>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b></p>	<p>This facility does not house youthful inmates. The facility does not have a segregated housing unit.</p>

<b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	71
<b>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	3
<b>51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</b>	0
<b>52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:</b>	Seventy-one total staff on the first day of the audit, of those, 33 were Compliance Officers and ten were Correctional Treatment Specialists.
<b>INTERVIEWS</b>	
<b>Inmate/Resident/Detainee Interviews</b>	
<b>Random Inmate/Resident/Detainee Interviews</b>	
<b>53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	10



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

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

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>3</p>
<p><b>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This population did not exist. The Auditor did not observe any Residents who were Blind or appeared to have low vision. The staff at the facility could not identify any Residents who were Blind or appeared to have low vision.</p>
<p><b>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>1</p>
<p><b>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This population did not exist. The Auditor did not observe any Residents who were Limited English Proficient (LEP). The staff at the facility could not identify any Residents who were Limited English Proficient.</p>
<p><b>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>3</p>

<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>2</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input checked="" type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>The Great Falls Pre-Release Transition Center does not have a segregated housing unit.</p>
<p><b>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b></p>	<p>For those categories of targeted residents who were not represented or under-represented, the Auditor supplemented these with additional targeted residents.</p>
<p><b>Staff, Volunteer, and Contractor Interviews</b></p>	
<p><b>Random Staff Interviews</b></p>	
<p><b>71. Enter the total number of RANDOM STAFF who were interviewed:</b></p>	<p>13</p>
<p><b>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b></p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
<p><b>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

<p><b>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The facility has three shifts, 8 hours each. Each shift has at least one supervisor. All staff members rotate through each post during the shift.</p>
<p><b>Specialized Staff, Volunteers, and Contractor Interviews</b></p>	
<p>Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.</p>	
<p><b>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b></p>	<p>13</p>
<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

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

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

	<input type="checkbox"/> Other
<b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>a. Enter the total number of VOLUNTEERS who were interviewed:</b>	1
<b>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Mental health/counseling <input type="checkbox"/> Religious <input type="checkbox"/> Other
<b>82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>83. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	Those staff who participated in Specialized interviews were cooperative and knowledgeable. There were no issues identifying or selecting staff to participate in the interviews.



## SITE REVIEW AND DOCUMENTATION SAMPLING

### Site Review

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

**84. Did you have access to all areas of the facility?**

Yes

No

**Was the site review an active, inquiring process that included the following:**

**85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?**

Yes

No

**86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?**

Yes

No

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

Yes

No

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

Yes

No

<p><b>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b></p>	<p>The Auditor was permitted access to and observed all the Great Falls Pre-Release Transition Center areas. The Auditor was permitted to request and receive copies of all relevant documents. The Auditor interviewed Staff, supervisors, and administrators. The Auditor was permitted to conduct private interviews with residents. Residents were allowed to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p>
--	---

**Documentation Sampling**

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

<p><b>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p><b>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b></p>	<p>The Auditor was permitted to request and receive copies of all relevant documents.</p>
---	---

**SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY**

**Sexual Abuse and Sexual Harassment Allegations and Investigations Overview**

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	2	0	2	0
<b>Total</b>	2	0	2	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	0	0	0	0
<b>Staff-on-inmate sexual harassment</b>	0	0	0	0
<b>Total</b>	0	0	0	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

	Ongoing	Referred for Prosecution	Indicted/ Court Case Filed	Convicted/ Adjudicated	Acquitted
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	0	1	1	0	1
<b>Total</b>	0	1	1	0	1

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
<b>Inmate-on-inmate sexual abuse</b>	0	0	0	0
<b>Staff-on-inmate sexual abuse</b>	1	0	1	0
<b>Total</b>	1	0	1	0

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

<b>98. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:</b>	3
--	---

<p><b>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p><b>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p><b>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b></p>	<p>3</p>
<p><b>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>

<p><b>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p><b>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>a. Explain why you were unable to review any sexual harassment investigation files:</b></p>	<p>The Facility reported no Sexual Harassment investigations during the 12 months preceding the audit.</p>
<p><b>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p><b>Inmate-on-inmate sexual harassment investigation files</b></p>	
<p><b>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

<p><b>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p><b>Staff-on-inmate sexual harassment investigation files</b></p>	
<p><b>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b></p>	<p>0</p>
<p><b>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b></p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
<p><b>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</b></p>	<p>The facility reported two incidents of sexual abuse during the 12 months preceding the audit. The Auditor reviewed three files, two from the 12 months preceding the audit and one from 2021. The facility reported a total of three investigations in the past 24 months.</p>



## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

**115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.**

Yes

No

### Non-certified Support Staff

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

Yes

No

## AUDITING ARRANGEMENTS AND COMPENSATION

**121. Who paid you to conduct this audit?**

The audited facility or its parent agency

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

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

Other

**Identify the name of the third-party auditing entity**

PREA Auditors of America

<b>Standards</b>
<p><b>Auditor Overall Determination Definitions</b></p> <ul style="list-style-type: none"> <li>• Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>• Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>• Does Not Meet Standard (requires corrective actions)</li> </ul>
<p><b>Auditor Discussion Instructions</b></p> <p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>

<b>115.211</b>	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy Statement</li> <li>2. PREA Coordinator appointment memo</li> <li>3. Organizational Chart 2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> </ol> <p>The Great Falls Pre-Release Transition Center PREA Policy provides the Agency's approach to preventing, detecting and responding to sexual abuse and sexual harassment. It has definitions of prohibited behaviors and sanctions for those prohibited behaviors. The policy provides strategies and responses to reduce and</p>

prevent sexual abuse. The policy also includes procedural guidelines, such as screening residents upon intake, training (for both staff and residents), reporting procedures (both staff and residents), intervention procedures and investigative guidelines. Finally, the policy provides for data collection and data reporting.

The overriding approach taken by the Great Falls Pre-Release Transition Center to eliminate or prevent sexual abuse and sexual harassment of its residents is to ensure uniformity of implementation of the Agency's zero-tolerance policy. This includes providing definitions of prohibited behaviors regarding sexual abuse and sexual harassment and prescribing sanctions against staff and residents who engage in sexual abuse or sexual harassment. In the event of an allegation of sexual abuse or sexual harassment, The Great Falls Pre-Release Transition Center has developed a coordinated response plan that ensures the safety and security of the alleged victim while providing for a comprehensive and systematic investigation into the allegation.

The policy applies to all The Great Falls Pre-Release Transition Center staff, including employees (full-time, part-time, temporary and on-call), volunteers and contractors, and residents at The Great Falls Pre-Release Transition Center.

The Great Falls Pre-Release Transition Center utilizes the following strategies to reduce and prevent sexual abuse and sexual harassment at the facility:

1. Designating a staff member as The Great Falls Pre-Release Transition Center PREA Coordinator who will ensure that The Great Falls Pre-Release Transition Center fully complies with all PREA standards.
2. Training staff (including contractors and volunteers) to detect sexual abuse and sexual harassment.
3. Screening for risk of sexual victimization and abusiveness.
4. Requiring all staff (including contractors and volunteers) to promptly report all reported or suspected sexual abuse, sexual harassment and retaliation incidents.
5. Respond promptly and effectively to all reports of sexual abuse, sexual harassment and retaliation by ensuring that staff (including contractors and volunteers) cooperates fully with any investigation.
6. Administer sanctions for those found to have participated in prohibited behavior.
7. Providing medical and mental health care to victims and abusers.
8. Performing an annual evaluation to assess how The Great Falls Pre-Release Transition Center can improve its zero-tolerance policy and procedures.
9. Ensuring that The Great Falls Pre-Release Transition Center is audited for PREA compliance every three years.

The PREA Coordinator indicated she had enough time to manage and oversee the implementation of PREA standards. The Auditor reviewed the PREA Policy and the

	<p>Great Falls Pre-Release Transition Center Organizational Chart. In addition, interviews were conducted with the PREA Coordinator and the Director. The Director supported the efforts of the PREA Coordinator.</p> <p>The GFPRC PREA Policy Statement and interviews with the PREA Coordinator and the Facility Director address 115.211 (a) and (b).</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.211: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.</p>
--	---

<b>115.212</b>	<b>Contracting with other entities for the confinement of residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>This standard is not applicable. The Great Falls Pre-Release Transition Center does not contract with other agencies for services. The U.S. Government and the State of Montana contract with The Great Falls Pre-Release Transition Center for confinement beds.</p>

<b>115.213</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy Statement</li> <li>2. GFPRC Staffing Plan 2021</li> <li>3. GFPRC Staffing Plan 2023</li> <li>4. Video Monitoring</li> <li>5. Federal Bureau of Prison CCC Full Monitoring Report 2022</li> <li>6. Montana DOC Contract</li> <li>7. RRC_SOW_April_2017</li> </ol> <p>Interviews</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Facility Director</li> </ol> <p>The Great Falls Pre-Release Transition Center implements a staffing plan that provides adequate staffing levels. In addition to staff members, there is video</p>

	<p>monitoring available to protect residents from sexual abuse. The PREA Coordinator reviews the staffing plan yearly. The Great Falls Pre-Release Transition Center houses residents released from the Federal Bureau of Prisons Facilities and the Montana Department of Corrections. The staffing plan was developed in conjunction with the contractual requirements of the Federal Bureau of Prisons and the Montana Department of Corrections. The staffing plan is consistently complied with; there have been no deviations from the staffing plan in the past 12 months.</p> <p>The facility staffing plan is reviewed yearly, including an analysis that looks at the physical plant, video monitoring systems and the allocation of resources. Interviews with the Director and the PREA Coordinator indicate that during each yearly monitoring visit (conducted by the Federal Bureau of Prisons), the Director and the PREA Coordinator review the staffing plan with the Federal Bureau of Prisons.</p> <p>The Auditor reviewed the staffing plan. The Staffing plan review includes a review of any judicial findings (no) or inadequacies from federal investigative or internal/ external oversight agencies (no). The plan reviews the facility's architectural weaknesses. The review includes a review of the population statistics for the previous year and a review of the population for the day on which the review took place.</p> <p>The Great Falls Pre-Release Transition Center staff plan indicates a staff member of the same sex as the residents shall be on duty. This staff member shall be directly responsible for supervision that involves physical contact (pat searches) or activities commonly afforded reasonable protection against opposite-sex observation or supervision (use of toilet/shower facilities). The Auditor observed appropriate staffing levels throughout the facility.</p> <p>The PREA Staff Plans 2021-2023, the Federal Bureau of Prisons Community Corrections Center Full Monitoring Report 2022, the Montana DOC Contract and the RRC_SOW_April_2017, address 115.213 (a).</p> <p>Interview with Facility Director addresses 115.213 (b).</p> <p>Interview with PREA Coordinator addresses 115.213(c).</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.213: Supervision and Monitoring.</p>
--	--

<b>115.215</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy Statement</li> </ol>

2. RRC\_SOW\_April\_2017 page 76
3. Staff Training Certificates
4. GFPRC Facilities Operations Manual Sections 32-34
5. GFPRC Site Review Checklist

Interviews:

1. Random Staff
2. Random Residents
3. Transgender Resident

The Great Falls Pre-Release Transition Center does not conduct cross-gender strip searches. There have been no circumstances in the past 12 months where a cross-gender search occurred. No residents are restricted from participation in any programs. Same-sex individuals conduct all pat searches. There have been no deviations from this policy. The Great Falls Pre-Release Transition Center has taken extensive care to ensure all residents shower, perform bodily functions and change clothing outside the staff's view. Staff announces their presence when entering a housing unit. The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident to determine the Resident's genital status. All staff (100%) have participated in training on searches of transgender and intersex residents professionally and respectfully. All residents interviewed indicated they are pat searched by same-sex staff. All staff interviewed indicated they are aware of the search policy and have not deviated from it.

Opposite-gender staff announces their presence when entering a resident housing unit. During the tour, the Auditor questioned line staff about their unit announcements. All staff questioned during the tour indicated they made announcements every time they entered a unit.

The Great Falls Pre-Release Transition Center has a policy and practice of searches conducted in accordance with the Resident's gender identity and asking residents to identify the gender of staff with whom they would feel most comfortable conducting the search. The PREA Coordinator indicated that even in emergencies, a female staff member would be available to conduct a pat search on a female resident.

The Auditor reviewed training curricula and formally and informally interviewed staff and residents on the issues of strip searches, pat searches and searches of transgender and intersex residents and opposite-gender unit announcements.

The Auditor observed all areas where residents may be undressed, such as showering, using the toilet, and changing their clothes. All areas were private and allowed residents to shower, use the toilet and change their clothes without being viewed by opposite-gender staff. The Auditor observed electronic surveillance monitoring in the Control room; no cameras were located so that staff to see residents in a state of undress. The Auditor had informal conversations with staff regarding cross-gender viewing; all staff interviewed indicated residents have ample

	<p>privacy. Additionally, informal and formal conversations with residents indicated they were able to shower, use the toilet, and change their clothes without being viewed by a staff member. The Auditor observed male and female staff make verbal announcements when entering housing units. The announcements were loud enough to ensure residents could hear. There was sufficient time between the announcement and the staff person's entrance for residents to cover up before the staff entered the room or area.</p> <p>GFPRC PREA Policy Statement, RRC_SOW_April_2017 page 76, and the GFPRC Facilities Operations Manual Sections 32-34 addresses 115.215 (a), (b), (c), (d) and (e).</p> <p>Staff Training Certificates address 115.215 (f).</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.215: Limits to cross-gender viewing and searches.</p>
--	--

<b>115.216</b>	<b>Residents with disabilities and residents who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy Statement</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Residents with Disabilities</li> <li>3. Random Staff</li> </ol> <p>The Great Falls Pre-Release Transition Center has procedures to provide disabled residents with the opportunity to participate in the Center's efforts to prevent and respond to sexual abuse and harassment. In addition to written and visual education materials, the Great Falls Pre-Release Transition Center has agreements with interpreters to communicate effectively with residents with disabilities. The Great Falls Pre-Release Transition Center does not rely on Resident interpreters.</p> <p>The Great Falls Pre-Release Transition Center staff members have not experienced any incarcerated blind or deaf residents. However, the intake staff members are prepared to provide information in a format that will allow residents with limited reading skills, hearing disabilities, intellectual disabilities or low vision to know and understand all aspects of the facility's efforts to prevent, detect, and respond to</p>

	<p>sexual abuse and sexual harassment. Staff members will read information to residents with limited reading skills.</p> <p>The Auditor interviewed a staff member responsible for intakes. The Intake staff indicated they not only provided PREA information to residents but would also take the time to ensure the residents understood the material provided. The staff indicated they had never had either a deaf or blind resident. However, they were prepared to provide information concerning the entire intake process to residents who were either blind or deaf.</p> <p>The Auditor reviewed samples of PREA Posters in both English and Spanish. The PREA written information provided to residents is also available in Spanish. Finally, interviews with facility staff indicate a variety of methods are available to ensure residents understand the material as it is presented to them.</p> <p>The Auditor reviewed the intake procedures, Resident printed materials, and reporting mechanisms. At the time of the audit, there were no Deaf or Blind residents in the population.</p> <p>Intake staff is prepared to provide materials to residents who have limited sight. Documents in a large print font are available or can be quickly printed.</p> <p>The Great Falls Pre-Release Transition Center has an established relationship with the Montana School for the Deaf and Blind in Great Falls, Montana. The Montana School for the Deaf and Blind can provide services that meet the language needs of its resident population. The Great Falls Pre-Release Transition Center takes extra measures (one-on-one) when providing PREA-related material to residents with disabilities. Intake staff members were able to describe the steps the facility takes to ensure that residents with disabilities, Deaf residents, and residents who are limited English proficient understand agency sexual abuse and sexual harassment policies and know how to report and get help if they have been victimized.</p> <p>The GFPRC PREA Policy and various informational posters address 115.216 (a), (b) and (c).</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.216: Residents with disabilities and residents who are limited English proficient.</p>
--	--

<b>115.217</b>	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	GFPRC PREA Policy 2023
	1. Employment package



2. GFPRC Personnel Handbook page 7
3. Employee Document Review worksheets
4. Federal Bureau of Prisons Background Approval Memorandum April 2020
5. RRC\_SOW\_April\_2017 (see pages 16-17)
6. GFPRC Employment application

Interviews:

1. Administrative Staff (Executive Assistant)

The Great Falls Pre-Release Transition Center prohibits hiring or promoting anyone who may have been previously involved in sexual abuse in a prison, jail, lockup, community confinement facility or juvenile facility. Agency policy requires consideration of sexual harassment issues during hiring and promotion. Criminal background checks are required. Additionally, staff who have worked at correctional facilities are required to provide an institutional work history. That information is used to contact prior employers to detect any information on substantiated allegations of sexual abuse or a resignation pending investigation for an allegation of sexual abuse. Interviews with Administrative Staff confirm these efforts. There have been 25 new employees hired within the past 12 months; all criminal background checks were completed appropriately. Background checks are completed every five years for current employees, and employees who fail to disclose information concerning misconduct can be terminated from employment.

Interviews with Administrative Staff confirm that five-year checks are completed and appropriate sanctions are available for staff who fail to report misconduct. The Auditor notes that employee criminal background checks are required every five years and completed by the Great Falls Pre-Release Transition Center Human Resource staff and Federal Bureau of Prisons Contract Oversight Staff.

The Auditor reviewed policies, application materials, and 15 personnel files. Initial criminal history checks, proof of required questions and, for current employees, five-year background checks were completed and documented. As indicated by the Administrative Staff staff, any deception, misinformation or misinformation by omission of information at any stage during the application and Employment Screening Process shall disqualify the applicant from employment with the Agency.

The Background investigation includes a review of the following criteria: Criminal History/Activity: Any applicant with the following criminal/traffic conviction history or criminal/illegal activity shall normally be disqualified from employment. Any Conviction of any crime involving engaging or attempting to engage in sexual activity in the community by using force, overt or implied threats of force or coercion is disqualified from employment. An NCIC criminal history check is completed on every applicant. The Federal Bureau of Prisons and the Montana Department of Corrections conduct criminal background history checks. The Federal Bureau of Prisons and Montana Department of Corrections must approve all Great Falls Pre-Release Transition Center staff before working with residents.

	<p>The Great Falls Pre-Release Transition Center considers any incidents of sexual harassment during the application process. Annually, all staff is required to provide written self-evaluations concerning whether or not they have engaged in sexual misconduct in a correctional facility, been convicted of engaging or attempting to engage in sexual activity by force in the community or if they have been civilly or administratively adjudicated to have engaged in sexual activity by force.</p> <p>GFPRC PREA Policy 2023, Employment package, GFPRC Personnel Handbook page 7, Employee Document Review worksheets, Federal Bureau of Prisons Background Approval Memorandum April 2020, RRC_SOW_April_2017 (see pages 16-24) and the Administrative (Human Resource) interview addresses 115.217 (a) (b) (c) (d) (e) and (g).</p> <p>Administrative (Human Resource) interview, GFPRC Employment Application addresses 115.217 (f)</p> <p>The Great Falls Pre-Release Transition Center substantially complies with standard 115.217: Hiring and promotion decisions.</p>
--	--

115.218	Upgrades to facilities and technology
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The Great Falls Pre-Release Transition Center has not designed or acquired any new facility or implemented any substantial expansion or modification of existing facilities since the last PREA audit. The Great Falls Pre-Release Transition Center has not updated the video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>The Great Falls Pre-Release Transition Center has 35 stationary video cameras inside and outside the building, including common areas and security checkpoints. The on-duty staff has immediate playback capability, and the Management staff has remote access to all cameras, including playback.</p> <p>The importance of video monitoring technology was discussed during interviews with the Agency Head and Facility Director. The facility utilizes video monitoring to enhance the residents' protection from sexual abuse. The use of video monitoring is extensive throughout the facility. Recordings are temporarily saved on the hard drive. Individual incidents can be recorded and saved in a designated file on the network for documentation purposes.</p> <p>The Great Falls Pre-Release Transition Center complies with standard 115.218: Upgrades to facilities and technologies.</p>

115.221	Evidence protocol and forensic medical examinations
	<p data-bbox="280 188 983 221"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 266 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 344 453 378">Documents:</p> <ol data-bbox="341 445 1102 602" style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. City of Great Falls Police Department Letter 5-9-16</li> <li>3. Sexual Assault Response (SART) Team Checklist</li> <li>4. MOU Emotional Support</li> </ol> <p data-bbox="280 647 437 680">Interviews:</p> <ol data-bbox="341 748 924 860" style="list-style-type: none"> <li>1. PREA Coordinator</li> <li>2. Community Advocate YWCA</li> <li>3. Residents who reported Sexual Abuse</li> </ol> <p data-bbox="280 904 1469 1196">115.221 (a): The Great Falls Pre-Release Transition Center is responsible for conducting administrative sexual abuse investigations. Additionally, the Federal Bureau of Prisons may conduct administrative investigations. The Great Falls Police Department conducts criminal investigations. The Great Falls Police Department has appropriate protocols to conduct sexual assault investigations based on Sexual Assault Kits and Sexual Assault Investigations, Montana Department of Justice guidelines.</p> <p data-bbox="280 1229 1477 1677">All reports of sexual assault, sexual abuse, sexual harassment and voyeurism are investigated. Reports that include imminent risk to a resident will be addressed immediately. Any staff member who becomes aware of an incident, either through a report from a resident or an outside party, or has observed an incident, or has reason to suspect a PREA-related incident has occurred will complete a PREA Report form and forward it to the Executive Director, Facility Director and the PREA Coordinator. A PREA-trained investigator training will gather preliminary information to determine whether the Great Falls Police Department has jurisdiction to proceed with the investigation. The Auditor notes that all PREA-related investigations at the Great Falls Pre-Release Transition Center in the past 12 months have been conducted by Center staff.</p> <p data-bbox="280 1711 1453 1957">The PREA Coordinator will begin documenting the investigation steps to ensure completion. The victim or alleged victim in the incident will be notified of the investigation results. If the perpetrator is a staff member, volunteer or contractor, the Resident will be notified of the steps taken to avoid the staff member's contact with the Resident and the resolution of the investigation. Notification information will be documented in the packet of investigative information.</p> <p data-bbox="280 2002 1474 2069">115.221 (b): The facility does not house youth. The Montana Department of Justice provides guidelines for Sexual Assault Kits and Sexual Assault Investigations. The</p>

guidelines contain information for conducting investigations with youthful offenders.

115.221 (c): All victims are provided access to forensic medical examinations at a healthcare facility (Benefis Hospital Emergency Room). Benefis Hospital Emergency Room provides Sexual Assault Nurse Examiners, and those examiners arrange for sexual assault advocates to meet with the victim. All residents who experience sexual abuse have access to forensic medical examinations at an outside facility without financial cost. Montana Code Annotated 2021 46-15-406, Notice of rights for victims of sexual assault, states a victim may not be billed for the cost of administering the sexual assault medical forensic examination or collecting evidence for the sexual assault evidence kit. Additionally, 46-15-406 states law enforcement will provide contact information for a local community-based victim services program.

No incidents at the Great Falls Pre-Release Transition Center have required a forensic medical exam in the past 12 months.

115.221 (d) (e): The Great Falls Pre-Release Transition Center has a Memorandum of Understanding with the YWCA. The YWCA advocates are trained to provide sexual assault advocacy. Advocates offer emotional support, education, referrals to other agencies, information about support groups and help survivors understand their medical and reporting options. Advocates also provide in-person medical advocacy to individuals who have experienced sexual assault.

The Great Falls Pre-Release Transition Center employs one mental health counselor who is available to provide services, and if a resident wants to meet with an advocate or other support services, an itinerary is approved for the individual to go out into the community for services. If the Resident prefers to meet the advocate or support services in the facility, arrangements are made for a private meeting space.

115.221 (f): The Great Falls Police Department has established Sexual Assault Response protocols. There are protocols established for advocates to meet the victim at the hospital. Ongoing services are provided throughout the hospital and legal process. The victim is provided information on community agencies that provide advocacy services.

115.221 (h): Not Applicable, the Great Falls Pre-Release Transition Center agency attempts to make a victim advocate from a rape crisis center available to victims per 115.221(d).

The Great Falls Pre-Release Transition Center complies with standard 115.221: Evidence protocol and forensic medical examinations.

<b>115.222</b>	<b>Policies to ensure referrals of allegations for investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents:

1. GFPRC PREA Policy 2023
2. Sexual Assault Response
3. City of Great Falls Police Department Letter 5-9-2016
4. Sexual Assault Response (SART) Team Checklist

### Interviews:

1. Agency Head
2. Investigator

115.222 (a): The Great Falls Pre-Release Transition Center ensures both administrative and criminal investigations are completed for all allegations of sexual abuse and sexual harassment. Appropriate procedures are in place to ensure an investigation will be completed. The Great Falls Pre-Release Transition Center has procedures that require investigations by appropriate Law Enforcement Agencies, and staff at the Great Falls Pre-Release Transition Center have been trained to conduct administrative investigations involving sexual abuse or harassment. If an administrative investigation potentially involves criminal behavior, the investigation is referred to a Law Enforcement agency. The Great Falls Police Department conducts criminal investigations.

115.222 (b): All PREA reports are taken seriously and investigated thoroughly by specially-trained investigators. When a PREA-related incident appears to be a crime, the Great Falls Police Department is immediately called to conduct the investigation. All reports of sexual assault, sexual abuse, sexual harassment and voyeurism are investigated. Reports that include imminent risk to a resident will be addressed immediately. Any staff member who becomes aware of an incident, either through a report from a resident or an outside party, or has observed an incident, or has reason to suspect a PREA-related incident has occurred will complete a PREA Report form and forward it to the Executive Director, and the PREA Coordinator. A PREA-trained investigator will gather preliminary information and notify the Great Falls Police Department as necessary. The Auditor notes that all PREA-related investigations at the Great Falls Pre-Release Transition Center in the past 12 months have been conducted by Re-Entry Center staff. Information about sexual assault investigations is posted on the Agency's website.

( <https://gfprc.org/>).

115.222 (c): The GFPRC PREA Policy 2023 indicates the Great Falls Pre-Release Transition Center has zero tolerance for sexual assault/sexual abuse and sexual harassment of residents and recognizes these residents as potential crime victims. The agency will immediately respond to allegations, fully investigate reported incidents, pursue disciplinary action, and refer those who perpetrate such conduct

	<p>for investigation and prosecution. A PREA-trained investigator will gather preliminary information and notify the Great Falls Police Department as necessary.</p> <p>The Great Falls Pre-Release Transition Center complies with standard 115.222: Policies to ensure referrals of allegations for investigations.</p>
--	---

<b>115.231</b>	<b>Employee training</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Employee Document Review worksheet</li> <li>3. Staff Training Certificates 2021-2023</li> <li>4. Staff Training Curriculum</li> <li>5. Abuse signs</li> <li>6. How to Report</li> <li>7. Red Flags</li> <li>8. PREA education policy-Montana DOC Section 25-Facility Operations Manual</li> <li>9. Confidentiality of Information</li> <li>10. At risk residents</li> <li>11. Ethical Standards</li> <li>12. Staff Association and Conduct</li> <li>13. Respectful Communication</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff</li> </ol> <p>115.231 (a): The Great Falls Pre-Release Transition Center trains employees on zero tolerance and an employee's responsibilities to prevent, detect, report and respond to sexual abuse and harassment incidents. Employees are informed of the resident's right to be free from sexual abuse and to be free from retaliation for reporting sexual abuse and harassment incidents. Employees are trained on the dynamics of sexual abuse in confinement, victims' reactions, and how to detect sexual abuse. Employees receive training on standards of conduct, inappropriate relationships with residents and how to effectively communicate with all residents. In addition, mandatory reporting laws are reviewed. The training is tailored to The Great Falls Pre-Release Transition Center residents. The Great Falls Pre-Release Transition Center houses both male and female residents. All employees have been trained, they are trained annually, and the Auditor confirmed the training records of the employees. All staff interviewed confirmed their participation in PREA training</p>

	<p>and knowledge of the training curriculum.</p> <p>Employees are aware of the Great Falls Pre-Release Transition Center's current sexual abuse and sexual harassment policies and standard operating procedures. The Great Falls Pre-Release Transition Center documents that employees understand the training they have received. The Auditor reviewed employee training records, and the PREA Coordinator provided copies of training records for the employees.</p> <p>115.231 (b): The training is tailored to male and female residents at the Great Falls Pre-Release Transition Center. All new employees receive PREA training during the first week of employment and annually thereafter.</p> <p>115.231 (c): Annual refresher training is conducted in person. A review of the training records indicates all staff has participated in Annual Training, and recently hired staff members were provided training before their assignment to a shift as a Compliance Officer. The Auditor reviewed 15 Employee Training records, and each file reviewed contained documentation on the date of hire, PREA Training Dates and Acknowledgement documents. The training records indicate that PREA training occurs on an annual basis.</p> <p>115.231 (d): The Auditor reviewed 15 Employee Training records, and each file contained documentation of the date of hire, PREA Training Dates and Acknowledgement documents. Thirty Signed Training Certificates were reviewed.</p> <p>Staff members interviewed by the Auditor indicated a clear understanding of the Prison Rape Elimination Act. The random staff interviewed were able to recall information from the training, such as the zero tolerance for sexual assault and sexual harassment, professional and gender-specific pat search procedures, how to respond to sexual assaults and the first responder's duties. Staff members recalled how to avoid inappropriate relationships with residents, the dynamics of sexual abuse in prison, and how to detect signs of sexual abuse. All employees have been trained, and the Auditor confirmed the employees' training records. All staff interviewed confirmed their participation in PREA training and knowledge of the training curriculum.</p> <p>The Great Falls Pre-Release Transition Center complies with standard 115.231: Employee training.</p>
--	--

<b>115.232</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. GFPRC PREA Policy 2023
2. Volunteer Manual

Interviews:

1. Volunteer

115.232 (a): According to GFPRC PREA Policy 2023, page 10, all volunteers and contractors are trained yearly. The Great Falls Pre-Release Transition Center has a zero-tolerance policy against sexual misconduct in all its forms, involving agency representatives and residents or resident-on-resident sexual contact or sexual harassment. The following behaviors are strictly prohibited: touching, hugging, kissing, sexual assault, penetration, fondling, inappropriate viewing, sexual conduct, sexual harassment, sexual abuse, sexual gratification, romantic relationships between agency representatives and offenders, or involvement between agency representatives and offenders outside the agency or professional context. No offender can give consent to sexual relationships. Sexual conduct viewed as consensual by the offender is strictly prohibited. Each Volunteer must declare in writing that they have read and understood the training and the PREA Policy before having contact with residents. Volunteers and Contractors are trained to report any information concerning sexual assault, abuse or harassment.

115.232(b): The Great Falls Pre-Release Transition Center ensures that all volunteers and contractors who have contact with residents have been trained on PREA based on their services and level of contact with residents. All volunteers and contractors who have contact with residents are notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment. Violations of the policy will result in termination and, if applicable, reported to law enforcement and appropriate licensing authorities.

115.232 (c): The Auditor notes that the Volunteer program has not been active since 2019 due to Covid restrictions. The GFPRS is anticipating restarting this program. During the Audit, it was determined by the Auditor that three volunteers had been allowed access to residents in the facility to conduct Alcoholics Anonymous meetings. Each of the three volunteers was provided training on April 3, 2023. The training included the following information:

- review of the GFPRS policy, the Prison Rape Elimination Act of 2003, Montana Department of Corrections Policy 1.3.12, "Staff Association and Conduct with Offenders", and the Transition Center Personnel Handbook "Ethical/ Standards - Standards of Conduct" and "Harassment of Employees";
- prevention, investigation, and prosecution of sexual misconduct;
- zero tolerance stance;



	<ul style="list-style-type: none"> <li>• recognition of sexual misconduct, predatory offenders, potential victims, and/or staff involvement;</li> <li>• facility procedures on sharing confidential information; and</li> <li>• reporting procedures.</li> </ul> <p>The Auditor reviewed three signed Volunteer PREA training forms. The documents indicate the volunteer understands the policies for volunteers and agrees to abide by the policies and procedures. Additionally, each Volunteer receives a copy of the Volunteer Manual.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.232 - Volunteer and contractor training.</p>
--	--

<b>115.233</b>	<b>Resident education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Resident Handbook 2021 Edition</li> <li>3. prea_and_inmate_education_-_resource_guide</li> <li>4. Resident Records Document Review</li> <li>5. Resident Training Certification</li> <li>6. GFPRC Site Review Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Intake Staff</li> <li>2. Random Residents</li> </ol> <p>115.233 (a): Residents receive information on zero tolerance, how to report sexual abuse and harassment incidents, their right to be free from sexual abuse and harassment, and to be free from retaliation for reporting incidents. In addition, residents are informed about how the Great Falls Pre-Release Transition Center will respond to such incidents. The receipt of this information is documented, and Residents sign for the information received.</p> <p>Intake Staff interviews verify that Residents receive the appropriate information. In addition to this information, residents are provided a handbook that also provides information concerning Zero Tolerance and how to report sexual abuse and</p>

harassment. The Auditor confirmed all Residents received this information.

Interviews with Residents also confirm that the Great Falls Pre-Release Transition Center Staff provide information on reporting incidents of sexual abuse. The facility documents the receipt of this information. After the intake process, the Great Falls Pre-Release Transition Center Case Management staff provide additional information to residents concerning PREA, and this comprehensive education class is documented.

115.233 (b): All Residents who enter the facility participate in the Intake process, including those who transfer from a different community confinement facility. Interviews with Residents and Intake Staff confirm this practice.

115.233 (c): Interpretation services are provided for residents who may not understand the presented material. Resident education is provided in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled and those with limited reading skills. The Great Falls Pre-Release Transition Center has agreements with interpreters to communicate effectively with residents with limited English speaking skills. The Great Falls Pre-Release Transition Center does not rely on Resident interpreters. If applicable, staff members are prepared to read written information aloud to make accommodations for residents who may be Blind or have limited reading skills. Mental health staff provides information to residents with cognitive or functional disabilities.

115.233 (d): The Auditor reviewed a random sample of Resident files; each file contained documentation to support a resident's initial intake, the information concerning PREA provided during intake, and the Resident's participation in the comprehensive PREA education.

115.233 (e): Throughout the facility, information is posted about PREA, Zero Tolerance and how to report incidents of sexual abuse. This information is presented in both Spanish and English. This information is visible and readily available. Information is posted throughout the facility informing Residents about support services from a sexual assault advocate. The victim advocacy service for The Great Falls Pre-Release Transition Center is the YWCA. The YWCA advocates are trained to provide sexual assault advocacy. Advocates offer emotional support, education, referrals to other agencies, information about support groups and help survivors understand their medical and reporting options. Advocates also provide in-person medical advocacy to individuals who have experienced sexual assault. Resident interviews confirm this information is available; however, none of the Residents interviewed had contacted the YWCA. As a result, Residents could not provide much information about this organization except that the information is posted throughout the facility. Key PREA information is continuously, readily available and observed throughout the facility via posters, handbooks, and brochures.

The Auditor was provided with a mock walk-through of the Intake Process. PREA information/zero-tolerance information is provided within minutes of the Residents'

	<p>arrival. The Auditor confirmed that only those Compliance Officers trained in the Intake process are allowed to conduct intakes.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.233 - Resident Education.</p>
--	---

<b>115.234</b>	<b>Specialized training: Investigations</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Investigator Training Certificate</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigator</li> </ol> <p>115.234 (a): The Great Falls Pre-Release Transition Center conducts administrative investigations involving sexual abuse and sexual harassment and requires designated staff to receive training in conducting investigations in confinement settings.</p> <p>115.234 (b): The investigators have received training in conducting investigations in confinement settings. This training was online and coordinated by the National Institute of Corrections. The training title is "Investigating Sexual Abuse in a Confinement Setting". That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The Auditor reviewed the training certificate and interviewed the Investigator. The Investigator was aware of her responsibilities during an investigation; she indicated that the investigation would begin immediately upon notification of an allegation. Any allegation that potentially involved criminal behavior would require police involvement. The Investigator stated she would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with resident victims, assailants, and witnesses. Understanding of the dynamics of resident sexual violence. Establishing good working relationships with outside agencies, hospitals, prosecutors, and other investigators.</p> <p>The Investigator noted that Anonymous or third-party reports would be thoroughly</p>

	<p>investigated as soon as possible. A third party or an anonymous tip would be treated the same as a direct report. The Investigator indicated that if the incident were criminal, she would not collect specific physical and DNA evidence, she would aid the investigating Agency by providing victim and perpetrator information such as any pertinent central file information, information concerning prior complaints and reports of prior sexual abuse and he would provide any information on prior investigations involving either the victim or the perpetrator.</p> <p>115.234 (c): One staff member has received specialized training in investigations. The facility maintains copies of the certificates of completion for the specialized investigator training.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.234 - Specialized Training: Investigations.</p>
--	--

<b>115.235</b>	<b>Specialized training: Medical and mental health care</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Mental Health Training Certificate</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Mental Health Staff</li> <li>2. Registered Nurse</li> </ol> <p>115.235 (a): GFPRC PREA Policy 2023 states that staff will receive PREA training during the first week of employment and annually thereafter. Training includes the following topics: GFPRC has a zero-tolerance policy for sexual abuse and sexual harassment; all employees are mandated to report incidents of sexual harassment and sexual misconduct that involves resident-on-resident or staff/contractor/volunteer-on-resident incidents and will be instructed on the available channels to report such incidents; residents have the right to be free from sexual abuse and sexual harassment; residents and employees have the right to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; the common reactions of sexual abuse and sexual harassment victims; how to detect and respond to signs of threatened and actual sexual abuse; how to avoid inappropriate relationships with residents; how to communicate effectively and professionally with residents,</p>

	<p>including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>The facility employs one mental health care practitioner and one Registered Nurse. Both have been trained on how to detect and assess signs of sexual abuse and sexual harassment; how to preserve 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. Additionally, the Mental Health Care practitioner and the Registered Nurse have participated in Continuing Education to maintain their professional licenses, including Trauma-informed care for victims of sexual assault, effective communication with LGBTQI individuals, and Mental Health Crisis Management.</p> <p>115.235(b): N/A The facility does not conduct forensic examinations. Forensic exams are conducted at the local hospital.</p> <p>115.235(c): Training records for the Mental Health Care practitioner were reviewed, including training required to maintain licensing. The Great Falls Pre-Release Transition Center maintains training documentation for Medical and Mental Health Staff.</p> <p>115.235(d): Training records for the Mental Health Care Practitioner were reviewed, and the PREA training documented in the record meets the requirements of 115.231.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.235 - Specialized Training: Medical and mental health care.</p>
--	--

<b>115.241</b>	<b>Screening for risk of victimization and abusiveness</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. GFPRC Site Review Checklist</li> <li>3. RSVA Screening Instrument</li> <li>4. RSVA Screening Instructions</li> <li>5. RSVA Screening Instrument Random Residents 12 records</li> <li>6. Resident Records Document Review</li> </ol> <p>Interviews:</p>

1. Staff who conduct Risk Screening
2. Random Residents

115.241 (a) (b): All residents are provided Risk Assessments upon intake. The procedure provides that assessments are conducted within the first 72 hours. The Auditor notes that these assessments are done shortly after the initial intake. The assessment includes the mental, physical and developmental disability of the Resident, the age of the Resident, the physical build of the Resident, previous incarcerations, criminal history, prior sex offenses, whether the Resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex or gender non-conforming, prior sexual victimization and the Resident's perception of their vulnerability.

The Auditor was provided with a mock walk-through of the Intake Process. PREA information/zero-tolerance information is provided within minutes of the Residents' arrival.

Correctional Treatment Specialists conduct Risk Screening within 72 hours of the initial intake. Risk Screening is conducted in a private office and ensures high privacy. In their interviews, the Correctional Treatment Specialists indicated that they ask screening questions conversationally to elicit honest responses. The standard requires that each resident be specifically asked if they are gay, lesbian, bisexual, transgender, intersex, or gender nonconforming. The Risk Assessment form allows this question to be affirmatively asked; Random Resident interviewees stated they were asked, during screening, if they were gay, lesbian, bisexual, transgender, intersex, or gender nonconforming.

115.241 (c) (d): The Risk assessment is conducted using an objective screening instrument. The screening instrument includes:

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

115.241 (e): To assess the risk of sexual abusiveness, the screening tool also reviews

1. Prior acts of sexual abuse;

2. Prior convictions for violent offenses; and
3. History of prior institutional violence or sexual abuse, as known to the agency.

115.241 (f) (g): Residents are reassessed within 30 days or before 30 days if additional information is received. As stated in the Risk Assessment Instructions, "Reassessment must be conducted within thirty days of the initial screening. The interview will be based upon any new information that the facility may have learned since the resident reported." Within 30 days of arrival, each resident will be reviewed during an individual program plan meeting by their Correctional Treatment Specialist to determine if there is additional information or concerns about the resident's potential for perpetration or victimization. A review will also follow an incident of victimization or perpetration to determine a plan to mitigate further risks, which will be documented in the Risk assessment form.

115.241 (h): Residents will not be disciplined for refusing to provide answers or for providing incomplete answers regarding their mental, physical or developmental disability; sex offender status, history of victimization, resident's perception of vulnerability; or their sexual orientation.

115.241 (i): All information gathered during intake is shared with only those staff that need to know. Sensitive information is not shared unnecessarily. The agency has outlined who can access the resident's risk assessment to protect sensitive information from exploitation. The file is stored electronically, and only those at the administrative level have access to the file. During the interview with the PREA Coordinator, she stated that the information from risk screenings is stored electronically to protect sensitive information from exploitation. The Auditor observed that documentation collected and maintained in hard copy pursuant to risk screening was secured in locked file cabinets behind locked doors. Electronic files were stored on the network, requiring permission access. All computers observed by the Auditor were password protected. Finally, access to the network is password protected.

Interviews with the Correctional Treatment Specialists confirmed the use of the assessment tool. In addition, resident interviews indicated the use of the assessment tool.

The Auditor reviewed 12 resident files. The files contained the appropriate Intake and Risk Assessment forms, signed and dated by staff and residents.

The Great Falls Pre-Release Transition Center complies with Standard 115.241 - Screening for risk of victimization and abusiveness.

<b>115.242</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard

## Auditor Discussion

### Documents

1. GFPRC PREA Policy 2023
2. GFPRC Site Review Checklist
3. RSVA Screening Instrument
4. RSVA Screening Instructions
5. RSVA Screening Instrument Random Residents 12 records
6. Resident Records Document Review

### Interviews:

1. Staff who conduct Risk Screening
2. PREA Coordinator
3. Transgender Resident
4. Residents who identified as LGBTQ

115.242(a): The Great Falls PRE-Release Transition Center procedures indicate that when a Correctional Treatment Specialist identifies a concern about vulnerability or potential perpetration, they will notify the PREA Coordinator. The PREA Coordinator will disseminate information to the appropriate staff to determine an action plan to mitigate risks. During the interview with the PREA Coordinator, she stated that the information from risk screening would be used to create an individualized mitigation plan to ensure resident safety. During interviews with the Correctional Treatment Specialists, they stated that the information from the risk screening would be used to determine housing, programs, and work assignments.

115.242(b): The facility uses the information from the risk screening to make individualized mitigation plans to ensure resident safety. Including placing the resident in a single room.

115.242(c): Procedures indicate that a management team (Director of Treatment Services, PREA Coordinator, Mental Health and Correctional Treatment Specialists will meet before housing a transgender resident to develop a plan to ensure the safety and dignity of the resident. During the interview with the PREA Coordinator, she stated that generally, they would utilize a private room to house transgender residents so staff can more easily monitor safety issues.

115.242(d): During the interview with the PREA Coordinator, it was confirmed that the facility would give serious consideration to a transgender or intersex resident's views with respect to their safety when considering placement and programming assignments. During an interview with the Correctional Treatment Specialists, they also stated that a transgender or intersex resident's views of their safety would be seriously considered in placement and programming assignments. This would include appropriate housing and the ability to shower separately from other residents.



	<p>115.242(e): During interviews with the PREA Coordinator, it was confirmed that transgender and intersex residents are allowed to shower separately from other residents.</p> <p>115.242(f): The Great Falls PRE-Release Transition Center does not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated units based on identification or status.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.242 - Use of screening information.</p>
--	--

<b>115.251</b>	<b>Resident reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Harassment of Employee Personnel Handbook</li> <li>3. MOU-Alternatives, Inc</li> <li>4. Poster How to Report</li> <li>5. Poster of reporting procedures English and Spanish</li> <li>6. GFPRC; Grievance Policy</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Random Staff</li> <li>3. PREA Coordinator</li> <li>4. Community Advocate YWCA</li> </ol> <p>115.251 (a): Residents have multiple ways to report sexual abuse and sexual harassment allegations. There is an external PREA phone number that is not recorded. They can report, verbally or in writing, to a private entity that is not part of the agency and that can receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials, allowing the Resident to remain anonymous upon request. Third-party reports can be made to staff or The Great Falls Pre-Release Transition Center headquarters. Residents may file a grievance or contact the U.S. Office of Inspector General. Staff can privately report to a supervisor or the Executive Director or use the PREA Phone number. These multiple reporting methods are posted throughout the facility and reviewed with the Resident during intake and subsequent follow-up with the Correctional Treatment Specialists. Resident interviews confirm knowledge of the reporting procedures. Staff interviews confirm knowledge of reporting procedures. Resident reporting</p>

	<p>methods are outlined in the Orientation Documentation, GFPRC PREA Policy 2023, the Resident Handbook and various posters throughout the facility.</p> <p>115.251(b): The Great Falls Pre-Release Transition Center has established a Memorandum of Understanding with Alternatives, Incorporated. Alternatives, Incorporated provides the Great Falls Pre-Release Transition Center residents with an option of reporting instances of sexual assault, sexual abuse and sexual harassment that they have experienced or witnessed while previously incarcerated or residing at the Great Falls Pre-Release Transition Center. This agreement and collaboration between the Great Falls Pre-Release Transition Center and Alternatives Incorporated allow residents to report PREA-related incidents to a private entity that is not part of the agency. Alternatives Incorporated accepts telephone calls and mail from Great Falls Pre-Release Transition Center residents who want to report incidents of sexual assault, sexual abuse or sexual harassment they have witnessed or experienced at the Great Falls Pre-Release Transition Center or any correctional facility where they have been housed. Phone calls are documented and forwarded to the PREA Coordinator.</p> <p>The Auditor tested the report line listed in the MOU with Alternatives Incorporated; no issues were encountered. The Auditor notes that Residents at the facility have cell phones. During informal conversations with Residents, they indicated that they do not use the phones at the facility; they use their own cell phones.</p> <p>115.251 (c): GFPRC PREA Policy 2023 states that staff must take reports from residents and immediately report information, knowledge, and suspected or known sexual assault or harassment incidents. Any staff member who becomes aware of an incident, either through a report from a Resident or third party or observed an incident, will complete a PREA Report form and forward it to the PREA Coordinator.</p> <p>115.251 (d): The Northwest Regional Re-Entry Staff can privately report information concerning sexual assault or harassment to their supervisor, Human Resources, or Executive Director. Privacy will be ensured when staff members report incidents; if retaliation occurs, staff are informed that they can report an issue to a Board Member.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.251 - Resident reporting.</p>
--	---

<b>115.252</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. GFPRC PREA Policy 2023
2. GFPRC; Grievance Policy
3. Staff misconduct grievance and response
4. Staff misconduct grievance filed twice includes both responses
5. Federal Bureau of Prisons Program Statement 1330.018 Administrative Remedy Program

GFPRC PREA Policy 2023, page 5, Section C, paragraphs 1, a-d and paragraph 2 states:

- a. Residents who are victims of or have knowledge of sexual abuse should immediately report the incident to any staff member; or
- b. Residents may utilize the formal grievance procedure to report sexual abuse in accordance with the facility procedure found in the resident handbook; however, residents are not required to use the formal grievance process to report allegations of sexual abuse. Staff receiving such grievances will process them as a high priority and will immediately notify the Executive Director, who will begin the investigative process.
- c. Residents who submit a report alleging sexual abuse by a staff member should not submit the report to the staff member who is the subject of the complaint. Said staff member will have no involvement in the investigation of the claim against him/her.
- d. Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, may assist residents in filing requests for administrative remedies relating to allegations of sexual abuse and may file requests on behalf of residents.
- 2. Residents are not required to file written reports; however, staff who receive verbal reports from residents are required to file written incident reports as set forth in this policy. If a resident should decline third-party assistance in filing a grievance alleging sexual abuse, staff will document the resident's decision.

The Policy further states on page 9, Section J, paragraphs 3 and 4:

- 3. At the completion of an investigation (within 90 days), the PREA Investigator will notify the Executive Director and the victim of the outcome in writing. The Sexual Assault Response Checklist (Checklist #9 in the Emergency Checklists Binder) will be utilized for this purpose.
- 4. If a decision has not been reached within 90 days, a 70-day extension may be granted. The resident will be notified in writing of the extension and by which date a decision will be made.

The resident handbook outlines the grievance procedure and the emergency grievance process.

115.252 (a): In addition to the GFPRC PREA Policy 2023. The Great Falls Pre-Release

Transition Center is required to participate in the Federal Bureau of Prisons Administrative Remedy Program.

115.252(b): Program Statement 1330.18, Administrative Remedy Program, addresses the standard's requirements. Grievances (administrative remedies) filed alleging sexual abuse or sexual harassment would immediately open a formal investigation. The procedure allows a Resident to submit a grievance regarding an allegation of sexual abuse, regardless of when the incident is alleged to have occurred. The agency procedure does not require a Resident to use an informal grievance process or attempt to resolve an alleged incident of sexual abuse with staff. (Federal Bureau of Prisons Program Statement 1330.18, pages 1-7).

115.252 (c): The procedure requires that an inmate grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint. The Resident is not required to submit the grievance to the staff member who is the subject of the complaint. (Federal Bureau of Prisons Program Statement 1330.18, page 14).

115.252 (d): The agency procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the grievance filing. Computation of the 90 days shall not include time consumed by Residents during an administrative appeal. The Agency may request an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency always notifies the inmate in writing when the agency files for an extension, including notice of the date by which a decision will be made. (Federal Bureau of Prisons Program Statement 1330.18, page 14).

115.252 (e): Agency procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist the inmate in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of inmates. Agency procedure requires that the agency documents the inmate's decision to decline if the inmate declines to have third-party assistance in filing a grievance alleging sexual abuse. (Federal Bureau of Prisons Program Statement 1330.18, page 14).

115.252 (f): The Agency has a procedure for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. The Agency procedure for emergency grievances alleging a substantial risk of imminent sexual abuse requires an initial response within 48 hours. Agency procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires a final agency decision issued within five days. Best efforts are made to provide Regional Office and Central Office expedited appeal responses within five calendar days. If an inmate reasonably believes the issue is sensitive and the inmate's safety or well-being would be placed in danger if the remedy became known at the institution, the inmate may submit the remedy directly to the appropriate Regional Office. (Federal Bureau of Prisons Program Statement 1330.18, pages 15-16).

115.252 (g): The Agency has a written policy that limits its ability to discipline an

	<p>inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the inmate filed the grievance in bad faith. (Federal Bureau of Prisons Program Statement 1330.18, page 16).</p> <p>The PREA Coordinator reports three grievances filed in the past 12 months that alleged staff misconduct/sexual misconduct. One resident filed a complaint twice involving the same incident. Specifically, staff became aware of inappropriate sexually-orientated pictures on the Resident’s phone. The second involved an inappropriate pat search. Both grievances were responded to promptly. The PREA Coordinator reports zero emergency grievances alleging a substantial risk of imminent sexual abuse in the past 12 months. The PREA Coordinator reports zero third-party claims on behalf of residents have been filed in the last 12 months.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.252 - Exhaustion of administrative remedies.</p>
--	--

<b>115.253</b>	<b>Resident access to outside confidential support services</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. MOU Emotional Support</li> <li>3. Zero Tolerance PREA Poster</li> <li>4. GFPRC Site Review Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Residents</li> <li>2. Residents who reported sexual abuse</li> <li>3. PREA Coordinator</li> <li>4. Mental Health Specialist</li> </ol> <p>115.253 (a): The Great Falls Pre-Release Transition Center provides information to Residents concerning sexual assault advocacy. Residents are provided with access to victim advocates for emotional support services. The mailing address and toll-free telephone numbers are available for the YWCA. The YWCA advocates are trained to provide sexual assault advocacy on the crisis line. Advocates offer emotional support, education, referrals to other agencies, information about support groups and help survivors understand their medical and reporting options. Advocates also provide in-person medical advocacy to individuals who have experienced sexual assault.</p>

	<p>During the site review, the auditor observed posted or printed information about access to outside victim emotional support services throughout the facility. The information provided was readable and accessible.</p> <p>115.253 (b) The Great Falls Pre-Release Transition Center informs residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws. As indicated in the Memorandum of Understanding with the YWCA, Residents are informed their communication with YWCA will not be monitored and will remain confidential. This was verified by the Mental Health Specialist, who indicated in her interview that she informs all residents of the limits to confidentiality and the extent to which reports of abuse or crimes will be forwarded to authorities in accordance with mandatory reporting laws. The Auditor notes that phones at the Great Falls Pre-Release Transition Center are not recorded and that Residents rely on personal cell phones for communication.</p> <p>115.253 (c): The Great Falls Pre-Release Transition Center has entered into a Memorandum of Understanding with the YWCA. The YWCA advocates are trained to provide sexual assault advocacy. Advocates offer emotional support, education, referrals to other agencies, information about support groups and help survivors understand their medical and reporting options. Advocates also provide in-person medical advocacy to individuals who have experienced sexual assault.</p> <p>The Great Falls Pre-Release Transition Center employs a mental health specialist who is available to provide services, and if a resident wants to meet with an advocate or other support services, an itinerary is approved for the individual to go out into the community for services. If the Resident prefers to meet the advocate or support services in the facility, arrangements are made for a private meeting space.</p> <p>Resident interviews confirm YWCA information is available; however, none of the Residents interviewed had contacted the YWCA. As a result, Residents could not provide much information about this organization except that the information is posted throughout the facility.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.253 - Resident access to outside confidential support services.</p>
--	---

<b>115.254</b>	<b>Third party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. GFPRC PREA Policy 2023
2. MOU Emotional Support
3. How to Report
4. Website information PREA reporting
5. Poster of reporting procedures in English and Spanish
6. GFPRC Site Review Checklist

115.254 (a): The Great Falls Pre-Release Transition Center has established a Memorandum of Understanding with Alternatives, Incorporated. Alternatives, Incorporated provides the Great Falls Pre-Release Transition Center residents with an option of reporting instances of sexual assault, sexual abuse and sexual harassment that they have experienced or witnessed while previously incarcerated or residing at the Great Falls Pre-Release Transition Center. This agreement and collaboration between the Great Falls Pre-Release Transition Center and Alternatives Incorporated allow residents to report PREA-related incidents to a private entity that is not part of the agency. Alternatives Incorporated accepts telephone calls and mail from Great Falls Pre-Release Transition Center residents who want to report incidents of sexual assault, sexual abuse or sexual harassment they have witnessed or experienced at the Great Falls Pre-Release Transition Center or any correctional facility where they have been housed. Phone calls are documented and forwarded to the PREA Coordinator.

The Great Falls Pre-Release Transition Center website (<https://gfprc.org/resources/PREA.pdf>) provides specific information to the public concerning how to report an incident of abuse or harassment at the Center. Additionally, the public is provided with direct contact information for the PREA Coordinator. The Auditor notes this method of reporting is also available to Great Falls Pre-Release Transition Center residents. Third-party reporting methods are posted in public areas of the facility that can be accessed by family members, friends, advocates, and attorneys. The Auditor tested the third-party reporting method utilizing the same method provided to the public. The Auditor received confirmation concerning the test of the third-party reporting method. Third-party reporting methods are easily found on the Agency website.

The Great Falls Pre-Release Transition Center complies with Standard 115.254 - Third-party reporting.

<b>115.261</b>	<b>Staff and agency reporting duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. GFRPC PREA Policy 2023

Interviews:

1. Random Staff
2. Mental Health Staff
3. Medical Staff
4. Facility Director

115.261 (a): Staff must take reports from residents, and all staff members are mandated to report suspected or known sexual assault/abuse/harassment incidents. Staff will report information to their supervisor, PREA Coordinator, Facility Director or Executive Director. Privacy will be ensured when reports are given. Individuals who report are informed that retaliatory behaviors must also be reported. Additionally, any failure or actions contributing to the incident must be reported. (GFRPC PREA Policy 2023, pages 7-12)

115.261 (b): The Northwest Regional Re-Entry Staff are prohibited from sharing information on a PREA incident except with those conducting an investigation or providing care for the alleged victim. Information can be shared on an as-needed basis to maintain the safety and security of those living or working in the facility. (GFRPC PREA Policy 2023, pages 7-12)

115.261 (c): The Mental Health Specialist and the Registered Nurse indicated during their interviews that they always provide Residents with information concerning the duty to report incidents of sexual abuse or harassment and the limits of confidentiality. The Mental Health Specialist and the Registered Nurse further stated they were required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or harassment to the PREA Coordinator.

115.261 (d): The Director indicated he would contact Adult Protective Services to report incidents that involve vulnerable adults. In addition, staff, contract employees, and volunteers who know or have reasonable cause to suspect that a youth offender or vulnerable adult (determined in the intake screening process) has been abused or neglected must immediately report the matter to the Executive Director and the Department of Public Health and Human Services as required by MCA 41-3-201. (GFRPC PREA Policy 2023, page 8)

115.261 (e): The Director indicated in his interview that all sexual abuse and sexual harassment allegations, including those from third-party or anonymous sources, are reported directly to facility investigators.

The Great Falls Pre-Release Transition Center complies with Standard 115.261 - Staff and agency reporting duties.



<b>115.262</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFRPC PREA Policy 2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Random Staff</li> <li>2. PREA Coordinator</li> <li>3. Facility Director</li> <li>4. Agency Head</li> </ol> <p>115.262 (a): A review of GFRPC PREA Policy 2023, pages 6-10 and interviews with the PREA Coordinator, Facility Director, Agency Head and Random Staff demonstrated the appropriate protective measures that would be taken if a Resident was at imminent risk of sexual abuse. Additionally, all staff interviewed indicated specific knowledge of the protective measures to be taken if a resident is subject to a substantial risk of imminent sexual abuse. Staff who receive an initial report of sexual misconduct are required to promptly intervene on the alleged victim's behalf to ensure the victim receives prompt medical and mental health according to their needs and the circumstances of the alleged offense. Staff interviews revealed that staff members were formally trained on and understand how to ensure residents are kept safe in the event they are at risk for imminent sexual abuse. Upon receipt of information that a resident is subject to a substantial risk of imminent sexual abuse, the Great Falls Pre-Release Transition Center staff all indicated immediate action would be taken. Specifically, at a minimum, housing and programming changes would be initiated to separate or limit a threat between residents. All the random staff interviews indicated a similar answer.</p> <p>The PREA Coordinator reported zero incidents in the past 12 months in which a resident was subject to a substantial risk of imminent sexual abuse.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.262 - Agency protection duties.</p>

<b>115.263</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFRPC PREA Policy 2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Facility Director</li> </ol> <p>115.263 (a): Reports of incidents in another facility shall be forwarded to the Executive Director, who shall immediately notify the head of the facility where the alleged abuse occurred and the proper jurisdictional agency of that offender in accordance with that agency's reporting protocols requirements. (The Federal Bureau of Prisons and the Department of Corrections.) Document that the facility was notified within 72 hours of receiving the allegation. (GFPRC PREA Policy 2023 page 8)</p> <p>115.263 (b): The PREA Coordinator will document and report the information to the facility where the alleged incident occurred within 72 hours of knowledge of the report. (GFPRC PREA Policy 2023 page 8)</p> <p>115.263 (c): The PREA Coordinator documents the referral.</p> <p>115.263 (d): The Great Falls Pre-Release Transition Center will respond to reports from other facilities or agencies regarding sexual assault or harassment utilizing the same procedures in reports received in the facility. During interviews with the Agency Head and the Facility Director, they related that when they receive a report from another facility, they would staff the investigation the same way as any other report.</p> <p>In the past 12 months, there have been zero allegations of sexual abuse the facility received from other facilities.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.263 - Reporting to other confinement facilities.</p>
--	---

<b>115.264</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	Documents:

1. GFRPC PREA Policy 2023
2. Sexual Assault Response

Interviews:

1. Random Staff

115.264 (a): The Great Falls Pre-Release Transition Center has established procedures to respond to sexual abuse and harassment allegations. A first responder is required to: Separate the alleged victim and abuser; Preserve and protect the crime scene; request the alleged victim not to destroy evidence, and ensure the alleged abuser does not destroy evidence. (GFRPC PREA Policy 2023 page 6 and Sexual Assault Response checklist)

115.264 (b): A non-security staff responder must first request the victim not to destroy evidence and then notify a Compliance Officer. (GFRPC PREA Policy 2023 page 6)

As noted in the GFRPC PREA Policy page 6: Staff who receive an initial report of sexual abuse must separate the victim from the alleged assailant to protect the victim and prevent further violence.

Staff who receive an initial report of sexual abuse must promptly intervene on the victim's behalf to ensure the victim receives prompt medical and psychological assistance as appropriate to their needs and the circumstances of the alleged offense. Victims of sexual abuse must have an assessment of the potential risk of suicide.

In the event an active sexual assault, the staff is to call for backup immediately and will follow appropriate security procedures, which include:

Separating the alleged victim from the alleged perpetrator;

Do not allow the alleged victim or abuser to take any actions that could destroy any physical evidence. (washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating);

Providing medical and mental health assistance for the alleged victim as soon as possible;

Taking reasonable measures to identify, isolate, and separate witnesses;

Securing the incident scene so items cannot be removed or introduced;

Allowing only assigned investigators to assess the scene.

Psychological trauma may occur in witnesses, staff members, and the victim of the sexual assault. Mental health staff must be available to support and assist those in need.

	<p>Staff who receive a report of sexual abuse of an offender by a staff member shall take the report directly to the Executive Director.</p> <p>After a victim has reported an incident of sexual abuse/sexual assault, the Great Falls Pre-Release Transition Center staff will ensure that they receive medical care and are offered advocacy services, counseling or other appropriate support services.</p> <p>The Great Falls Pre-Release Transition Center will ensure that a sexual assault survivor has access to advocacy and support, both within the facility and in the community, from community programs.</p> <p>If Law Enforcement conducts an investigation, the Great Falls Pre-Release Transition Center staff will not assume that the resident has been referred for advocacy and support services. Mental Health staff or the PREA Coordinator will ensure the resident is referred for services.</p> <p>Interviews with staff indicate they understand the duties of a first responder.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.264 - Staff first responder duties.</p>
--	---

<b>115.265</b>	<b>Coordinated response</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. SEXUAL ASSAULT RESPONSE</li> <li>2. GFPRC PREA Policy 2023</li> <li>3. Sexual Assault Response (SART) Team Checklist</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Facility Director</li> </ol> <p>115.265 (a): The Great Falls Pre-Release Transition Center has a written plan that includes immediate notification to the facility Director, PREA Coordinator, law enforcement and sexual assault advocates. The Director stated during his interview that staff is trained to follow the Sexual Assault Response checklist, which includes but is not limited to separating the involved individuals, contacting law enforcement, maintaining evidence integrity, contacting the PREA Coordinator and Community Partners, and assisting in transport if necessary.</p> <p>The Coordinated Response plan delineates specific responsibilities for First</p>

	<p>Responders and the support staff. First Responders are expected to ensure that the alleged victim and abuser are separated. Ensure that support staff remains with the alleged victim. All security staff and potential first responders shall take preliminary steps to protect the victim and immediately notify the appropriate mental health practitioners. Notify 911 if emergent. Notify Director/PREA Coordinator. Ensure that evidence (crime scene) is preserved and protected for evidence collection. This includes securing or partitioning off the area where the incident occurred. Law enforcement will collect evidence from the scene. Request that the alleged victim not take actions that could destroy physical evidence. This may include washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking. Ensure that the alleged perpetrator is monitored. Ensure that the alleged perpetrator does not destroy physical evidence. This may include washing, brushing teeth, changing clothes, urinating, defecating, eating, or drinking.</p> <p>An interview with the Facility Director confirms the use of the Sexual Assault Response Checklist and the Sexual Assault Response Team Checklist.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.265 - Coordinated response.</p>
--	--

<b>115.266</b>	<b>Preservation of ability to protect residents from contact with abusers</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Collective Bargaining Agreement Teamsters 2021-2023</li> <li>3. Corrective Action</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Human Resource Staff</li> </ol> <p>The Great Falls Pre-Release Transition Center has no limit on its ability to remove alleged sexual abusers from contact with any residents pending the outcome of an investigation. No collective bargaining agreement would prohibit immediate action to protect residents. The Agency Head and H.R. staff confirm there is no prohibition against removing alleged staff sexual abusers from contact with residents.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.266 - Preservation of ability to protect residents from contact with abusers.</p>

<b>115.267</b>	<b>Agency protection against retaliation</b>
	<p data-bbox="280 188 983 224"><b>Auditor Overall Determination:</b> Meets Standard</p> <hr/> <p data-bbox="280 264 564 300"><b>Auditor Discussion</b></p> <p data-bbox="280 340 453 376">Documents:</p> <ol data-bbox="341 443 737 479" style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> </ol> <p data-bbox="280 519 437 555">Interviews:</p> <ol data-bbox="341 622 903 779" style="list-style-type: none"> <li>1. Agency Head</li> <li>2. Facility Director</li> <li>3. Staff who Monitor Retaliation</li> <li>4. Resident who reported sexual abuse</li> </ol> <p data-bbox="280 819 1455 1142">115.267(a): The Great Falls Pre-Release Transition Center prohibits retaliation against residents and staff who report sexual abuse or sexual harassment or cooperate with investigations. Residents and employees have a right to be free from retaliation for reporting sexual abuse and sexual harassment. (GFPRC PREA Policy 202, 3 page 12) The following staff is designated and charged with monitoring retaliation: The victim's assigned Correctional Treatment Specialist, the Screening/Disciplinary Hearings Officer (DHO), the PREA Coordinator and PREA Liaison.</p> <p data-bbox="280 1182 1471 1299">115.267 (b): As indicated in interviews with the Agency Head, Facility Director and Staff who Monitor Retaliation, multiple measures are available, including removal of alleged staff and alleged Resident abusers, housing changes and advocate support.</p> <p data-bbox="280 1379 1461 1702">115.267 (c): Retaliation against residents, employees, or other parties for reporting sexual misconduct will not be tolerated. Those who retaliate may face disciplinary action, up to and including dismissal for employees. Residents will not face disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if the investigation does not establish evidence to substantiate the allegation. Retaliation will be monitored for a minimum of 90 days by a staff member and may exceed 90 days if behaviors indicate a need.</p> <p data-bbox="280 1742 1474 1944">115.267 (d): A staff member assigned to monitor retaliation will create a safety plan that may involve housing changes or transfers. The staff member would conduct check-ins with the residents and make sure they understood their right to be free from retaliation. The check-ins could be weekly or monthly, depending on the case and need.</p> <p data-bbox="280 1984 1474 2060">115.267 (e): Residents and employees have a right to be free from retaliation for reporting sexual abuse and sexual harassment. Any individual who cooperates with</p>

	<p>an investigation is protected against retaliation. Staff members can be moved to alternate posts and shifts or, if necessary, placed on administrative leave until a situation is resolved. Staff members who retaliate against someone, either staff or resident, can also be terminated. Residents can be disciplined and removed from the program if they retaliate against a staff member or another resident.</p> <p>In her interview, the PREA Liasion (Staff member who monitors retaliation) indicated she would ensure that monitoring involving Staff members was appropriate. For instance, if two staff members conflicted, i.e., one retaliated against another for any reason, the PREA Liasion would be involved in decisions to change posts, place them on administrative leave, or, if necessary, terminate. For residents, the PREA Liasion said she would follow up at least once a week and change housing.</p> <p>The PREA Liasion further indicated she would actively attempt to detect possible retaliation by looking for changes in residents' behavior and how they were doing at work. She would also evaluate the staff member's performance and untimely requests for shift changes or excessive sick leave. Finally, the PREA Liasion indicated that she would monitor for at least 90 days or as long as the resident or employee was with the organization.</p> <p>The PREA Coordinator reports no incidents of retaliation occurred in the past 12 months.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.267 - Agency protection against retaliation.</p>
--	---

<b>115.271</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Document Review Worksheet Investigations &amp; Response Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigator</li> <li>2. PREA Coordinator</li> <li>3. Facility Director</li> </ol> <p>115.271 (a): The Great Falls Pre-Release Transition Center conducts an administrative investigation of allegations of sexual abuse and sexual harassment; the investigations begin upon staff notification and are thorough. Third-party</p>

reports are investigated in the same manner as direct reports. Any report of sexual abuse that appears to be criminal is referred to the Great Falls Police Department. (GFPRC PREA Policy 2023, pages 8-10).

115.271 (b): The Great Falls Pre-Release Transition Center investigator has received training specifically, "Investigating Sexual Abuse in a Confinement Setting." That training includes the proper use of Miranda and Garrity warnings, evidence collection, and the criteria and evidence required to substantiate a case for administrative action or criminal referral. The Auditor reviewed the training certificate and interviewed the Investigator. The Investigator was aware of her responsibilities during an investigation; she indicated that the investigation would begin immediately upon notification of an allegation. Any allegation that potentially involved criminal behavior would require police involvement. The Investigator stated she would review memorandums, collect as much data as possible, and write a report. The training reviewed good interpersonal communication skills with resident victims, assailants, and witnesses. Understanding of the dynamics of resident sexual violence. Establishing good working relationships with outside agencies, hospitals, prosecutors, and other investigators. (GFPRC PREA Policy 2023, pages 8-10 and Investigator Interview).

115.271 (c): Investigators gather and preserve direct and circumstantial evidence; crime scenes are secured to prevent contamination, and the lead Law Enforcement agency collects physical and DNA evidence. All electronic monitoring data, records, resident files, and staff memorandums are collected by the Great Falls Pre-Release Transition Center investigator and provided to the lead Law Enforcement agency. The Great Falls Pre-Release Transition Center Investigators interview alleged victims, suspected perpetrators, and witnesses for administrative investigations. Under normal circumstances, the lead Law Enforcement agency will conduct interviews during a criminal investigation. (GFPRC PREA Policy 2023, pages 8-10 and Investigator Interview).

115.271 (d) The Great Falls Pre-Release Transition Center Investigators do not conduct compelled interviews; if necessary, those interviews would be conducted by the lead Law Enforcement agency in consultation with the lead Prosecutors office. (Investigator Interview)

115.271 (e): During her interview, the Great Falls Pre-Release Transition Center Investigator stated that the credibility of an alleged victim, suspect, or witness was based on the individual and not on their status as an inmate or staff. Residents are not subject to a polygraph examination or other truth-telling devices. (GFPRC PREA Policy 2023, pages 8-10 and Investigator Interview).

115.271 (f): The Auditor reviewed three administrative investigations conducted between July 2021 and February 2023. The investigations are thorough and provide information detailing staff actions in response to an incident and whether staff actions in any manner contributed to the abuse. Further, the reports describe the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.



115.271 (g) and (h): The lead Law Enforcement agency would document and maintain criminal investigations. The Great Falls Pre-Release Transition Center Investigator is provided a summary of the case and the case disposition. The lead Law Enforcement agency maintains all evidence collected during a criminal investigation. The lead Law Enforcement agency refers cases for criminal prosecution based on their investigations. Substantiated allegations of conduct that appear to be criminal are referred for prosecution. (Investigator Interview).

115.271 (i) and (j): The Great Falls Pre-Release Transition Center retains all written investigative reports for as long as the alleged abuser is incarcerated or employed by the Agency, plus ten years. An investigation is never terminated due to the departure of the alleged abuser or victim. If a staff member is terminated or resigns, the investigation continues until resolution. (GFPRC PREA Policy 2023, page 10 and Investigator Interview).

115.271 (l): The Great Falls Pre-Release Transition Center Investigator works with the lead Law Enforcement agency and fully cooperates with that Agency during the investigation.

The facility reports that in the last 12 months, there have been zero alleged incidents of resident-on-resident non-consensual sexual acts, zero incidents of resident-on-resident abusive sexual contact, and zero incidents of resident-on-resident sexual harassment. The facility reports two allegations of staff-on-resident sexual abuse. Both cases were unsubstantiated. Each of these investigations was conducted locally as an administrative investigation. In one case, the Resident filed a criminal complaint against the staff member. A Great Falls Police Department Officer responded to the complaint; the Police Officer completed an investigation which resulted in a misdemeanor citation for Sexual Assault (1st). A Great Falls Municipal Court Judge dismissed the citation. Each case contained all the appropriate documentation, and each incident was investigated promptly, thoroughly, and objectively by a qualified Investigator who had received training and education and had the authority to conduct such investigations. The Auditor noted each file contained documentation, including but not limited to the initial incident report, Investigators' report, and Memorandums. The Auditor noted that each case file was well organized, detailed, and contained the required documentation. The Auditor also reviewed a case involving staff-on-resident sexual harassment from July 2021. This case was unsubstantiated. Upon the Auditor's review of the three PREA investigations conducted at the facility between July 2021 and February 2023, it was clear that multiple evidence-gathering techniques were used to investigate each allegation of sexual abuse or sexual harassment thoroughly (e.g., interviews from a variety of sources, secondary interviews with key subjects, location of the alleged victim and abuser, and historical video monitoring.)

Interviews with the Investigator, the Facility Director, the PREA Coordinator, and a review of the training records and investigative files address 115.71 (a), (b), (c), (d), (e), (f), (g), (h), (i), (j) and (l).

The Great Falls Pre-Release Transition Center complies with Standard 115.271 - Criminal and administrative agency investigations.

<b>115.272</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Document Review Worksheet Investigations &amp; Response Records</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigator</li> </ol> <p>The Investigative Officer was interviewed concerning the evidential standard for administrative investigation. Her response to the standard of evidence was as follows: "The evidence standard for administrative investigation is a "preponderance of the evidence". The Investigative Officer has received specialized training relevant to PREA. Specifically, "Investigating Sexual Abuse in a Confinement Setting". The Investigative Officer was interviewed and explained to the Auditor in detail the steps to be taken during a PREA-related investigation. (GFPRC PREA Policy 2023 page 9 and Investigator Interview).</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.272 - Evidentiary standard for administrative investigations.</p>

<b>115.273</b>	<b>Reporting to residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Investigation and Response Document Review worksheet</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Investigator</li> <li>2. Facility Director</li> <li>3. Residents who reported sexual abuse</li> </ol> <p>115.273 (a): Residents are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the</p>

	<p>Resident's unit; whether the staff member is or is not employed; whether the staff member has been indicted, and if the staff member has been convicted. In addition, if the alleged abuser is a resident, the resident victim would be informed if the alleged abuser was indicted or convicted. All notifications are documented. (GRPRC PREA Policy, pages 12-13, Investigator interview, Facility Director interview and Residents who reported sexual abuse interviews).</p> <p>115.273 (b): The lead Law Enforcement agency would document and maintain criminal investigations. The Great Falls Pre-Release Transition Center Investigator is provided a summary of the case and the case disposition. This information would be used to inform the Resident of the outcome of the investigation. (Investigator interview).</p> <p>115.273(c): Residents are informed of the results of the investigation. That information includes whether the staff member is or is not allowed to work in the Resident's unit; whether the staff member is or is not employed; whether the staff member has been indicted, and if the staff member has been convicted. All notifications are documented. (GRPRC PREA Policy, pages 12-13, Investigator interview, Facility Director interview Residents who reported sexual abuse interviews, and a review of the notification letters in the investigation packages).</p> <p>115.273 (d) and (e): If the alleged abuser is a resident, the resident victim would be informed if the alleged abuser was indicted or convicted. All notifications are documented. (GRPRC PREA Policy, pages 12-13).</p> <p>Each case file reviewed by the Auditor contained all the appropriate documentation, and each incident was investigated promptly, thoroughly, and objectively by a qualified Investigator who had received training and education and had the authority to conduct such investigations. The Auditor noted each file contained documentation, including but not limited to the initial incident report, Investigators' report, and Memorandums. The Auditor notes each file contained documentation concerning the notification to the resident. In each case, the Resident was informed of the outcome of the investigation.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.273 - Reporting to residents.</p>
--	---

<b>115.276</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> </ol>

	<p>2. Corrective action – Staff Personnel Handbook page 13 3. Personnel Handbook page 33</p> <p>Interviews:</p> <p>Human Resource staff</p> <p>PREA Coordinator</p> <p>115.276 (a-c): The Great Falls Pre-Release Transition Center Staff are subject to disciplinary sanctions, including termination for violating Agency sexual abuse or sexual harassment policies. Violation of the Great Falls Pre-Release Transition Center policies or procedures may result in disciplinary action, including but not limited to demotion, leave without pay, or termination of employment. The organization encourages a progressive discipline system depending on the type of prohibited conduct. However, the organization is not required to engage in progressive discipline and may discipline or terminate employees who violate the rules of conduct or where the quality or value of their work fails to meet expectations.</p> <p>The PREA Coordinator reports zero staff have been disciplined for violating the facility's Zero Tolerance policy in the past 12 months.</p> <p>115.276 (d): The PREA Coordinator and the Human Resource staff indicated that any staff investigation involving criminal sexual abuse or harassment would be reported to law enforcement. Additionally, appropriate State agencies would be notified if a licensed staff member violated the Great Falls Pre-Release Transition Center zero-tolerance policy.</p> <p>The PREA Coordinator reports zero terminations for violating the facility's Zero Tolerance policy in the past 12 months.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.276 - Disciplinary sanctions for staff.</p>
--	--

<b>115.277</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <p>1. GFPRC PREA Policy 2023</p> <p>Interviews:</p>

	<p>1. Facility Director</p> <p>115.277 (a): The Great Falls Pre-Release Transition Center contract staff and volunteers who are found to have violated the agency's zero-tolerance policies will be terminated from service and prohibited from contact with residents. (GRPRC PREA Policy 2023 page 15).</p> <p>115.277 (b): In his interview, the Facility Director indicated any violation of the Great Falls Pre-Release Transition Center zero-tolerance policy by a contractor or volunteer would result in their removal from contact with residents. Additionally, the contractor or volunteer would not be allowed to enter the facility.</p> <p>There have been no incidents of contractors or volunteers violating the Great Falls Pre-Release Transition Center PREA policies within the past 12 months.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.277 - Corrective Action for contractors and volunteers.</p>
--	--

<b>115.278</b>	<b>Disciplinary sanctions for residents</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Chapter 4 Resident Handbook</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Mental Health Specialist</li> <li>2. PREA Coordinator</li> </ol> <p>115.278 (a): Residents are subject to disciplinary sanctions following an administrative finding that the Resident engaged in Resident-on-resident sexual abuse or following a criminal finding of Resident-on-resident sexual abuse. (GFPRC PREA Policy 2023, page 15). In the past 12 months, zero residents were subject to an administrative finding of resident-on-resident sexual abuse.</p> <p>115.278 (b): The sanctions are commensurate with the circumstances of the abuse committed. Appropriate rights and responsibilities are afforded to the Resident during the disciplinary hearing process. (GFPRC PREA Policy 2023, page 15, Chapter 4 Resident Handbook),</p> <p>115.278 (c): The disciplinary process shall consider whether a resident's mental</p>

	<p>disabilities or mental illness contributed to their behavior when determining what type of sanction, if any, should be imposed. (GFPRC PREA Policy 2023, page 15, Chapter 4 Resident Handbook).</p> <p>115.278 (d): In her interview, the Mental Health Specialist indicated therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, would be offered to the resident. The Mental Health Specialist stated she would provide counseling for the resident or find appropriate community providers who could work with the resident. The resident would not be required to participate in the counseling, but the services would be offered.</p> <p>115.278 (e): A Resident accused of sexual assault/abuse is subject to an investigation and disciplinary process and an investigation by Great Falls Police Department and prosecution. The Great Falls Pre-Release Transition Center will discipline a resident for sexual contact with a staff member only upon a finding that the staff member did not consent to the contact. (GFPRC PREA Policy 2023, page 15).</p> <p>115.278 (f): A report of sexual abuse is always investigated. If a report is made in good faith based upon reasonable belief that the alleged conduct occurred, it will not result in disciplinary action for making a false report. ((GFPRC PREA Policy 2023, page 15).</p> <p>115.278 (g): The Great Falls Pre-Release Transition Center prohibits all sexual activity between residents and disciplines residents for inappropriate sexual activity. Consensual sexual activity between residents is not considered sexual abuse; however, the activity is still subject to discipline.</p> <p>In the past 12 months, there have been zero administrative findings of resident-on-resident sexual abuse and zero criminal findings of guilt for resident-on-resident sexual abuse at the Great Falls Pre-Release Transition Center.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.278 - Disciplinary sanctions for residents.</p>
--	---

<b>115.282</b>	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. Sexual Assault Response (SART) Team Checklist</li> <li>3. Sexual Assault Response Checklist</li> </ol>

Interviews:

1. Medical Health Registered Nurse
2. Mental Health Specialist
3. Residents who reported sexual abuse

115.282 (a): All victims are provided access to emergency medical treatment at a healthcare facility (Benefis Health System). Benefis Health provides Sexual Assault Nurse Examiners, and those examiners arrange for sexual assault advocates to meet with the victim.

During their interviews, the Mental Health Specialist and the Registered Nurse stated that the scope of services they provide is based on their professional judgment. The Mental Health Specialist and the Registered Nurse indicated they maintain secondary materials documenting crisis intervention services.

The Auditor notes that the Registered Nurse works with the Resident and to ensure continuity of care.

115.282 (b): Any staff member who receives an allegation from a resident that the Resident has been sexually abused must immediately:

- Separate the alleged victim and abuser.
- Notify the supervisor, PREA Coordinator, and 911 emergency services if immediate medical attention is necessary.
- Preserve and protect any crime scene until appropriate steps can be taken to collect evidence.
- Contact Mental Health Staff.
- Document the incident.

115.282 (c): Resident victims of sexual abuse would be offered emergency medical treatment in accordance with procedures at the hospital. The Great Falls Pre-Release Transition Center does not provide medical care; Community Providers conduct all medical care. Any information or prescriptions concerning emergency contraception and sexually transmitted infections prophylaxis would be the responsibility of Community Providers. The Registered Nurse would coordinate medical visits in the Community with the Resident.

115.282 (d): GFPRC PREA Policy 2023, page 12, states, "Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

The Great Falls Pre-Release Transition Center complies with Standard 115.282 - Access to emergency medical and mental health services.

<b>115.283</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Medical Health Registered Nurse</li> <li>2. Mental Health Specialist</li> </ol> <p>115.283 (a): The Great Falls Pre-Release Transition Center provides ongoing medical and mental health care for sexual abuse victims and abusers through community providers, such as Benefis Health Systems and the YWCA. (Interviews with Medical Health Registered Nurse and Mental Health Specialist).</p> <p>115.283 (b): Appropriate follow-up services, treatment plans and continuing care upon release from custody are available. During her interview, the Mental Health Specialist indicated arrangements would be made with Community Providers to ensure follow-up mental health care was available. Additionally, the Medical Health Registered Nurse stated she would arrange for the Resident's medical care with Community Providers upon release. Community Providers provide all medical treatment.</p> <p>115.283 (c): Community Providers provide all medical treatment. The Mental Health Specialist indicated the mental health treatment received at the Great Falls Pre-Release Transition Center is consistent with the community level of care.</p> <p>115.383 (d): The Medical Health Registered Nurse stated she would arrange for the Resident's medical care, and Community Providers would determine treatment plans. While incarcerated, resident victims of sexually abusive vaginal penetration would be offered pregnancy tests.</p> <p>115.283 (e): The Medical Health Registered Nurse stated she would arrange for the Resident's medical care, and Community Providers would determine treatment plans. Community Providers would provide comprehensive information about access to all lawful pregnancy-related medical services if a Resident victim became pregnant.</p> <p>115.283 (f): The Medical Health Registered Nurse stated she would arrange for the Resident's medical care, and Community Providers would determine treatment plans. Resident victims would be given tests for sexually transmitted infections as medically appropriate.</p>



	<p>115.283 (g): Emergency services provided to victims of sexual assault are provided at no cost to the victim. (GFPRC PREA Policy 2023, page 11).</p> <p>115.283 (h): The Mental Health Specialist stated during her interview that the Great Falls Pre-Release Transition Center would attempt to conduct a mental health evaluation of all known resident-on-resident abusers and offer treatment by either Great Falls Pre-Release Transition Center Mental Health staff or Community Providers. Additionally, arrangements would be made for continuing treatment upon release.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.283 - Ongoing medical and mental health care for sexual abuse victims and abusers.</p>
--	---

<b>115.286</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. Incident Review Team</li> <li>2. PREA Coordinator</li> <li>3. Facility Director</li> </ol> <p>115.286 (a): At the conclusion of the investigative process, the Great Falls Pre-Release Transition Center staff conduct a sexual abuse incident review. (GFPRC PREA Policy 2023, pages 9-10).</p> <p>115.286 (b): The review would be scheduled within 30 days of the conclusion of the investigation. The Auditor reviewed three investigations; each included a Sexual Abuse incident review conducted within 30 days of the conclusion of the investigation.</p> <p>115.286 (c): The review team comprises the Executive Director, Facility Director, PREA Coordinator and relevant staff involved in the investigation. In his interview, the Facility Director stated the team considers if the incident was caused by race or sexual orientation etc. The Team examines the area and evaluates how monitoring can be improved, and the Team reviews staffing and video monitoring capabilities.</p> <p>115.286 (d): The review team considers whether the following issues contributed to the incident:</p>

	<ul style="list-style-type: none"> <li>• Staffing levels</li> <li>• Camera placement</li> <li>• Physical barriers/blind spots</li> <li>• Lack of recent camera monitoring</li> <li>• Need for Staff training</li> <li>• Delayed head counts</li> <li>• Incident/situation elsewhere in the facility requiring staff attention</li> <li>• Lack of staff in the area.</li> </ul> <p>In their interviews, the Facility Director, the Incident Review Team member and the PREA Coordinator stated the Team would also consider if the incident was motivated by race, sexual orientation, gang affiliation or other group dynamics.</p> <p>115.286 (e): The Great Falls Pre-Release Transition Center implements recommendations for improvement and documents those improvements.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.286 - Sexual abuse incident reviews.</p>
--	---

<b>115.287</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. 2022 Annual Report GFPRC</li> <li>3. prea-annual-sexual-abuse-2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>115.287 (a) and (b): The PREA coordinator will compile records and report statistical data annually to the Federal Bureau of Prisons and the Montana Department of Corrections. This statistical data is also utilized for the Great Falls Pre-Release Transition Center’s Annual Report.</p> <p>115.287 (c): The data collected includes the date of the incident, the names of the victims and perpetrators, the type of report (sexual abuse, sexual harassment, sexual assault or staff sexual misconduct), (Resident-on-Resident, Staff-on-Resident, or Resident-on Staff), the name of the Investigator, the type of Investigation (Administrative or Criminal), the date completed, the outcome of the investigation</p>

	<p>and date of notification to the Resident.</p> <p>115.287 (d): The Great Falls Pre-Release Transition Center maintains all available reports, investigation files and incident reviews.</p> <p>115.287 (e): The Great Falls Pre-Release Transition Center is a stand-alone facility; it does not contract with other agencies for the confinement of its residents.</p> <p>115.287 (f): The Department of Justice has requested the Great Falls Pre-Release Transition Center complete a Survey of Sexual Violence. The SSV Data was completed for 2021; however, the Facility did not maintain a copy of the report. The data collected by the Great Falls Pre-Release Transition Center is provided to the Federal Bureau of Prisons and the Montana Department of Correction. The data is published annually on the Center’s website. (<a href="https://gfprc.org/resources/prea-annual-sexual-abuse-2022.pdf">https://gfprc.org/resources/prea-annual-sexual-abuse-2022.pdf</a>)</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.287 - Data Collection.</p>
--	---

<b>115.288</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. 2022 PREA Annual Report</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>115.288 (a) (b) and (c): The Great Falls Pre-Release Transition Center reviews the data, identifies problem areas, takes corrective action, and prepares a final report. The Report assesses the Agency's progress in addressing sexual abuse. The Agency Head reviews the Report, which is available online at <a href="https://gfprc.org/resources/gfprc-prea-annual-report-and-comparison-2020-2022">https://gfprc.org/resources/gfprc-prea-annual-report-and-comparison-2020-2022</a>.</p> <p>115.288 (d): The Auditor reviewed the Report, and there was no personally identifiable information. The PREA Coordinator reported the Center does not utilize any personally identifiable information in the Report. No information was redacted from the Report.</p> <p>The Auditor reviewed the Report. The Report contains a written review of the</p>

	<p>facility's investigations for 2020, 2021 and 2022. Additionally, the Report provides a brief overview of the Incident Review team's conclusions. The Report states: "No recommendations are being made at this time in the area of policy changes; none of the incidents appeared to be motivated by race; ethnicity; or gender identity; staffing levels appear to be adequate for the size of the facility, and the camera system continues to play a vital part in the facilities capabilities toward detection and deterrence of PREA incidents. Training for all employees, contractors, volunteers and inmates concerning PREA is ongoing".</p> <p>The Report is produced by the PREA Coordinator and approved by the Executive Director and Facility Director before publication on the website.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.288 - Data review for corrective action.</p>
--	---

<b>115.289</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>Documents:</p> <ol style="list-style-type: none"> <li>1. GFPRC PREA Policy 2023</li> <li>2. 2022 PREA Annual Report</li> <li>3. PREA Annual Sexual Abuse Data 2022</li> </ol> <p>Interviews:</p> <ol style="list-style-type: none"> <li>1. PREA Coordinator</li> </ol> <p>115.289 (a- d) Required data is collected, maintained, and available online. The Great Falls Pre-Release Transition Center maintains this data for ten years after the initial collection date. The data collected includes incident reports, investigation reports, electronic evidence, law enforcement referrals, criminal investigation reports, administrative investigation reports, PREA Incident reviews, and retaliation monitoring reports. Personal identifiers are removed before any publication of data. The data is stored electronically and secured by a network access password. Paper copies are stored in a locked fireproof file cabinet in the Facility Director's office.</p> <p>The Auditor reviewed the report, and there was no personally identifiable information. The PREA Coordinator reported the Center does not utilize any personally identifiable information in the report. No information was redacted from the report.</p> <p>The Auditor reviewed the report. The report contains a written review of the</p>

	<p>facility’s investigations for 2020, 2021 and 2022. Additionally, the report provides a brief overview of the Incident Review team's conclusions. The report states: “No recommendations are being made at this time in the area of policy changes; none of the incidents appeared to be motivated by race; ethnicity; or gender identity; staffing levels appear to be adequate for the size of the facility, and the camera system continues to play a vital part in the facilities capabilities toward detection and deterrence of PREA incidents. Training for all employees, contractors, volunteers and inmates concerning PREA is ongoing”.</p> <p>The Report is produced by the PREA Coordinator and approved by the Executive Director and Facility Director before publication on the website.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.289 - Data storage, publication, and destruction.</p>
--	--

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.401 (a-b) The Great Falls Pre-Release Transition Center participated in a PREA Audit in July 2016 and June 2019, and this audit (April 2023). During the three years, starting on August 20, 2013, and every three years after, the Great Falls Pre-Release Transition Center has ensured a PREA Audit was completed. The Auditor notes the Center participated in an audit during the third year of the First Cycle and the third year of the Second cycle. No audit was conducted during the third year of the Third Cycle due to Covid concerns. This Audit was conducted during the first year of the Fourth Cycle.</p> <p>115.401 (h): The auditor was provided access to and observed all areas of the audited facility.</p> <p>115.401 (i): The Auditor reviewed the relevant policies, the Great Falls Pre-Release Transition Center procedures, reports, and accreditations. The Auditor was provided a sampling of relevant documents for the most recent one-year period. The Auditor was permitted to request and receive copies of all relevant documents.</p> <p>115.401 (m): The Auditor interviewed Staff, supervisors, and administrators. The Auditor was permitted to conduct private interviews with residents.</p> <p>115.401 (n): Residents were allowed to send confidential information or correspondence to the Auditor in the same manner as if they were communicating with legal counsel.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.401 - Frequency and Scope of Audits.</p>

<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 (f). The Great Falls Pre-Release Transition Center participated in a PREA Audit in July 2016 and June 2019, and this Audit (April 2023). During the three years, starting on August 20, 2013, and every three years after, the Great Falls Pre-Release Transition Center has ensured a PREA Audit was completed. The Auditor notes the Center participated in an audit during the third year of the First Cycle and the third year of the Second cycle. No audit was conducted during the third year of the Third Cycle due to Covid concerns. This Audit was conducted during the first year of the Fourth Cycle. Upon receipt of the final audit reports, the Great Falls Pre-Release Transition Center publishes the audit results on its website. This task was completed within 90 days of the completion of the Audit.</p> <p>The Great Falls Pre-Release Transition Center complies with Standard 115.403 - Audit contents and findings.</p>

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

	emergency circumstances after making all reasonable attempts to find a PREA compliant private agency or other entity to confine residents? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	
	In such a case, does the agency document its unsuccessful attempts to find an entity in compliance with the standards? (N/A if the agency has not entered into a contract with an entity that fails to comply with the PREA standards.)	na
<b>115.213 (a)</b>	<b>Supervision and monitoring</b>	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect residents against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The physical layout of each facility?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
<b>115.213 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (NA if no deviations from staffing plan.)	na
<b>115.213 (c)</b>	<b>Supervision and monitoring</b>	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the staffing plan established pursuant to paragraph (a) of this section?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to prevailing	yes



	staffing patterns?	
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the facility's deployment of video monitoring systems and other monitoring technologies?	yes
	In the past 12 months, has the facility assessed, determined, and documented whether adjustments are needed to the resources the facility has available to commit to ensure adequate staffing levels?	yes
<b>115.215 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip searches or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.215 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female residents, except in exigent circumstances? (N/A if the facility does not have female inmates.)	yes
	Does the facility always refrain from restricting female residents' access to regularly available programming or other outside opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	yes
<b>115.215 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female residents?	yes
<b>115.215 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enable residents to shower,	yes

	perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	
	Does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing?	yes
<b>115.215 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status?	yes
	If the resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.215 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
<b>115.216 (a)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision?	yes

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

	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.216 (c)</b>	<b>Residents with disabilities and residents who are limited English proficient</b>	
	Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.264, or the investigation of the resident's allegations?	yes
<b>115.217 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of	yes

	force, or coercion, or if the victim did not consent or was unable to consent or refuse?	
	Does the agency prohibit the enlistment of the services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the two questions immediately above ?	yes
<b>115.217 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents?	yes
	Does the agency consider any incidents of sexual harassment in determining to enlist the services of any contractor who may have contact with residents?	yes
<b>115.217 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with residents, does the agency: Perform a criminal background records check?	yes
	Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.217 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents?	yes
<b>115.217 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.217</b>	<b>Hiring and promotion decisions</b>	

<b>(f)</b>		
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.217 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.217 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.218 (a)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012 or since the last PREA audit, whichever is later.)	na
<b>115.218 (b)</b>	<b>Upgrades to facilities and technology</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the	na

	agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated any video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012 or since the last PREA audit, whichever is later.)	
<b>115.221 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (NA if the agency/facility is not responsible for conducting any form of criminal or administrative sexual abuse investigations.)	yes
<b>115.221 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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



<b>115.222 (a)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.222 (b)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.222 (c)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for conducting criminal investigations. See 115.221(a).)	yes
<b>115.231 (a)</b>	<b>Employee training</b>	
	Does the agency train all employees who may have contact with residents on: Its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with residents on: How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with residents on: Residents' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with	yes

	residents on: The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	
	Does the agency train all employees who may have contact with residents on: The dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with residents on: The common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with residents on: How to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with residents on: How to avoid inappropriate relationships with residents?	yes
	Does the agency train all employees who may have contact with residents on: How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents?	yes
	Does the agency train all employees who may have contact with residents on: How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.231 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the residents at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa?	yes
<b>115.231 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with residents received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training,	yes

	does the agency provide refresher information on current sexual abuse and sexual harassment policies?	
<b>115.231 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.232 (a)</b>	<b>Volunteer and contractor training</b>	
	Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.232 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)?	yes
<b>115.232 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.233 (a)</b>	<b>Resident education</b>	
	During intake, do residents receive information explaining: The agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do residents receive information explaining: How to report incidents or suspicions of sexual abuse or sexual harassment?	yes
	During intake, do residents receive information explaining: Their rights to be free from sexual abuse and sexual harassment?	yes

	During intake, do residents receive information explaining: Their rights to be free from retaliation for reporting such incidents?	yes
	During intake, do residents receive information regarding agency policies and procedures for responding to such incidents?	yes
<b>115.233 (b)</b>	<b>Resident education</b>	
	Does the agency provide refresher information whenever a resident is transferred to a different facility?	yes
<b>115.233 (c)</b>	<b>Resident education</b>	
	Does the agency provide resident education in formats accessible to all residents, including those who: Are limited English proficient?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are deaf?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are visually impaired?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Are otherwise disabled?	yes
	Does the agency provide resident education in formats accessible to all residents, including those who: Have limited reading skills?	yes
<b>115.233 (d)</b>	<b>Resident education</b>	
	Does the agency maintain documentation of resident participation in these education sessions?	yes
<b>115.233 (e)</b>	<b>Resident education</b>	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats?	yes
<b>115.234 (a)</b>	<b>Specialized training: Investigations</b>	
	In addition to the general training provided to all employees pursuant to §115.231, does the agency ensure that, to the extent	yes

	the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	
<b>115.234 (b)</b>	<b>Specialized training: Investigations</b>	
	Does this specialized training include: Techniques for interviewing sexual abuse victims?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Proper use of Miranda and Garrity warnings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: Sexual abuse evidence collection in confinement settings?(N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
	Does this specialized training include: The criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a)).	yes
<b>115.234 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of criminal or administrative sexual abuse investigations. See 115.221(a).)	yes
<b>115.235 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes

	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (b)</b>	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency does not employ medical staff or the medical staff employed by the agency do not conduct forensic exams.)	na
<b>115.235 (c)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.235 (d)</b>	<b>Specialized training: Medical and mental health care</b>	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.231? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	yes
	Do medical and mental health care practitioners contracted by	yes

	and volunteering for the agency also receive training mandated for contractors and volunteers by §115.232? (N/A for circumstances in which a particular status (employee or contractor/volunteer) does not apply.)	
<b>115.241 (a)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all residents assessed during an intake screening for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
	Are all residents assessed upon transfer to another facility for their risk of being sexually abused by other residents or sexually abusive toward other residents?	yes
<b>115.241 (b)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
<b>115.241 (c)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes
<b>115.241 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The age of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The physical build of the resident?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization:	yes

	Whether the resident's criminal history is exclusively nonviolent?	
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the resident about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the resident is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: Whether the resident has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess residents for risk of sexual victimization: The resident's own perception of vulnerability?	yes
<b>115.241 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior acts of sexual abuse?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: prior convictions for violent offenses?	yes
	In assessing residents for risk of being sexually abusive, does the initial PREA risk screening consider, when known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.241 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the resident's arrival at the facility, does the facility reassess the resident's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes



<b>115.241 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess a resident's risk level when warranted due to a: Referral?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Request?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Incident of sexual abuse?	yes
	Does the facility reassess a resident's risk level when warranted due to a: Receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness?	yes
<b>115.241 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that residents are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.241 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents?	yes
<b>115.242 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes

	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.241, with the goal of keeping separate those residents at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.242 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each resident?	yes
<b>115.242 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex residents, does the agency consider on a case-by-case basis whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems?	yes
<b>115.242 (d)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.242 (e)</b>	<b>Use of screening information</b>	
	Are transgender and intersex residents given the opportunity to shower separately from other residents?	yes
<b>115.242</b>	<b>Use of screening information</b>	

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

	Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the resident to remain anonymous upon request?	yes
<b>115.251 (c)</b>	<b>Resident reporting</b>	
	Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Do staff members promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.251 (d)</b>	<b>Resident reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents?	yes
<b>115.252 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.252 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve	yes

	with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	
<b>115.252 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: a resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
	Does the agency ensure that: such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time (the maximum allowable extension is 70 days per 115.252(d)(3)), does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of residents? (If a third party files such a request on behalf	yes

	of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	
	If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (f)</b>	<b>Exhaustion of administrative remedies</b>	
	Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.252 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines a resident for filing a grievance related to	yes

	alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	
<b>115.253 (a)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility enable reasonable communication between residents and these organizations, in as confidential a manner as possible?	yes
<b>115.253 (b)</b>	<b>Resident access to outside confidential support services</b>	
	Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.253 (c)</b>	<b>Resident access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.254 (a)</b>	<b>Third party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident?	yes
<b>115.261 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or	yes

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



<b>115.262 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident?	yes
<b>115.263 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.263 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
<b>115.263 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.263 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.264 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate,	yes

	washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	
	Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.264 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.265 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
<b>115.266 (a)</b>	<b>Preservation of ability to protect residents from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.267 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff?	yes

	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.267 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.267 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any resident disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency:4. Monitor resident housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor resident program changes?	yes

	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignment of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.267 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of residents, does such monitoring also include periodic status checks?	yes
<b>115.267 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.271 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.221(a). )	yes
<b>115.271 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.234?	yes
<b>115.271 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial	yes

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

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

	request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	
<b>115.273 (c)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.273 (d)</b>	<b>Reporting to residents</b>	
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform	yes

	the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.273 (e)</b>	<b>Reporting to residents</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.276 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.276 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.276 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.276 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies, unless the activity was clearly not criminal?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.277 (a)</b>	<b>Corrective action for contractors and volunteers</b>	



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

	condition of access to programming and other benefits?	
<b>115.278 (e)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.278 (f)</b>	<b>Disciplinary sanctions for residents</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
<b>115.278 (g)</b>	<b>Disciplinary sanctions for residents</b>	
	Does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.)	yes
<b>115.282 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
<b>115.282 (b)</b>	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.262?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
<b>115.282 (c)</b>	<b>Access to emergency medical and mental health services</b>	
	Are resident victims of sexual abuse offered timely information	yes

	about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	
<b>115.282 (d)</b>	<b>Access to emergency medical and mental health services</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (a)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
<b>115.283 (b)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
<b>115.283 (c)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.283 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. Note: in "all-male" facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	yes
<b>115.283 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.283(d), do such victims receive timely and comprehensive	yes

	information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	
<b>115.283 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.283 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.283 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners?	yes
<b>115.286 (a)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
<b>115.286 (b)</b>	<b>Sexual abuse incident reviews</b>	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
<b>115.286 (c)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

<b>115.286 (d)</b>	<b>Sexual abuse incident reviews</b>	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.286(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
<b>115.286 (e)</b>	<b>Sexual abuse incident reviews</b>	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
<b>115.287 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.287 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.287</b>	<b>Data collection</b>	

<b>(c)</b>		
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.287 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.287 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.)	na
<b>115.287 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.288 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant to § 115.287 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	yes

<b>115.288 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.288 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.288 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.289 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.287 are securely retained?	yes
<b>115.289 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no
<b>115.289 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.289 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes

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



	same manner as if they were communicating with legal counsel?	
<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes