

PREA Facility Audit Report: Final

Name of Facility: Crossroads Correctional Center

Facility Type: Prison / Jail

Date Interim Report Submitted: 11/22/2023

Date Final Report Submitted: 06/07/2024

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"/>
Auditor Full Name as Signed: Kenneth E. Arnold	Date of Signature: 06/07/2024

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	09/12/2023
End Date of On-Site Audit:	09/14/2023

FACILITY INFORMATION	
Facility name:	Crossroads Correctional Center
Facility physical address:	50 Crossroads Drive, Shelby, Montana - 59474
Facility mailing address:	

Primary Contact

Name:	Michele Steyh
Email Address:	Michele.Steyh@corecivic.com
Telephone Number:	406-434-7055

Warden/Jail Administrator/Sheriff/Director	
Name:	Pete Bludworth
Email Address:	Peter.Bludworth@corecivic.com
Telephone Number:	406-434-7055

Facility PREA Compliance Manager	
Name:	Michele Steyh
Email Address:	michele.steyh@corecivic.com
Telephone Number:	O: 406-434-7055

Facility Health Service Administrator On-site	
Name:	Kaitlyn Young
Email Address:	Kaitlyn.Young@corecivic.com
Telephone Number:	406-434-7055

Facility Characteristics	
Designed facility capacity:	807
Current population of facility:	765
Average daily population for the past 12 months:	759
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males

Age range of population:	19-81
Facility security levels/inmate custody levels:	Min, Med, Close, and Max
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	159
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	32
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	14

AGENCY INFORMATION	
Name of agency:	CoreCivic, Inc.
Governing authority or parent agency (if applicable):	
Physical Address:	5501 Virginia Way, Suite 110, Brentwood, Tennessee - 37027
Mailing Address:	
Telephone number:	615-263-3000

Agency Chief Executive Officer Information:	
Name:	Damon T. Hininger
Email Address:	
Telephone Number:	615-263-3000

Agency-Wide PREA Coordinator Information			
Name:	Heather Baltz	Email Address:	heather.baltz@corecivic.com

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:

1

- 115.31 - Employee training

Number of standards met:

44

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:	2023-09-12
2. End date of the onsite portion of the audit:	2023-09-14

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:	An official from Hi-Line Help for Abused Spouses [115.21(e and f) and 115.53(a) emotional support service].

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	807
15. Average daily population for the past 12 months:	759
16. Number of inmate/resident/detainee housing units:	10
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	750
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	2
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	2
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:	1
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:	1
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	1

<p>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:</p>	<p>5</p>
<p>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:</p>	<p>3</p>
<p>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:</p>	<p>5</p>
<p>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:</p>	<p>0</p>
<p>48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</p>	<p>Of note, facility staff provided the above values to the auditor prior to commencement of the onsite visit.</p>
<p>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</p>	
<p>49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</p>	<p>159</p>
<p>50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:</p>	<p>14</p>

51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	32
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:	Of note, facility staff provided the above values to the auditor prior to commencement of the onsite visit.
INTERVIEWS	
Inmate/Resident/Detainee Interviews	
Random Inmate/Resident/Detainee Interviews	
53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	Inmates were selected from each unit and pod. Researched rosters to ensure ethnic, age, and length of time in the facility diversity.
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="radio"/> Yes <input type="radio"/> No

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):	None
Targeted Inmate/Resident/Detainee Interviews	
58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	16
<p>As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".</p>	
60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	1
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:	2
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:	1

<p>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>
<p>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>During the facility tour and other tours throughout the facility, as well as inmate interviews, the auditor did not encounter any non-English speakers.</p>
<p>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>1</p>
<p>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</p>	<p>5</p>

<p>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</p>	<p>3</p>
<p>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</p>	<p>5</p>
<p>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</p>	<p>0</p>
<p>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</p>	<p>Pursuant to interviews with both staff and inmates, the auditor learned that inmates are not placed in segregated housing/isolation for risk of sexual victimization, at CCC. Furthermore, the auditor did not locate any inmates in the RHU who were placed in involuntary segregation based on risk of sexual victimization.</p>
<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>One interviewee reported sexual abuse at CCC while two interviewees reported sexual harassment. All were interviewed using the sexual abuse questionnaire.</p>

Staff, Volunteer, and Contractor Interviews

Random Staff Interviews

71. Enter the total number of RANDOM STAFF who were interviewed:

12

72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)

- Length of tenure in the facility
- Shift assignment
- Work assignment
- Rank (or equivalent)
- Other (e.g., gender, race, ethnicity, languages spoken)
- None

73. Were you able to conduct the minimum number of RANDOM STAFF interviews?

- Yes
- No

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):

None

Specialized Staff, Volunteers, and Contractor Interviews

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.

75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):

14

76. Were you able to interview the Agency Head?

- Yes
- No

<p>a. Explain why it was not possible to interview the Agency Head:</p>	<p>In view of the volume of facilities under the CC umbrella, the agency head designee was interviewed separately from the onsite audit and the auditor was provided a copy of his responses to the questionnaire. The CCPC advised that there are no applicable changes to the responses as applied to CCC PREA operations.</p>
<p>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
<p>78. Were you able to interview the PREA Coordinator?</p>	<p><input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>a. Explain why it was not possible to interview the PREA Coordinator:</p>	<p>In view of the volume of facilities under the CC umbrella, the CCPC was interviewed separately from the onsite audit and the auditor was provided a copy of his responses to the questionnaire. The CCPC advised that there are no applicable changes to the responses as applied to CCC PREA operations.</p>
<p>79. Were you able to interview the PREA Compliance Manager?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</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
81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
82. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Enter the total number of CONTRACTORS who were interviewed:	2
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input checked="" type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
83. Provide any additional comments regarding selecting or interviewing specialized staff.	None

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>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>None</p>
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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>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes <input type="radio"/> No</p>
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<p>91. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p>	<p>Employee and Contractor Human Resources Files- 14 Employee and Contractor Training Files- 14 Investigative Files- 10 Inmate Files- 42</p>
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SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	7	0	7	0
Staff-on-inmate sexual abuse	2	0	2	0
Total	9	0	9	0

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	8	0	8	0
Staff-on-inmate sexual harassment	2	0	2	0
Total	10	0	10	0

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	5	2
Staff-on-inmate sexual abuse	0	1	1	0
Total	0	1	6	2

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	3	5	0
Staff-on-inmate sexual harassment	0	1	1	0
Total	0	4	6	0

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

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

7

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p>Inmate-on-inmate sexual abuse investigation files</p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>5</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>Staff-on-inmate sexual abuse investigation files</p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>2</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" 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>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>Sexual Harassment Investigation Files Selected for Review</p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>2</p>
<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
<p>Inmate-on-inmate sexual harassment investigation files</p>	
<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>0</p>
<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input checked="" type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>

Staff-on-inmate sexual harassment investigation files	
111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	2
112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None
SUPPORT STAFF INFORMATION	
DOJ-certified PREA Auditors Support Staff	
115. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	<input type="radio"/> Yes <input checked="" type="radio"/> No

Non-certified Support Staff

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

Yes

No

AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

The audited facility or its parent agency

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

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

Other

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy.</p> <p>The Zero Tolerance policy is clearly articulated in CoreCivic (CC) Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section A(1). Pages 1-30 of the same policy address all facets of the PREA program at Crossroads Correctional Center (CCC). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, page 1, section I addresses zero tolerance towards sexual abuse/harassment. Pages 1-17 of the same policy address all facets of the MDOC PREA program.</p>

The auditor's review of two (one completed in 2022 and one completed in 2023) CORECIVIC PREA TRAINING ACKNOWLEDGMENT PRESERVICE and INSERVICE forms signed and dated by staff reveals substantial compliance with 115.11(a). This document addresses understanding of training presented regarding sexual abuse/harassment and reporting options. The document is signed and dated during orientation training and inservice training.

Pursuant to interview with the CC PREA Coordinator (CCPC), the auditor learned that he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering a minimum of 57.

As senior director, he oversees the director who facilitates reviews of all PREA investigations. The CCPC handles audits and compliance matters, inclusive of policy development and updates.

The CCPC and director facilitate quarterly Skype sessions with facility PCMs and travel to facilities for audits and training sessions, inclusive of investigative training. The CCPC and director are in contact with PCMs on a daily basis relative to investigations and audit issues.

The CCPC's primary focus is audit preparation and follow-up regarding corrective action plans. Specifically, he reviews each PAQ for sufficiency and comprehensiveness prior to forwarding the same to PREA auditors. He is able to provide technical on-site assistance and training to correct practices that may have developed due to a misunderstanding of PREA standards. In his position, he is able to involve CC managing directors and vice presidents to address concerns requiring their intervention. Additionally, the CCPC coordinates all corrective action following each PREA audit.

Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator (PC) with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the CC Organizational Chart, the agency-wide CCPC (Senior Director of PREA Compliance and Programs) is a full-time position and he reports to the Vice President of Core Services (VPCS). The VPCS reports to the Chief Operating Officer (COO) who is a member of the CC executive staff.

The auditor finds the CC PREA chain of command sufficient to accomplish all PREA needs.

Pursuant to the PAQ, the Warden self reports there is a designated PREA Compliance Manager (PCM) at CCC. The chief of unit management (COUM) fulfills this role.

According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of a memorandum authored by the Warden reflects that the COUM is designated as the PCM at CCC. According to the CCC Organizational Chart, the COUM reports directly to the assistant warden who reports directly to the Warden.

	<p>The CCC PCM asserts that at this point, she does have sufficient time to devote to her PREA duties. She makes daily management by wandering around (MBWA) tours throughout the facility and during these tours, she is accessible to both staff and inmates. She checks in with the unit managers on a daily basis to ascertain if any inmate sexual safety concerns are developing or have developed. She monitors opposite gender staff announcements, poster accessibility/positioning/ and content, monitors staffing, monitors staff and inmate PREA training, and monitors physical plant issues that may impact inmate sexual safety, at a minimum. Additionally, she authors sexual abuse incident reviews (SAIRS) as a member of the SAIR committee.</p> <p>Many of her PREA-related responsibilities are addressed during MBWA rounds. This hands-on approach to "all things PREA" provides continuity throughout the facility.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.11.</p>
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115.12	Contracting with other entities for the confinement of inmates
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden asserts that CCC is a private facility, under contract with zero other jurisdictions to house those inmates designated to its care, custody, and control. CC, the parent company, contracts with MDOC, housing inmates from that jurisdiction. The same is validated pursuant to the contract uploaded in OAS.</p> <p>The auditor finds no deviations from the requirements of 115.12 and accordingly, CCC is substantially compliant with 115.12.</p>

115.13	Supervision and monitoring
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports CC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of inmates is 759. The staffing plan is predicated upon an average daily number of inmates of 746.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section</p>

D(3)(a)(i-xi) addresses 115.13(a).

The auditor's review of the September 2, 2021, November 8, 2022, and May 1, 2023 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the Annual PREA Staffing Plan Assessments and the same are reviewed and approved by the PCM, Warden, and CCPC. The auditor finds the Annual Staffing Plans and Assessments to be substantially compliant with 115.13(a).

The Warden asserts the facility does have a staffing plan. Adequate staffing levels and video monitoring to protect inmates against sexual abuse are considered in the plan. The marriage between staffing and electronic surveillance is sufficient to facilitate inmate sexual safety.

During the facility tour, the auditor noted that two correctional officers (COs) supervise three pods per wing as rovers during the first of two shifts (12-hour shifts). Each pod/unit is well supervised by electronic monitoring (cameras) as two cameras are strategically placed in the same. One additional CO mans the wing control center. Of note, one CO is assigned to each unit in the high security unit, as is the case in the open dormitory.

Two staff are assigned to the central control center however, a sergeant (sgt) may also be assigned in that area. Unit management staff (unit manager, case manager, and correctional counselors) also assist with supervision of pods in their respective areas of responsibility. The auditor notes that there is very little variation between the first and second shifts in terms of staffing, with the exception that unit management staff cover only part of the second shift. Of note, inmates are locked in their cells during part of the second shift.

Cameras are strategically and plentifully located and positioned in all housing areas and hallways. Cameras are absent from cell interiors and shower/toilet areas.

The staffing plan is documented, forwarded to, and maintained electronically at corporate. Additionally, a hard copy is maintained in the Warden's Office and the quality assurance manager's office and an electronic copy is maintained in a shared directory, accessible only to the administrative duty officer (ADO) team, the assistant warden (AW), chief of unit management, and chief of security (COS). In essence, the staffing plan is determined by both corporate officials and the customer.

When assessing adequate staffing levels and the need for video monitoring, the facility staffing plan considers the following:

a. Considerations regarding generally accepted detention and correctional principles center on an analysis of the areas to which inmates have access, blind spots, whether camera/mirror surveillance is adequate or needed, areas of inmate concentration, line of sight considerations, and sexual abuse/harassment incident locations. The staffing plan is largely determined by the customer and CC requirements. American Correctional Association (ACA) Best Practices regarding staffing are considered. The staffing plan is audited pursuant to internal operational audits and customer audits.

CC leadership is very much in tune with "Best Correctional Practices."

- b. There has been no judicial findings of inadequacy during this audit period.
- c. There has been no findings of inadequacy from federal investigative agencies.
- d. There has been no findings of inadequacy from internal or external oversight bodies.
- e. Blind spots and line of sight are addressed above. Inmate sexual abuse vs. physical plant considerations are always assessed during daily/weekly MBWA rounds (facilitated weekly by executive staff, ADO staff, and management staff, in addition to requisite line staff tours and rounds). Additionally, weekly camera checks are conducted to ensure effective operational status and proper camera resolution. Weekly live roster checks (actual tour of the facility, comparing individual staff against the daily roster) are completed by ADOs.
- f. Ethnic ratios and balance appear to be acceptable. The majority of inmates are Caucasian, Native American, and a small number of Hispanics. The gang member population presents few problems. Although rising in numbers, the LGBTI population is not a significant concern.
- g. A shift captain, lieutenants, and sergeants (correctional counselors) are present on each shift and this staffing strategy is adequate for this institution. Sergeants and above are considered supervisory and accordingly, sufficient supervisory presence and benefits are realized. Sergeants are the "go to" staff on each shift as they are present in the hallways and units the majority of the time however, lieutenants and captains are also very visible throughout the facility. Supervision is strategically placed throughout the facility to address potential "hot spots", as well as, facilitation of sexual safety rounds. As previously mentioned, unit management staff augment supervision throughout the facility.
- h. The majority of programming (Education) is facilitated during the first shift in view of extra staffing and religious programming is conducted during the second shift. Of note, staff are physically assigned to each classroom. Programming is closely monitored in terms of numbers and key indicators. If additional staffing is required for a special event, the area in which the event is being conducted may be saturated with staff. If an increase in inmate presence is noted during programming, staffing may be adjusted to compensate.
- i. The facility is subject to Montana State Statutes and some policies while all CC PREA policies and standards are applicable.
- j. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/ or electronic surveillance modification(s). Of note, prevalence, locations, etc. of substantiated and unsubstantiated incidents of sexual abuse are in line with facilities of similar size and complexity.
- k. None.

In regard to daily checks for compliance with the staffing plan, the COS conducts a daily staffing roster review with the master scheduler (MS). Captains, lieutenants, and sergeants update the daily roster, ensuring that changes are accurately reflected in the same. The COS and the MS then review the same to ensure all posts are accounted for. Subsequently, during MBWA rounds, executive staff and ADO staff

randomly compare actual staffing vs. the roster snapshot. The COS also provides updates to the Warden on a daily basis and the Warden maintains continuous contact with ADOs, shift commanders, and lieutenants.

The auditor notes that the PCM provided essentially the same responses in terms of the above. Accordingly, the Warden's interview synopsis is also applicable to the PCM.

The auditor's observations of staffing and video surveillance validate the above statements. Staff presence in the units was visible and cameras are vigorously monitored. Camera placements (139 in total) are abundant and placements are strategic. The presence of sergeants throughout the facility was impressive. Finally, line of sight is linear in most units and pods.

Pursuant to the PAQ, the Warden self reports 115.13(b) is not applicable to CCC as there were no deviations from the staffing plan during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section D(3)(e) and (f) addresses 115.13(b).

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If staffing plan non-compliance was to occur, an email report would be completed and forwarded to the CCPC. The report would address the reasons for the vacancy and non-compliance.

The auditor's observation of staffing during the facility tour and during non-regular business hours reveals substantial compliance with 115.13(b).

Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the CCPC, reviews the staffing plan to determine:

Whether adjustments are needed to the staffing plan;
The deployment of monitoring technology; and
The allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 7 and 8, section D(3)(c)(i-iii) and (d) addresses 115.13(c).

As previously mentioned, the auditor's review of the aforementioned Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(a) and (c).

The CCPC asserts he is consulted regarding any assessments of, or adjustments to, the staffing plan for CCC. Specifically, he is a reviewer and co-signer for the CCC Annual Staffing Plans pursuant to policy. As previously mentioned, the reviewed annual staffing plans validate the same.

Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced sexual safety rounds to identify and deter staff sexual

	<p>abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 7, section D(1) and (2) addresses 115.13(d).</p> <p>The auditor's pre-audit review of 10 pages of 2022 and 2023 CCC Supervisory Unannounced PREA Rounds log entries reveals requisite 115.13(d) tours were completed by various supervisors and ADOs in separate units on all shifts on different dates. Additionally, the auditor's random review of unit log books during the facility tour and weekly sign-in documents reveals substantial compliance with 115.13(d).</p> <p>The auditor did note that unannounced sexual safety rounds are noted in the unit or pod logs however, in some instances, the staff conducting such rounds did not document the same in the weekly sign-in logs. The auditor did share this finding with the Warden and PCM.</p> <p>The intermediate or higher level facility staff interviewee states he facilitates unannounced sexual safety rounds on a weekly basis. He documents unannounced sexual safety rounds in the unit/pod log book and the ADO/Staff Visitor Log that is maintained in each unit. During unannounced sexual safety rounds, he walks all tiers and checks each cell. His unannounced sexual safety rounds are documented in red ink.</p> <p>The interviewee asserts he varies times for the conduct of rounds (non-routine patterns), varies his path (erratic patterns) for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time.</p> <p>The interviewee states that he routinely monitors radio channels to assess information passage regarding supervisory rounds. He further stated that staff are very aware of the prohibition of alerting peers regarding rounds.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.13.</p>
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115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden asserts the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful inmates are not housed at CCC and that in the last 12 months, zero youthful inmates were housed at CCC.</p> <p>During the facility tour and subsequent rounds throughout the facility, the auditor did</p>

	<p>not observe any youthful inmates.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.14.</p>
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115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates are not conducted at CCC. However, the existence of exigent circumstances dictates whether the same can be conducted. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of inmates were facilitated at CCC during the last 12 months.</p> <p>PCN CC Policy 14-2(02) entitled Sexual Abuse Prevention and Response, page 2, section (J)(3) addresses 115.15(a).</p> <p>According to the non-medical staff involved in cross-gender strip or visual search of inmate interviewee, female staff do not generally conduct cross-gender strip or visual searches of inmates at CCC. When questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated when an inmate is suspected (reasonable suspicion) of being in possession of a weapon secreted in his/her rectum, the same would constitute an exigent circumstance.</p> <p>Pursuant to the auditor's review of PAQ information, the auditor did not discover any violation(s) of 115.15(a). Of note, zero random inmate interviewees reported cross-gender strip or visual searches by non-medical staff.</p> <p>Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates as female inmates are not housed at CCC. The Warden further self reports that zero pat-down searches of female inmates were conducted by male staff at CCC during the last 12 months.</p> <p>Pursuant to the auditor's review of the CC website and on-site observations, only male inmates are housed at CCC.</p> <p>In view of the above, zero female inmates were interviewed during the on-site visit.</p> <p>Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-</p>

gender strip searches and cross-gender visual body cavity searches are documented.

PCN CC Policy 14-2(02) entitled Sexual Abuse Prevention and Response, page 2, section (J)(5) addresses 115.15(c).

The auditor notes that all strip searches are logged in the CCC General Area Search Log and on a Form 5-1B. He finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs.

Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at CCC that enable inmates to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section J(6) and (7) address 115.15(d).

During the facility tour, the auditor reviewed facility cameras. At the time of the tour, female staff were assigned to the area(s) where the monitors are maintained. With one exception, the auditor's review of camera angles validated the aforementioned statement as the auditor noted the cameras do not capture cell interiors nor shower areas. Specifically, the camera above the showers in S Dorm is pixilated to guard against observation of genitalia, etc. It is noted each cell contains a toilet/sink combination.

The auditor's observation of suicide cells reveals the same are not equipped with cameras.

During the facility tour, the auditor noted that showers are properly shielded with shower curtains, generally ensuring that genitalia is not exposed to those outside the shower area. Fourteen of the 15 random inmate interviewees alleged zero privacy issues with the showers. One interviewee stated that genitalia can be observed if one stands on the top tier of the pod.

In view of the above, the auditor and the PCM assessed the same pursuant to observation from the top tier of the pod. The same was faintly factual and it appears that the same can be remedied by raising the shower curtain. The auditor does not find this matter to constitute an adverse finding as the aforementioned shielding is in place and corrective action commenced immediately.

During the facility tour and throughout the on-site visit period, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering pods. This practice appears to be institutionalized at CCC. Additionally, the auditor observed a painted notice at each pod entry area reflecting that opposite gender staff must announce their gender upon entry into the area.

Thirteen of 15 random inmate interviewees assert that female staff announce their presence when entering opposite gender housing units.

All 12 random staff interviewees assert that female staff announce their presence when entering a housing unit wherein opposite gender inmates are housed.

Furthermore, all 12 random staff interviewees state inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

Pursuant to the PAQ, the Warden self reports there is a CC policy prohibiting staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. According to the Warden, no such searches have been conducted during the last 12 months.

CC Policy 14-9 entitled Management of Transgender and Intersex Inmates and Detainees in Prison and Jail Facilities, page 3, section C(1) addresses 115.15(e).

Ten of 12 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. Similarly, 10 of 12 interviewees were aware of the policy governing the same.

All five transgender interviewees state they have not been placed in a housing area only for transgender or intersex inmates. Furthermore, all of these interviewees state they have no reason to believe they were strip-searched for the sole purpose of determining genital status.

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

The auditor's review of the CC Search Procedures Facilitator Guide/slides reveals substantial compliance with 115.15(f). Scripted scenarios are included in the same.

The auditor's review of seven 2022 and 2023 Training/Activity Attendance Rosters, bearing CO and case manager (CM) printed names/signatures/and titles reveals that 26 COs and two CMs completed the Search Procedures class over the span of seven training days.

The auditor's review of an Acknowledgment Report dated September 14, 2023 (In-Service) reveals nine randomly identified CCC staff participated in PREA Annual Refresher Training (PREA ART) and two randomly identified CCC staff completed PREA Orientation Training wherein the Search Procedures class is taught.

All 12 random staff interviewees assert the facility provides training regarding cross-gender pat-down searches of female inmates and professional and respectful searches of transgender/intersex inmates and all of these interviewees completed the same. The training is presented in a Power Point Presentation (PPP) format with lecture and a video. One interviewee states that he/she also used a workbook.

In view of the above, the auditor finds CCC substantially compliant with 115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates 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.</p> <p>Policy Change Notice (PCN) 14-2(03) entitled Sexual Abuse Prevention and Response, pages 1 and 2, section H(7)(a)(b) addresses 115.16(a).</p> <p>Within the PAQ information, a photograph of a TTY machine is present. This equipment is available for use by deaf inmates so they can converse with other individuals. Additionally, the auditor's review of the CC PREA trifold pamphlet reveals the same is presented in Spanish.</p> <p>The auditor's review of a LanguageLine Services document reveals a procedure is in place to provide interpretative services for non-English speaking and deaf inmates. Generally, solicitation of interpretational assistance through LanguageLine Services is facilitated on staff telephones. Additionally, one PAQ memorandum identifies staff and the foreign languages they speak and another memorandum reflects that the address and telephone number for the Montana School for the Deaf and Blind. The same serves as another resource for communication with deaf and/or blind inmates.</p> <p>According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient 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. Specifically, LanguageLine is used, when necessary, to communicate with limited English proficient (LEP) inmates. Generally speaking, staff translators can also be used. TTY units are available in every facility and arrangements are provided to assist those inmates who are blind.</p> <p>Corporate office staff provide assistance to facility staff that enables them to locate potential vendors and/or agencies that provide support services for inmates with disabilities. The agency maintains a comprehensive contract with LanguageLine and some facilities have an MOU with organizations in the local community to provide translation services, when needed.</p> <p>Of note, the auditor learned that shift commanders and unit management staff and above can access LanguageLine. The same can be accessed on any facility staff landline or the aforementioned staff cell phones.</p> <p>During the on-site visit, the auditor, the PCM, and a unit manager tested access to LanguageLine via a staff telephone. During that test, the unit manager keyed the</p>

access code number into the menu and the call successfully reached the language menu. To ensure there was no additional expenditure of funds related to the test, the auditor determined the same to be a successful test. The unit manager followed the instructions provided by LanguageLine.

The auditor interviewed three inmates who presented with disabilities (one low functioning, one legally blind, one physically disabled) who reported that the facility provides information about sexual abuse and sexual harassment they are able to understand. An additional deaf inmate states that the PCM assists him with understanding of PREA issues while another inmate who is low reading and cognitively impaired states that staff generally read materials to him.

Educational posters were noted to be hung in areas easily accessible to and observable by the inmate population (e.g. units, program areas, operational areas).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12, section 8 addresses 115.16(b).

The auditor reviewed the contract between CC and LanguageLine Interpreter Services for provision of services to non-English speaking inmates. Services for 200-plus languages are provided pursuant to this service, as well as, American Sign Language. LanguageLine can be accessed from any facility telephone (staff) and is generally accessed by staff.

The PCM asserts that zero LEP inmates were housed at CCC during the on-site visit.

Pursuant to the PAQ, the Warden self reports agency policy prohibits the use of inmate interpreters, inmate readers, or other types of inmate assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties pursuant to 115.64, or investigation of the inmate's allegations. The Warden further self reports that the facility documents the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used.

Reportedly, there were zero instances, within the last 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations.

All 12 interviewees state that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants for translation of a sexual abuse, report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations.

	<p>All 12 random staff interviewees assert, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that all 12 interviewees identified further physical injury to the victim and/or impeding an investigation or loss of evidence as legitimate reason(s) to invoke 115.16(c) procedures. Of note, the auditor utilized a scenario with respect to this matter and staff quickly drew the connection with the standard provision.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.16.</p>
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115.17	Hiring and promotion decisions
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who:</p> <ul style="list-style-type: none"> Has engaged in sexual abuse in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet. <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(1)(a-c) addresses 115.17(a) in totality.</p> <p>The auditor's review of four of six 2022 and 2023 Self Declarations of Sexual Abuse/ Sexual Harassment forms (14-2H) for staff applicants hired during this audit period reveals substantial compliance with this provision to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form prior to the selection date or within a few days of the same. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. Additionally, the auditor's review of one completed 2022 14-2H form for a contractor hired during this audit period reveals substantial compliance with 115.17(a). The auditor notes that none of the affected staff acknowledged non-compliance with expectations.</p> <p>In three of four promotion cases, the 14-2H was completed in a timely manner. In one case, the 14-2H was completed within two months of the promotion effective date. The auditor notes that none of the affected staff acknowledged non-compliance with expectations.</p> <p>Accordingly, in view of the above, the auditor finds CCC compliant with 115.17(a) and</p>

(b).

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

The auditor's review of the aforementioned 14-2H forms, as reflected in the narrative for 115.17(a), reveals substantial compliance with 115.17(b) to the extent the three questions and an additional question regarding substantiated allegations of sexual harassment are specifically asked of staff, applicants, and contractors and all respond, in writing, to the questions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(2) addresses 115.17(b) in totality.

The auditor notes that while there is a question regarding sexual harassment on the 14-2H form, there is only one method for validation of the employee's response as reflected on the same. The HR interviewee asserts that the 115.17(a) and (b) questions are asked on the PREA Questionnaire for Prior Institutional Employers form (03-20-02B) which is forwarded to prior institutional employer(s) and the auditor validated the same.

The HR interviewee asserts the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. CCC staff forward the 03-20-02B form to prior institutional employers (applies to staff applicants) for completion. The form includes a question regarding sexual harassment of inmates.

The 14-2H form [comprised of four questions- three 115.17(a) and one 115.17(b)] is administered to the prospective employee as an applicant, at hiring, and subsequently on an annual basis and the same is administered to promotional candidates and contractors. Substantiating information regarding previous incidents of sexual harassment may be gleaned pursuant to previous institutional employer inquiries.

The auditor's on-site review of two random staff files reveals that both employees presented a history of working in confinement facilities. The 03-20-02B form was present in each file, along with evidence that follow-up attempts with the previous employer were completed. Responses were not provided in either case.

The auditor notes that none of the affected staff acknowledged non-compliance with expectations.

Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending

investigation of an allegation of sexual abuse.

The Warden further self reports during the last 12 months, 111 persons who may have contact with inmates have had criminal background record checks completed. This equates to 100% of staff hired during this time frame.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(7 and 8) addresses 115.17(c) in totality.

According to the HR interviewee, criminal background record checks are performed or pertinent civil or administrative adjudications are considered for all newly hired employees who may have contact with inmates. With respect to validation regarding promotion applicants, the auditor's review of four promotion applicant files completed during the audit period reveals that a criminal background record check was completed on or before the promotion effective date in two of four cases. In one of the other cases, the criminal background record check was completed within seven days of the promotion effective date.

Subsequent to the prospective employee's completion of an authorization to disclose information and his/her provision of requisite information, HR staff forward the same to the contract background investigation company (First Advantage) and they complete the specific investigation. First Advantage also completes a criminal background record check, considering a driver's license check. Once completed, the First Advantage findings are compared against the 14-2H revelations.

According to the HR interviewee, the MDOC contract monitor facilitates a Criminal Justice Information Network (CJIN) criminal background record check. Additionally, he/she provides the Background Information Form to HR and the same serves as a "green light" to hire. Contract employees are handled in the same manner.

Criminal background record check findings are briefly addressed in the narrative for 115.17(a). Of note, two of the on-site 12 random staff and promotion, files reveal a prior institutional employment record. Findings regarding this matter are addressed in the narrative for 115.17(b). All requisite information is provided on this form.

In view of the above, the auditor finds CCC substantially compliant with 115.17(c).

Pursuant to the PAQ, the Warden self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with inmates. The Warden further self reports criminal background record checks were conducted on 32 contractors who might have contact with inmates, during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(7) addresses 115.17(d) in totality.

The auditor's review of criminal background record checks for one contractor who was hired during this audit period reveals the same was conducted and approved. The two remaining contractors were hired during the last audit period. The auditor notes that MDOC authorized the hires, in writing.

Accordingly, the auditor finds CCC substantially compliant with 115.17(d).

Pursuant to the PAQ, the Warden self reports that criminal background record checks are conducted at five-year employment intervals for current employees and contractors who may have contact with inmates.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(7) addresses 115.17(e) in totality.

According to the HR interviewee, five-year re-investigations are facilitated as reflected in the narrative for 115.17(c). A five-year reinvestigation spread sheet is used to track investigations and the same alarms six months from the employee or contractor's five-year anniversary date. The five-year reinvestigation is triggered by HRM.

The auditor's on-site random review of seven applicable (hired during 2018 or prior) files reveals all current five-year re-investigations were completed.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 4, section B(5) addresses 115.17(f) in totality.

The auditor's on-site review of seven of 12 applicable random staff HR files (staff hired prior to June, 2022) reveals staff completed the annual 14-2H during the last 12 months. Accordingly, the auditor finds CCC substantially compliant with 115.17(f).

Pursuant to the HR interviewee, as reflected in the above policy citation, the relevant questions are asked on the 14-2H. Additionally, the 14-2H is administered annually. The interviewee states CC does not utilize written self evaluations and the auditor finds no contradictory evidence.

The HR interviewee further states the facility imposes a continuing affirmative duty to disclose any such previous misconduct as described at 115.17(a). This affirmative duty is addressed in staff PREA training, as well as, on the 14-2H form. As previously mentioned, the 14-2H form is signed and dated by the employee.

The auditor is familiar with the process utilized by CC and he finds the same to be commensurate with 115.17(f) expectations.

Pursuant to the PAQ, the Warden self reports agency policy states material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(6) addresses 115.17(g) in totality.

The auditor notes there is a caveat on the 14-2H wherein substantiation of 115.17(g) is established. As previously noted, the employee signs and dates the document, signifying their understanding of the caveat.

Document review findings are reflected throughout the 115.17 narrative.

	<p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section B(9) addresses 115.17(h).</p> <p>The HR interviewee asserts when a former employee applies for work at another institution and upon request from that institution, CCC provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law. She provides the same pursuant to the previous employee's written authorization on application documents.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.17.</p>
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115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(1) and (2) addresses 115.18(a).</p> <p>According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, CC commences the process through land purchase(s) and then subsequent construction. A design team facilitates most of the preparation and standards compliance work. Architects are well versed in PREA and collaboration with the CCPC provides a global picture of PREA concerns and needs.</p> <p>Lines of sight are assessed to enhance offender sexual and personal safety and camera surveillance needs to address blind spots. Privacy concerns in areas such as showers, restrooms and any areas where inmates may be in a state of undress are addressed with the field. The same protocol is utilized with regard to expansion and renovations. Requests for changes must be approved by the design team. The design team is part of the Real Estate Group.</p> <p>During acquisitions, the staff making the site visits develop a preliminary assessment and the CCPC is involved in the review of physical plant issues. A Form 7-1B (PREA Physical Plant Considerations) is used to ensure PREA is considered when initiating a renovation/new construction.</p>

	<p>According to the Warden, zero substantial expansions or modifications were added to the facility since the last PREA audit.</p> <p>Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Upon further questioning, the Warden stated zero camera or system upgrades were facilitated at CCC since the last PREA audit. According to the PCM, the last camera upgrade was facilitated during 2017 and therefore, the same is not applicable to this audit cycle.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section E(3)addresses 115.18(b) in totality.</p> <p>The Agency Head asserts that cameras are used to support direct/indirect staff supervision. Better quality systems have been installed and consideration for optimal coverage is addressed at the time of these upgrades. Camera placement also takes into consideration the privacy needs relative to cross-gender viewing in areas like restrooms and shower areas. Technology is discussed with facility staff during the PREA Staffing Plan assessment that is reviewed each year by facility staff and the CCPC.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.18.</p>
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115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p>
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the facility is responsible for conducting any administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct). However, MDOC investigators conduct criminal investigations. Toole County Department of Public Safety (TCDPS) investigators are available in case MDOC criminal investigator(s) is/are not. CC investigators only facilitate administrative investigations and when conducting administrative investigations, CCC PREA investigator(s) follow a uniform evidence protocol.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section (O)(4)(a-c) addresses 115.21(a) in totality. Of note, there is a Memorandum of Understanding with TCDPS.</p> <p>All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Nine of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator does not destroy physical evidence. It is noted all interviewees were in possession of a CC laminated card</p>

bearing the instructions as required by Standard 115.64(a).

Four of the 12 interviewees state the facility safety manager facilitates administrative sexual abuse investigations and three interviewees state that MDOC Office of Investigations facilitate criminal sexual abuse investigations at CCC.

Pursuant to the PAQ, the Warden self reports that the CC protocol is developmentally appropriate for youth. The Warden further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.

CC Policy 13-79 entitled Sexual Assault Response, page 4, section (B)(7) addresses 115.21(b).

Of note, the auditor's review of the CC protocol for obtaining usable physical evidence by CCC staff and the CCC investigator reveals substantial compliance with 115.21(b).

CCC staff preserve the crime scene and handle physical evidence that may be on the victim/perpetrator pursuant to the requirements of 115.64. MDOC Office of Investigations or TCDPS investigators utilize their protocol in terms of evidence collection in criminal matters.

Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility, Benefis Hospital. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs or SAFEs are documented. During the last 12 months, one forensic medical examination was offered to a CCC offender who alleged sexual abuse and the victim declined the same.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 20 and 21, section M(13) addresses 115.21(c). The auditor notes that the forensic examination is generally authorized by the MDOC Office of Investigation investigator.

The SANE interviewee, SANE Coordinator at Benefis Hospital, asserts that three on-call nurses, inclusive of herself, are SANE-trained pursuant to completion of an International Association of Forensic Nurses (IAFN) 40-hour on-line course, didactic training, as well as, supervised completion of clinical examinations and a testing component. They have completed the aforementioned on-line course and/or completed in-person forensic examinations under supervision. If a SANE-trained nurse is not available for some reason, the patient is referred to St. Peter's Hospital in Helena, MT.

Infection prophylaxis is part of the forensic examination. Additionally, any applicable testing, dependent upon the nature of the circumstances, is provided as part of the forensic examination process.

The auditor's review of the one sexual abuse investigation wherein the victim was transported for a SANE examination to St. Peter's Hospital reveals that he refused to participate in the forensic examination. The victim's refusal to participate in the same is documented in the 5-1 Incident Report.

Pursuant to the PAQ, the Warden self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented. If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified staff member.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, sections M(14 and 15) addresses 115.21(d) and (e).

The PCM asserts that Hi-Line Help for Abused Spouses provides victim advocacy services [as described in 115.21(d)] to the CCC inmate population pursuant to a Memorandum of Understanding (MOU). These services are available to victims of sexual abuse by request. Victim support services (as described in 115.53) are also provided by Hi-Line Help for Abused Spouses victim advocates (VA).

The lone inmate who reported a sexual abuse incident at CCC interviewee states that when he reported a sexual abuse, the facility did not allow him to contact anyone.

The PCM asserts that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. CCC uses Hi-Line Help for Abused Spouses (HLHAS) for provision of victim advocacy (VA) services articulated in 115.21(d) and (e). The auditor notes the MOU that is currently in place with HLHAS is silent regarding the 115.21(e) requirements of provision of emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The MOU is scripted in general terms such as provision of victim advocacy services to the CCC offender population.

While not a finding pursuant to the literal language of the provision, the auditor strongly recommends amendment of the same to specifically include the aforementioned verbiage.

Pursuant to the PAQ, the Warden self reports CCC is responsible for investigating administrative allegations of sexual abuse and relies on another agency to conduct criminal investigations and the agency has requested that the responsible agency follow the requirements of paragraphs 115.21 (a through e) of the PREA standards.

Of note, the partner agency (agency with whom CC contracts relative to the CCC contract) is the primary criminal investigative agency. Accordingly, MDOC is well aware of PREA requirements and the investigative process as evidenced pursuant to the auditor's review of their policy.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(3)and (4)(a-c) addresses 115.21(f).

	<p>The auditor's review of the CC website reveals the aforementioned CC policy is posted on the same.</p> <p>The auditor's review of the Hi-Line Help for Abused Spouses website addresses the myriad of victim advocacy services offered through the agency. The auditor's contact with an official from Hi-Line Help for Abused Spouses reveals that VAs have completed either/or applicable educational courses or training relative to provision of emotional support and victim advocacy services. Hi-Line Help for Abused Spouses officials screen VAs to ensure competence to perform VA functions.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.21.</p>
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115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. The Warden further self reports all of the investigations were completed. Twenty-four investigations were opened and all were reportedly completed during the last 12 months. Twelve of the 24 investigations were referred for criminal investigation.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 24, section (N)(1) addresses 115.22(a and b).</p> <p>The auditor's on-site review of 10 random sexual abuse/harassment investigations validates the above statement regarding investigation opening and completion.</p> <p>According to the Agency Head interviewee, an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment. Administrative investigations are completed by PREA specialty trained CC investigator(s) and MDOC Office of Investigations or TCDPS investigator(s) complete criminal investigations, whichever is appropriate for the customer.</p> <p>In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts the allegation triggers the rest of the investigative process. All allegations are reported in the CC Incident Reporting Database. This system requires multiple levels of administrative oversight and review. Allegations that could result, if substantiated, in criminal</p>

violations are referred to the appropriate law enforcement officials. CC staff work with outside law enforcement, upon request.

The administrative investigation is generally completed by the facility investigator. He/she employs essentially the same protocol and he/she does interview witnesses and assesses victim, perpetrator, and witness credibility. Finally, the administrative investigative staff writes an investigative report.

Pursuant to the PAQ, the Warden self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The Warden further self reports agency policy regarding the referral of allegations of sexual abuse or sexual harassment for criminal investigation is published on the agency website or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment allegations for criminal investigation. The auditor's review of the CC website validates that the policy is maintained on the same.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 25, section O(1) addresses 115.22(b) in totality.

The investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment are referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to either the MDOC Office of Investigations or TCDPS for investigation. These entities are involved in the investigative process in each sexual abuse/harassment matter as they actually determine whether the investigation will be completed as an administrative or criminal investigation or both. Similarly, these investigative entities determine whether a forensic examination will be completed.

Of note, referrals for criminal investigations are documented in the CC Incident Reporting Database.

The auditor's review of the aforementioned policy reveals that the same clearly articulates investigative responsibilities for both the MDOC/TCDPS investigator(s), as well as, the CCC investigator.

In view of the above, the auditor finds CCC substantially compliant with 115.22.

Auditor Overall Determination: Exceeds Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the ten topics listed in 115.31(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 5 and 6, section C(1 and 2)(a-j) addresses 115.31(a).

The auditor's limited review of the CC Inservice PREA Overview Facilitator and Participant's Guides, as well as slides, reveals substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite training [as applied to 115.31(a)] is available at CCC. In addition to the above, the CC Facility Support Center (FSC) distributes PREA Refreshers and other PREA Resource Center (PRC) materials periodically. The auditor's review of in-service slides reveals substantial compliance with 115.31(a).

The auditor's random review of three pre-service (orientation) training rosters reveals that 9 staff completed PREA Orientation Training during 2022. Additionally, the auditor's random review of one 2022 PREA Annual Refresher Training (ART) roster reveals 11 staff completed in-service training. Attendees print and sign their names.

The auditor's review of two staff 2023 training records (CC PREA Policy Acknowledgment and/or Training Acknowledgment) reveals compliance with 115.31(a). Additionally, the auditor's review of two staff orientation CORECIVIC PREA TRAINING ACKNOWLEDGMENT forms dated in 2023, reflects receipt and understanding of training/compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented.

All 12 random staff interviewees assert they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training during the academy and prior to assumption of duties with inmates. Additionally, applicable random staff interviewees assert they received PREA ART regarding the aforementioned topics.

The auditor's review of four applicable random staff training files (staff hired between 2022 and 2023) reveals that timely pre-service PREA training was completed in all cases. Specifically, training was provided prior to the employee's contact with inmates.

With respect to the remaining seven files, PREA ART was provided, minimally, during late 2022 or 2023. Of note, the CC In-Service training calendar runs from January through December of each year.

Since the basic PREA course is an online course, there is no 14-2A and the acknowledgment is signed and documented in a digital log with the training department. By virtue of electronic signature that each employee sees when he/she

completes the on-line PREA training module, 115.31(d) is substantiated. If staff/contractors do not acknowledge on this form, they will not be credited as complete on the training print out. These documents are included in OAS pertaining to both staff and contractors.

Pursuant to the PAQ, the Warden self reports training is tailored to the male gender of the inmates assigned to the facility. The Warden further self reports employees, who are reassigned from facilities housing the opposite gender, are given additional training.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 5, section C(1) addresses 115.31(b).

As previously mentioned, the auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b).

According to the CCC PCM, zero staff have transferred to CCC during the last 12 months from facilities wherein female inmates are exclusively housed.

Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Minimally, staff receive PREA ART on an annual basis. The training tools addressed in the narrative for 115.31(a) clearly substantiate compliance with this provision.

According to the Warden, employees who may have contact with inmates receive PREA ART. Additionally, the PCM asserts that facility initiatives in terms of PREA, FSC corporate trainings, email blasts, and newsletters augment PREA ART.

PREA ART and substantiating evidence proving staff receipt of the same are addressed in the narrative for 115.31(a).

In view of the above, the auditor finds that CCC exceeds standard requirements with respect to 115.31(c) as PREA ART is provided on an annual basis, augmented by other PREA trainings and handout dissemination. Pursuant to the standard provision, refresher training is required every two years.

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(3) addresses 115.31(d).

The auditor's review of Training Acknowledgment Forms located in randomly selected employee training files, as well as, the examples noted above, confirm the "I understand" caveat is present on the forms and the employee signs and dates the same or provides an electronic signature. An illustration of the process and the caveat have been uploaded into OAS.

	In view of the above, the auditor finds that CCC exceeds standard expectations with respect to 115.31.
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115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports all contractors and volunteers who have contact with inmates have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 46 contractors and volunteers who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Contractors [food service contractors (Trinity) and medical/mental health contractors] receive the same training as all other facility employees. Additionally, Trinity provides PREA training to food service staff at CCC.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(8)(a) addresses 115.32(a) in totality.</p> <p>One mental health contractor and one food service contractor (Trinity) interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate either in person or via E-Learning in the CC PREA Orientation or ART training, whichever is applicable, with CC staff. Additionally, food service staff receive Trinity (food service contractor) PREA training on an annual basis.</p> <p>The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of inmates, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, the impact(s) of sexual abuse/harassment on the prison population, and staff parameters when dealing with victims and perpetrators.</p> <p>Two random volunteer interviewees state they did complete PREA training regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. The training was completed in-person prior to inmate contact. Zero tolerance towards sexual abuse and harassment of inmates, reporting options, what sexual abuse/harassment looks like in a prison setting, and the dynamics of sexual abuse in a prison setting are a few of the topics addressed during the training. Training was provided via a power point presentation, video, provision of descriptive and explanatory documentation, and discussion.</p>

The auditor's review of two 2023 Volunteer Agreements (uploaded to OAS) reveals substantial compliance with 115.32(a). Additionally, the auditor's review of two 2023 PREA Zero Tolerance Policy Acknowledgments (signed and dated by the volunteers) and corresponding PREA Overview: Training for Contractors and Volunteers documents reveals substantial compliance with 115.32. The auditor notes that the PREA Overview provides an excellent snapshot of prevention, detection, response, zero tolerance, how to fulfill one's role with respect to CC and/or agency PREA policy matters, and compliance with the law. The "I understand" caveat is included in this document.

With respect to contractors, the auditor's review of three completed 2022 and one 2023 PREA Zero Tolerance Policy and Acknowledgment forms reveals substantial compliance with 115.32. The mechanics of the same are addressed above.

In addition to the above, the auditor's review of Training/Activity Attendance Rosters dated April 17, 2023 and July 24, 2023 reveals that 11 volunteers completed PREA training. All participants print their names on these forms and sign/date the same signifying completion of the training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6 and 7, section C(8)(b)(i) addresses 115.32(b) in totality.

Discussion regarding training topics is addressed in the narrative for 115.32(a).

Medical/mental health contractors and Trinity Food Service contractors participate in the same PREA ART as staff. Accordingly, the auditor finds substantial compliance with 115.32(b). Volunteer training is addressed in the narrative for 115.32(a).

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

Volunteer documentation and the "I understand" caveat are addressed in the narrative for 115.32(a).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 7, section C(8)(d) addresses 115.32(c) in totality.

In view of the above, the auditor finds CCC substantially compliant with 115.32.

115.33	Inmate education
	Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 434 inmates were admitted to CCC during the last 12 months for 72 hours or more, of which 100% were provided the requisite information at intake.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section H(1) and (2) addresses 115.33(a).

The auditor's review of the CCC Inmate Handbook, CCC Receiving and Discharge Checklist [reflects offender receipt of the PREA tri-fold pamphlet, Preventing Sexual Abuse and Misconduct tri-fold pamphlet (English and Spanish), and the PREA- Prevent. Detect. and Respond (English and Spanish) tri-fold that is now being issued to incoming inmates], reveals substantial compliance with 115.33(a) with the following exceptions.

Of note, the CCC Inmate Handbook reflects that Hi-Line Help for Abused Spouses serves as a reporting source and the auditor notes that the same cannot be used as a 115.51(b) reporting source. The Inmate Handbook does not reflect that 115.51(b) reports may be submitted, via mail, to TCDPS while the afore-mentioned policy clearly reflects the same. Accordingly, neither the name of TCDPS nor the address are noted in the Inmate Handbook. Additionally, the Inmate Handbook requires amendment regarding the State of Montana Hotline.

In view of the above, the auditor finds CCC non-compliant with 115.33(a) as inmate education resources are not consistent with actual practice. To demonstrate compliance with and institutionalization of 115.33(a), 115.51(b), and 115.53 requirements, the PCM will amend education resources to address the afore-noted deficiencies.

Subsequent to completion of the aforementioned amendments, the PCM will ensure that the accurate information is conveyed to the inmate population through town hall meetings or memorandums, uploading copies of town hall meeting minutes or photographs of memorandums posted in various areas of the facility, in OAS. The auditor will then make a determination regarding compliance.

The due date for completion of the corrective action is March 29, 2024.

March 23, 2024 Update:

The auditor's review of the amended CCC Inmate Handbook now includes the address for TCDPS (reporting source outside MDOC and CCC), an explanation of confidentiality in terms of mailing a written report of sexual abuse/harassment, and subsequent referral of the incident to the Warden. Additionally, Hi-Line Help for Abused Spouses (emotional support services provider in accordance with 115.53) is no longer noted as a sexual abuse/harassment reporting source outside of MDOC and CCC. Directions for

contacting the MDOC Hotline are now correctly reflected in the CCC Inmate Handbook. Accordingly, the auditor now finds CCC partially compliant with 115.33(a) based on completion of this corrective action.

April 13, 2024 Update:

The auditor's review of the updated and amended CC Policy 14-2 entitled Sexual Abuse Prevention and Response reveals that the *231* telephone number has been deleted from the same. Accordingly, the *232* telephone number (MDOC PREA Hotline) and *233* for support services are now the listed telephone numbers.

The auditor's review of an addendum to the aforementioned poster now reveals substantial compliance with 115.51(a and b). The auditor has been advised that the addendum has been attached to each poster throughout the facility and a photograph of the addendum validates the same.

The auditor's review of an informational memorandum dated April 2, 2024 captures the aforementioned clarifications. The auditor has been advised that this memorandum has been posted in each housing area, minimally.

In view of the above corrective action completions, the auditor finds CCC substantially compliant with 115.33(a and f).

According to the intake staff interviewee, he provides inmates with information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment, generally during intake on the day of arrival. Each new admission receives the CCC Inmate Handbook (English or Spanish), the CC Prevent. Detect. Respond pamphlet (English or Spanish) as of the date of the on-site visit, and the Hi-Line Help for Abused Spouses pamphlet at intake. Inmates are also afforded the opportunity to watch the PREA video both during intake and at the subsequent PREA orientation meeting facilitated by the case manager. Additionally, reporting options and other PREA information are captured on posters displayed throughout the facility however, the above amendments likewise apply to the poster(s). The interviewee does provide verbal orientation during both intake, if necessary, and subsequent PREA orientation.

The auditor notes that either LanguageLine or staff interpreters can be used for non-English speaking inmates, dependent upon the language spoken. If a cognitively impaired inmate is received, he or she is referred to the medical/mental health department for assistance with translation. For hearing impaired/deaf inmates, they are asked to read the materials. Additionally, LanguageLine sign language can be activated. For inmates who present with blindness or low vision, staff members can read materials to them. The PREA video is always played aloud.

Thirteen of 15 random inmate interviewees report they received at least one or more of the CCC Inmate Handbook, the aforementioned CC tri-fold pamphlet(s), and MDOC Acknowledgment, and the PREA video at intake (day of arrival) or the following day.

The auditor's on-site review of 14 of 15 random inmate files reveals substantial compliance with 115.33(a). Timely and comprehensive provision of relevant PREA information is clearly established pursuant to this random review of files and supporting documentation. Relevant information and materials were provided on the date of arrival in the 14 applicable cases.

The auditor's review of the 14-2AA PREA pamphlet reveals substantial compliance with 115.33(a) however, the most current document was recently implemented in the intake provisions just prior to the on-site visit. The previous edition was provided at intake prior to the on-site visit. Both editions address the zero tolerance policy, as well as, methods to report incidents or suspicions of sexual abuse or sexual harassment and both pamphlets are printed in English and Spanish.

Pursuant to the PAQ, the Warden self reports 434 inmates were admitted to CCC during the last 12 months whose length of stay was 30 days or more. According to the Warden, all of those inmates received comprehensive PREA education within 30 days of intake and accordingly, 100 percent of those inmates received requisite 115.33(b) training.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(3) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned packet of materials as described in the narrative for 115.33(a). Such education regarding the inmate's right to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents is generally provided in the intake materials (CCC Inmate Handbook and CC PREA pamphlet). Additionally, case managers follow-up with each inmate within 30-days of arrival, providing additional PREA guidance.

Ten of 15 random inmate interviewees stated they did participate in a PREA Orientation program wherein all components of 115.33(b) were addressed. Three interviewees state the PREA Orientation was provided at intake while seven interviewees state the same occurred between two days and 30 days of arrival at the facility. The auditor's review of two of the inmate files associated with random inmate interviewees who stated they did not participate in a case manager PREA Orientation program reveals that the same (comprehensive PREA education) was completed within 30 days of arrival at CCC. In one additional case, the auditor was not provided the requisite documentation validating completion of 115.33(a) training.

The auditor's on-site review of 12 additional random 30 Day Comprehensive PREA Education Acknowledgments reveals four inmates completed requisite training within 30 days of arrival at CCC. In six cases, the Comprehensive PREA Education was completed outside the 30-day window in comparison to their arrival at CCC. In one case, validating documentation could not be located. In one additional case, the requisite Comprehensive PREA Education was completed at intake.

In view of the above, the auditor finds CCC non-compliant with 115.33(b) and a

180-day corrective action period is imposed as follows. The corrective action due date is March 29, 2024.

To demonstrate compliance with and institutionalization of 115.33(b), the PCM will develop a plan to implement comprehensive offender PREA education within 30 days of arrival at the facility. Once developed, the PCM will provide training to all comprehensive PREA training providers regarding comprehensive PREA training expectations and requirements, inclusive of subject-matter and proper completion of requisite documentation. The PCM will upload the training syllabus, as well as, completed training rosters or training forms substantiating recipient completion of the training.

Once completed, the PCM will upload an offender roster encompassing those inmates with a CCC admission date between the date of this interim report and the corrective action due date (March 29, 2024). The auditor will randomly select a sample of offender files and the PCM will upload supporting documentation to validate compliance with 115.33(b). The auditor will subsequently render a finding regarding compliance.

March 31, 2024 Update:

The auditor's review of a training packet encompassing the requirements of the above corrective action reveals substantial compliance with the training component regarding provision of comprehensive PREA education within 30-days of arrival at CCC. A training roster dated March 27, 2024 reflects the name of the training and the printed names and signatures of 10 attendees (eight case managers and correctional counselors and two unit managers). CC Policy 14-2 was used as a training resource to address both 115.33(b) and 115.41(f) as the "within 30 days of arrival" caveat is applicable to both standard provisions.

In addition to the above, the PCM has developed a tracking spreadsheet to identify progress in terms of provision of comprehensive PREA education within 30-days of arrival at CCC. The auditor has reviewed the same and finds it to be a viable tool to determine compliance with 115.33(b).

April 19, 2024 Update:

The auditor's random review of 10 MDOC Orientation Checklists and corresponding 30 Day Comprehensive PREA Education Acknowledgments completed during February, March, and April, 2024 reveals that all requisite PREA education materials were provided to inmates in accordance with 115.33(a), (b), and (c) requirements.

April 28, 2024 Update:

The auditor's random review of 10 MDOC Orientation Checklists and corresponding 30 Day Comprehensive PREA Education Acknowledgments completed during February, March, and April, 2024 reveals that all requisite PREA education materials were provided to respective inmates in accordance with 115.33(a), (b), and (c) requirements.

May 14, 2024 Update:

The auditor's random review of seven MDOC Orientation Checklists and corresponding 30 Day Comprehensive PREA Education Acknowledgments completed during March, April, and May, 2024 reveals that five of the seven inmates received requisite PREA education materials in accordance with 115.33(a), (b), and (c) requirements.

In view of the above, the auditor finds that 93% of randomly selected 30-day comprehensive PREA education was completed in a timely manner. Accordingly, the auditor now finds that corrective action has been successfully completed and CCC is substantially compliant with 115.33(b) and (c).

Pursuant to the PAQ, the Warden self reports that all inmates received within the last 12 months who remained at the facility for 30 days or more have been educated within 30 days of intake.

The Warden further self reports agency policy requires that inmates who are transferred from one facility to another are educated regarding their rights to be free from both sexual abuse/harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents to the extent that the policies and procedures for the new facility differ from those of the previous facility.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(6) addresses 115.33(c).

In view of the finding regarding 115.33(b), the auditor likewise finds CCC non-compliant with 115.33(c) and the same corrective action is invoked.

Pursuant to the PAQ, the Warden self reports PREA education is available in accessible formats for all inmates, including those specific groups listed in the narrative for 115.16(a).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section H(2) addresses 115.33(d).

LanguageLine and other methods of training provision to groups of inmates described in 115.33(d) are delineated in the narratives for 115.33(a) and 115.16.

Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(4) addresses 115.33(e).

The auditor's review of completed documents as identified in the narrative for 115.33(a) reveals substantial compliance with 115.33(e).

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 11, section H(5) addresses 115.33(f).

The auditor's review of one poster included with the PAQ, entitled "I have a responsibility to" reveals the offender's right to be free from sexual abuse/harassment and two reporting numbers. As reflected in the narrative for 115.51(b), three reporting source telephone numbers were reflected on the poster and the initial test of the Hotline was unsuccessful. One of the telephone numbers is a reporting source to the U. S. Office of the Inspector General, applicable to the previous contract with the U. S. Marshal Service. Another telephone number is linked to the Hi-Line Help for Abused Spouses (the victim advocacy support resource) and the auditor notes that the same is not a viable 115.51(b) reporting resource. Finally, the address for TCDPS is absent from the poster. The auditor notes that this poster was prevalent throughout the facility.

In view of the above, the auditor finds CCC non-compliant with 115.33(f). Corrective action was immediately initiated between the PCM and the CCPC while the auditor was on-site with respect to amendment of both the Inmate Handbook and the aforementioned poster. Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.33(f) requirements. The corrective action due date is March 29, 2024.

To demonstrate compliance with and institutionalization of 115.33(f) requirements, the PCM will complete the aforementioned amendments, upload a photograph of the amended poster and copy of the amended Inmate Handbook for the auditor's review, and subsequently implement the amended documents. The PCM will photograph the amended poster(s) in the posting areas. Additionally, to ensure current inmates are aware of the content of these changes, the PCM will ensure the same are addressed during a town hall meeting, uploading a copy of the town hall meeting minutes as evidence of corrective action. In addition to the above, corresponding amendments to any PREA orientation materials will be uploaded.

The auditor's review of the 14-2AA PREA pamphlet reveals substantial compliance with 115.33(f) in terms of content. While not specific in terms of sexual abuse/harassment reporting sources at CCC, the same does address general practices.

In view of the completed (a), (b), (c), and (f) corrective action and findings regarding the remaining provisions, the auditor now finds CCC substantially compliant with 115.33.

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115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(5) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has completed corporate office investigative training entitled Investigations Manager Training in October, 2015 and Investigation and Security Conference in 2021. Both trainings were in-person and facilitated by CC staff. The 2021 training was three days in duration, inclusive of case studies. The auditor's review of the 2021 training agenda clearly reflects PREA specific topics, as well as, general crime scene preservation and a PREA case study.</p> <p>The criminal investigative interviewee states that he completed the three hour on-line National Institute of Correction (NIC) course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course. The same did include scenarios, a testing component, and addressed techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics. He completed the same on or about January 15, 2020.</p> <p>The auditor's review of documents provided to him reveals that the administrative investigator completed the training as validated by a CC Certificate of Completion dated October 29, 2015. A second administrative investigative staff completed the National Institute of Corrections (NIC) PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course, the same was comprised of a three-hour on-line course with scenarios and a testing component.</p> <p>The auditor's review of the lesson plan for the PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course reveals discussions regarding techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual</p>

	<p>abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(5)(a) addresses 115.34(b).</p> <p>The investigative staff interviewee asserts that specialized training included:</p> <p>Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training.</p> <p>The Warden further self reports CCC currently employs three administrative sexual abuse/harassment investigators and they completed the requisite training however, the auditor notes that the PCM (third administrative PREA investigator) completed investigator training when employed by another correctional agency. The same is reflected in her training record however, the auditor has no evidence as to the topics covered during the same. Accordingly, the auditor is unable to recognize that training pursuant to 115.234 requirements.</p> <p>The primary and secondary sexual abuse/harassment administrative investigator's completion certificates are addressed in the narrative for 115.34(a).</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.34.</p>
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115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, all 17 medical and mental health care practitioners who work regularly at the facility, have received the requisite training.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(6) addresses 115.35(a).</p> <p>The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed.</p>

According to the medical/mental health interviewees, the medical staff interviewee completed specialized training regarding sexual abuse and sexual harassment. This NIC course consisted of a three-hour on-line program, inclusive of scenario(s) and a testing component. The training did cover the following topics:

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

The auditor notes that the mental health provider interviewee does not recall whether he completed the requisite PREA specialty training. Additionally, the auditor has not been provided any documentation substantiating his completion of the same.

The auditor's review of 14 random medical employees' training records reveals they either completed (nine files) or are in the process of completion of the requisite specialty training (five files). The auditor notes that in all cases, "completion or in progress dates" are 2023. Accordingly, it appears that corrective action has been implemented to ensure compliance with 115.35(a). However, as previously noted, it does not appear that the mental health provider (contractor) has completed requisite 115.35(a) training. Additionally, the auditor's comparison of the specialty training roster against the on-board strength of medical staff reveals that three nurses have not completed requisite specialty training.

In view of the above, while the auditor now finds CCC compliant with 115.35(a) however, total completion of corrective action requires that the mental health provider and the three nurses complete specialty training on or before March 29, 2024. Subsequent to completion of the training, the PCM will upload the updated training roster into OAS.

Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated at CCC. Accordingly, the auditor finds 115.35(b) not-applicable to CCC.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 6, section C(7) addresses 115.35(c).

The auditor's review of substantiating documentation regarding specialty training completion is addressed in the narrative for 115.35(a).

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 6, section C(6) addresses 115.35(d).

The auditor's random review of two medical employee training files reveals they completed PREA ART. Accordingly, the auditor finds that CCC is compliant with

	<p>115.35(d).</p> <p>In view of the above, the auditor now finds CCC substantially compliant with 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other inmates.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(1) addresses 115.41(a).</p> <p>Pursuant to the staff who performs initial screening for risk of victimization and abusiveness interviewee, he does screen inmates (one-on-one) upon admission to CCC for risk of sexual abuse victimization or sexual abusiveness (abusiveness screening) towards other inmates.</p> <p>All five applicable random inmate interviewees who arrived at CCC during the last 12 months assert they did receive an initial PREA assessment screening at intake.</p> <p>During the facility tour, the auditor noted that all victimization/aggressor screening is facilitated in the intake area. The screening occurs in an office within that area, equipped with a door. The intake area is configured as most intake areas with "clean" and "dirty" cells.</p> <p>Pursuant to the PAQ, the Warden self reports policy requires inmates to be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the last 12 months, the Warden self reports 434 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section G(2) addresses 115.41(b). This policy provision actually requires that relevant screening</p>

be conducted within 24 hours of arrival at the facility.

The auditor's on-site review of all 15 random applicable (inmate arrival dates during 2021 through 2023) initial sexual victimization/aggressor assessments reveals 10 screenings were conducted on the date of arrival at CCC. Of note, the remaining five initial assessments could not be located.

Pursuant to the staff who performs screening for risk of sexual victimization and abusiveness interviewee, he screens inmates for risk of sexual victimization or risk of sexually abusing others within 24 hours of intake. For clarity, such initial screenings are generally completed within two to three hours of arrival at the facility.

In view of the above, the auditor finds CCC substantially compliant with 115.41(b).

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

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(3) addresses 115.41(c).

Pursuant to the auditor's review of the initial screening documents and reassessments [facilitated pursuant to 115.41(c) and 115.41(f)] completed during the last 12 months, the same do reflect the questions articulated in 115.41(d) and (e). The same were completed in accordance with the format explained in the CCPC's following narrative.

The CCPC asserts that the 14-2B is completed electronically in the CC Offender Management Information System (OMIS). The same is not completed on paper but rather, it is completed electronically.

The questions are weighted, however, the weight is not assigned by the individual completing the form. The computer system assesses the response and assigns the weight according to programming. For example a "yes" response to the question on prior victimization would be weighted higher than a "yes" response on being held for civil immigration. The weights were established during the design of the 14-2B system when it was developed around 2014.

CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 9, section G(4) reveals the intake screening considers, at a minimum, the following criteria to assess inmates for risk of sexual victimization:

Whether the inmate has a mental, physical, or developmental disability;

The age of the inmate;

The physical build of the inmate;

Whether the inmate has previously been incarcerated;

Whether the inmate's criminal history is exclusively nonviolent;

Whether the inmate has prior convictions for sex offenses against an adult or child;

Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;

Whether the inmate has previously experienced sexual victimization;

The inmate's own perception of vulnerability; and
Whether the inmate is detained solely for civil immigration purposes.

The staff member who performs initial screening for risk of victimization and abusiveness interviewee states that screening questions, minimally, encompass:

Sexual abuse history;
History of sexual aggression;
Sexual abuse vulnerability at CCC;
LGBTI status or identification;
Existence of a sexual crime/history of violence;
Severity of crime; and
Age.

As previously indicated, the statement of the staff responsible for risk screening interviewee, CC policy, and the auditor's review of the 14-2B reveal that 115.41(e) questions are contained within the 14-2B.

In regard to the process for conducting screening, the staff responsible for risk screening states that upon arrival at the facility, inmates are placed in a "dirty cell" (inmates have not yet been strip searched for contraband detection and provided searched clean clothes). Subsequent to completion of these tasks, the inmate is placed in a "clean cell". They are subsequently, screened one-at-a-time by the case manager behind a closed door. A window is located in each office door. Of note, the auditor was unable to observe an actual assessment and accordingly, a step-by-step analysis of procedures was facilitated.

The screening is computer generated and he asks each question, documenting each response. The interviewee states that he does review pre-arrival PREA-related information prior to the conduct of the screening. He also completes 30-day reassessments.

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The Warden further self reports 434 inmates who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or for being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since intake.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(14) addresses 115.41(f).

The staff responsible for risk screening interviewee states within 20-30 days of arrival at CCC and during custody reviews (at the six month or one year interval), the case manager facilitates a reassessment. He tracks the same pursuant to weekly review of the OMIS printout, determining due dates for reassessments.

Two of the five applicable random inmate interviewees, who arrived at CCC during the last 12 months, state they were asked screening questions again since their date of arrival at CCC. The reassessment for the one interviewee who reported that he was not asked the same questions again could not be located.

The auditor's on-site review of 15 random resident files reveals two 30-day reassessments were completed in a timely manner, six were completed outside the 30-day window, and seven reassessments could not be located. Accordingly, the auditor finds CCC non-compliant with 115.41(f) and imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.41(f) requirements. The corrective action due date is March 29, 2024.

To demonstrate compliance with 115.41(f), the PCM will provide training to all stakeholders who facilitate 30-day reassessments, accentuating the need to complete reassessments within 30-days of arrival. Helpful tracking tips should be provided to ensure timeliness. A copy of the training plan, as well as, written evidence that all stakeholders received the requisite training, will be uploaded into OAS. This document will bear the name of the training, the instructor's name, the date of training, and the participant's printed name/signature/date, minimally.

In addition to the above, the PCM will upload a roster reflecting the arrival dates of all inmates received between the date of this interim report and March 29, 2024, or sooner. The auditor will randomly select a sample of inmates and the PCM will upload both the initial and 30-day reassessments for each randomly selected inmate.

Subsequently, the auditor will analyze the documents, rendering a finding regarding compliance.

March 31, 2024 Update:

The auditor's review of a training packet encompassing the requirements of the above corrective action reveals substantial compliance with the training component regarding facilitation of a 30-day reassessment of every inmate's susceptibility to sexual abuse or propensity towards perpetration of sexual abuse. A training roster dated March 27, 2024 reflects the name of the training and the printed names and signatures of 10 attendees (eight case managers and correctional counselors and two unit managers). CC Policy 14-2 was used as a training resource to address 115.41(f) as the "within 30 days of arrival" caveat is applicable to the provision.

In addition to the above, the PCM has developed a tracking spreadsheet to identify progress/compliance in terms of provision of comprehensive PREA education within 30-days of arrival at CCC. The auditor has reviewed the same and finds it to be a viable tool to determine compliance with 115.41(f).

April 19, 2024 Update:

The auditor's random review of 10 inmate initial assessments and corresponding 30-day reassessments completed during February, March, and April, 2024 reveals that both assessments were completed within requisite time frames. The auditor's review of the physical screening forms appears to be commensurate with 115.41.

April 28, 2024 Update:

The auditor's random review of 10 inmate initial assessments and corresponding 30-day reassessments completed during February, March, and April, 2024 reveals that both assessments were completed within requisite time frames. The auditor's review of the physical screening forms appears to be commensurate with 115.41.

May 14, 2024 Update:

The auditor's random review of five of seven inmate initial assessments and 30-day reassessments completed March, April, and May 2024 reveals that both assessments were completed within requisite time frames. The auditor's review of the physical screening forms appears to be commensurate with 115.41.

In view of the above, the auditor finds that 93% of randomly selected initial and 30-day victimization/aggressor assessments and reassessments were completed in a timely manner during the corrective action period. Accordingly, the auditor now finds that corrective action has successfully been completed and CCC is substantially compliant with 115.41(f).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, sections G(15 and 16) addresses 115.41(g).

The PCM asserts that during the last two months, two such reassessments were facilitated with respect to new information regarding inmates. The auditor's review of the reassessments and background information provided reveals substantial compliance with the requirements of 115.41(g).

The staff who performs screening for risk of victimization and abusiveness interviewee states that case managers reassess offender risk levels, as needed, due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the detainee's risk of sexual victimization or abusiveness. The PCM may alert the case manager(s) to the need for such reassessment.

Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to)

	<p>questions regarding:</p> <p>Whether or not the inmate has a mental, physical, or developmental disability; Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; Whether or not the inmate has previously experienced sexual victimization; and The inmate's own perception of vulnerability.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(7) addresses 115.41(h).</p> <p>The staff who performs screening for risk of victimization and abusiveness interviewee states inmates are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 10, section G(12)(a-d) addresses 115.41(i).</p> <p>According to the CCPC, PCM, and the staff who performs screening for risk of victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. According to the PCM, such information consumption is generally limited to unit managers (UMs)/CMs/correctional counselors (CCs)/classification manager/records clerk (RC)/ADO staff/and the executive staff. In other words, access is limited to CMs and above and is governed by access privileges to the system.</p> <p>The CCPC asserts that access is generally limited to case managers and treatment staff. Assessments and reassessments generated in OMIS are password protected. The staff responsible for risk screening interviewee states access to assessments/reassessments is limited to CMs and above.</p> <p>In view of the 115.41(f) corrective action completion and the above findings, the auditor now finds CCC substantially compliant with 115.41.</p>
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115.42	Use of screening information
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9 section (G)(1) and page 12, section I(1) address 115.42(a).

The PCM and the staff responsible for risk screening interviewee assert that the OMIS assessment system assigns Victim (V), Potential Victim (PV), Unrestricted (U), Predator(P), and Potential Predator (PP) status to each initial inmate assessment and reassessment. System alerts "PREA Housing Alerts" preclude housing victims with aggressors or perpetrators. A roster is generated by the system to assist with proper housing. Additionally, housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns. Victims are not housed with predators.

The PCM asserts that prior to receipt of a movement of incoming inmates, she receives a list of the same. Prior to the physical movement, intake staff, inclusive of a designated case manager, immediately assesses OMIS regarding key sexual safety screening factors and a preliminary housing scheme is established. Cell Compatability Screens (OMIS) reflect housing assignments. If conflicts are discovered with the Cell Compatability Screens, the same are resolved by the UMs during the regular work week or ADOs if the movement occurs on the weekend.

The auditor's review of the aforementioned roster (Alert Roster) reveals substantial compliance with 115.42(a).

Pursuant to the auditor's observations during the facility tour, programs and work assignments are supervised by staff. Accordingly, the auditor finds CCC substantially compliant with 115.42(a).

Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 12 section I(4) addresses 115.42(b).

Pursuant to the PAQ, the Warden self reports the facility makes housing and program assignments for transgender and intersex inmates in the facility on a case-by-case basis as to whether the placement would ensure the inmate's health and safety or would present management or security concerns.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section (I)(7)(b) addresses 115.42(c). Additionally, CC Policy 14-9 entitled Management of Transgender and Intersex Inmates in Prison and Jail Facilities, pages 6-8, sections F(1-17) and G(1-5) address 115.42(b) and (c) minimally.

The PCM asserts housing assignments for transgender/intersex inmates are determined pursuant to review of the screening and Sexual Abuse Response Team (SART) results. Transgender/intersex inmates are dispersed throughout the facility, dependent upon security and safety concerns. Transgender/intersex inmates are not placed in specific pods or areas. All programming areas are supervised by staff.

Members of the Sexual Abuse Response Team (SART) meet with the transgender/intersex inmate to address management preferences and needs twice annually. The agency considers whether the placement will ensure the offender's health and safety. Additionally, the agency considers whether the placement would present management or security problems.

The auditor's review of Transgender/Intersex Treatment Plans for five transgender/intersex inmates reveals substantial compliance with 115.42(c) in three cases. Timely and substantive SART reviews were completed in these three cases. In the remaining two cases, some review documentation was missing.

Housing, programming, showering, search preferences, and various other sexual safety issues were considered during these meetings. Except as noted above, the meetings were facilitated within six to seven months of one another, establishing compliance with 115.42(d).

When questioned, the PCM stated that inmates are designated to CCC by MDOC. Officials from those entities identify the gender of the inmates pursuant to designation to CCC.

Four of five transgender inmate interviewees state staff have asked them questions about their sexual safety since arrival at CCC. Generally, they are reviewed at SART meetings every six months. The last transgender inmate interviewee states she has not been at CCC very long and accordingly, she has been asked such questions on only one occasion (SART). This is consistent with the auditor's findings, with the exception of the missing SART notes.

In addition to the above, the interviewees state they have not been placed in a housing unit area designated only for the purpose of housing transgender/intersex inmates and they have no reason to believe they were strip searched for the sole purpose of determining their genital status.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13 section (I)(7)(d) addresses 115.42(d).

The PCM asserts placement and programming assignments for each transgender/intersex offender are reassessed a minimum of two times per year for any threats to safety experienced by the inmate. The staff responsible for risk screening reassessments was not aware of the mechanics of the SART in terms of assessment meetings. While not a finding at this point, the auditor strongly recommends that the PCM provide training to all SART members regarding the twice yearly reviews of sexual safety for transgender/intersex inmates and proper documentation of those meetings.

The auditor's assessment of documentation compliance with 115.42(d) is reflected in the narrative for 115.42(c).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section (I)(7)(c) addresses 115.42(e).

The PCM asserts transgender/intersex inmate's own views with respect to his/her safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewee validates the statement of the PCM.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section J(11)(g) addresses 115.42(f).

The PCM and staff responsible for risk screening assert transgender/intersex inmates are given the opportunity to shower separately from other inmates. Such requests may be accommodated by showering after hours or showering in the medical department. The same is addressed through SART meetings.

The auditor's review of a memorandum dated August 1, 2023 reveals that nine transgender/intersex inmates have been granted authorization to shower separately from the general population after hours.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 14, section (I)(7)(e) addresses 115.42(g).

According to the CCPC, facility staff in all CC facilities are keenly aware that designated facilities, wings, etc. are unacceptable for the housing of lesbian, gay, bisexual, transgender, or intersex inmates unless the agency or facility is subject to a consent decree, legal settlement, or legal judgment for the purpose of protecting such inmates. Housing assignments are made at the local level, utilizing the risk assessment screening tool. Such assignments are subject to review during internal audits, mock PREA audits, and partner agency audits. Of note, transgender/intersex inmates are reviewed individually with consideration made for their own safety concerns.

The PCM asserts the facility is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex inmates. Additionally, one gay inmate interviewee and five transgender inmate interviewees state they have not been placed in a housing area designated only for GBTI inmates.

In view of the above, the auditor finds CCC substantially compliant with 115.42.

115.43	Protective Custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 266 544 300">Auditor Discussion</p> <p data-bbox="256 344 1453 624">Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.</p> <p data-bbox="256 669 1398 741">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(a) addresses 115.43(a).</p> <p data-bbox="256 786 1445 1106">The Warden asserts agency policy prohibits placement of inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an inmate requests protective custody, he/she may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.</p> <p data-bbox="256 1151 1398 1223">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(b) addresses 115.43(b).</p> <p data-bbox="256 1267 1434 1373">According to the PCM, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p data-bbox="256 1417 1466 1626">The staff who supervises inmates in segregated housing interviewee states that inmates would only be placed in RHU pending investigation for other matters or at their request. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:</p> <ul data-bbox="256 1671 1461 1906" style="list-style-type: none"> Programs (Recreation is provided five days per week times one hour each recreation day. Chaplains make weekly rounds and address any requests; Privileges (Telephone and recreation are available to inmates); Education (Individually tailored Education classes are available to the inmate via inmate request); and Work opportunities (none as there are no porter work assignments for RHU inmates). <p data-bbox="256 1951 1418 2063">If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR) or another document reflecting restrictions. The same may be documented in the</p>

Watch Tour Log. The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.

Restrictions can be placed subsequent to approval by the Warden. Telephone restriction is an example.

Pursuant to the PAQ, the Warden self reports that during the last 12 months, zero inmates at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(d) addresses 115.43(c).

The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. During his tenure at the facility, zero confinements, as described above, have occurred. If the same were to occur, the longest placement under such circumstances would generally be less than 24 hours.

The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that such placements would ordinarily be less than 24 hours.

As previously indicated in the narrative for 115.43(a), the Warden self reports zero inmates at risk for sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.

Pursuant to random review of sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(e) addresses 115.43(d).

The auditor finds that the 115.43(d) process is in place should the need arise.

Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 13, section I(8)(f) addresses 115.43(e).

The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed weekly to determine whether general population return is feasible. The Warden validated the

	<p>same during his interview.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.43.</p>
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115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment; Retaliation by other inmates or staff for reporting inmate sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 16, section K(1)(a and b)(i-vii) addresses 115.51(a). However, the same reflects that both the Office of the Inspector General and State of Montana PREA Hotline telephone numbers can be accessed by keying 231 while the CCC Inmate Handbook reflects that the Office of the Inspector General is accessed by 231 and the State of Montana PREA Hotline is accessed by 232.</p> <p>During the on-site visit, the auditor learned that the 231 number is associated with the previous contract and should therefore be removed from any documentation and posters. Accordingly, as part of the corrective action for 115.51(b), the CCPC and PCM will work jointly to remove the same number as identified above. Accordingly, policy, the CCC Inmate Handbook, and the poster included in the OAS PAQ information must be amended.</p> <p>The auditor notes that the State of Montana PREA Hotline telephone number is an acceptable 115.51(a) reporting source. During the facility tour, the auditor and PCM did test the State of Montana PREA Hotline telephone number (232) on an inmate telephone and the call was forwarded to a voice mail. While successfully answered, the auditor was not advised that staff from that office reported the test to the Warden or designee. However, subsequent to the above, the State of Montana PREA Hotline was again tested by the PCM and she did communicate the test to a person. A voice mail message was subsequently left for the Warden, advising of the test.</p> <p>The auditor also notes that TCDPS is identified in policy as the 115.51(b) reporting source by way of mailing a report to them. During the facility tour, the auditor</p>

learned that outgoing mail to TCDPS is treated as legal mail. While the auditor was unable to physically validate the same, the process meets 115.51(b) muster in terms of confidentiality. The auditor also notes that TCDPS is not noted on the "I have a responsibility to" poster as a 115.51(b) reporting source.

In view of the above, the auditor finds CCC non-compliant with 115.51(a and b) and imposes a 180-day corrective action period wherein CCC staff will demonstrate compliance with and institutionalization of 115.51(a and b) requirements. The due date for completion of corrective action is March 29, 2024.

To demonstrate compliance with and institutionalization of 115.51(a and b) reporting procedures as described above, the PCM will develop a plan to implement appropriate 115.51(a and b) reporting procedures. The auditor finds that TCDPS is an acceptable 115.51(b) reporting source and the aforementioned State of Montana PREA Hotline is an acceptable 115.51(a) reporting source. Accordingly, corrective amendments to policy, the Inmate Handbook, and the poster will be completed to reflect accurate reporting information. The PCM will upload these amendments into OAS for the auditor's review.

Subsequent to approval of the aforementioned amendments, the PCM will ensure that the accurate information is conveyed to the inmate population through town hall meetings or memorandums, uploading copies of town hall meeting minutes or photographs of memorandums posted in various areas of the facility, in OAS. The auditor will then make a determination regarding compliance.

The PCM will also research the turnaround time regarding submission of a U.S. Mail report to TCDPS. Specifically, the PCM will facilitate contact with TCDPS to determine the turnaround time for reporting inmate allegations of sexual abuse/harassment to the Warden and/or applicable staff. Findings will be reduced to writing and the auditor strongly recommends that the document be forwarded to TCDPS officials in the form of an MOU, if possible. Once completed, the PCM will upload the documentation to OAS for the auditor's review.

The auditor notes that when facilitating the test calls mentioned above, the PCM advised that the telephone call was free of charge to the caller and the auditor validated the same. When placing the call, the auditor was not asked for any phone card information, etc. The auditor did note, however, that caller identification information (AO number) was required and therefore, the call was not determined to be anonymous. The PCM and CCPC quickly commenced collaboration to address the same with a standard pin number available to all inmates. Accordingly, completion of this process is also included in the aforementioned corrective action as the procedure is clearly articulated on page 7 of the CCC Inmate Handbook. The PCM will upload the amended procedures into OAS for the auditor's review.

March 23, 2024 Update:

The auditor's review of an MOU between CCC and TCDPS, signed by the Sheriff of

TCDPS and Warden of CCC respectively, addresses receipt of written reports of sexual abuse/harassment from CCC inmates, and confidentiality. A turnaround time of two business days from the date of receipt of the report is established wherein the Warden or facility investigator will be advised of the alleged incident(s). The advisement will be facilitated by either telephone or email.

In addition to the above, the CCC Inmate Handbook has been amended to include the address for TCDPS and an explanation of confidentiality in terms of mailing the written report and referral of the incident to the Warden. As such, going forward, all inmates will have the opportunity to be apprised of the name and address of the 115.51(b) reporting source and mechanics of the process.

April 13, 2024 Update:

The auditor's review of the updated and amended CC Policy 14-2 entitled Sexual Abuse Prevention and Response reveals that the *231* telephone number has been deleted from the same. Accordingly, the *232* telephone number (MDOC PREA Hotline) and *233* for support services are now listed telephone numbers.

The auditor's review of an addendum to the aforementioned posters now reveals substantial compliance with 115.51(a and b). The auditor has been advised that the addendum has been attached to each poster throughout the facility and a photograph of the addendum reveals the same is attached to the poster.

The auditor's review of an informational memorandum dated April 2, 2024 captures the aforementioned clarifications. The auditor has been advised that this memorandum has been posted in each housing area, minimally.

In view of the above corrective action completions, the auditor finds CCC substantially compliant with 115.51(a and b).

All 12 random staff interviewees advise of at least one method of reporting as defined in 115.51(a). Responses include the following:

- PREA Hotline to MDOC;
- Verbal report to staff;
- Submit a written report; and
- Submit an emergency grievance.

All 15 random inmate interviewees were able to cite at least one method of reporting. Of note, random inmate interviewees overwhelmingly cited the MDOC PREA Hotline number and verbal reports to staff as methods of reporting sexual abuse/harassment incidents.

Responses regarding reporting methods, as articulated by random inmate interviewees, were as follows:

- Verbal report to staff;

Report via MDOC PREA Hotline;
Submit emergency grievance; and
Third party report.

The auditor notes that he did observe grievance boxes throughout the on-site visit and found the same to be locked and secure. Boxes are located in housing areas or the rotunda, accessible to inmates and grievances are collected by the MDOC Grievance Coordinator Monday through Friday.

Pursuant to the PAQ, the Warden self reports the agency does not provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency. Mailing a report to TCDPS, as described in the narrative for 115.51(a), meets muster.

The Warden further self reports the agency does not have a policy requiring inmates detained solely for civil immigration purposes to be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security. The PCM asserts that zero ICE inmates, housed solely for civil immigration purposes, are confined at CCC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 16 and 17, section K(1)(c and d) addresses 115.51(b) in totality. Pursuant to controlling policy, contact can be made with TCDPS via written report.

The PCM asserts that TCDPS is an acceptable 115.51(b) reporting source and the same is articulated in the above policy. The PCM was not aware of the turnaround timeline for reporting the alleged sexual abuse/harassment to CCC official(s) as the status of 115.51(b) is non-compliant. Logistics of this reporting mechanism will be addressed pursuant to corrective action.

Four of 15 random inmate interviewees assert they are allowed to make a report without giving their name.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(b) addresses 115.51(c).

All 12 random staff interviewees state when an inmate alleges sexual abuse or sexual harassment, he/she can do so verbally, in writing, anonymously, and from third parties. All 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

All 15 random inmate interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing. Twelve of 15 random inmate interviewees further report someone else can make the report for the victim so he/

	<p>she is not named.</p> <p>Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. The Warden further asserts that staff private reporting methods include, but are not limited to, the following:</p> <p>In-person reports to their supervisor behind closed doors; Email; Ethics Line reports; and Note(s) to their supervisor.</p> <p>Staff are informed of these procedures by virtue of poster(s), email, training, Ethics Line, and roll call meetings. The auditor's observation of the Ethics Line poster validates the above.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(h) addresses 115.51(d) in totality.</p> <p>All 12 random staff interviewees assert staff can privately report sexual abuse and sexual harassment by any of the following methods:</p> <p>Submission of a written report to the Warden/PCM/ADO/supervisory staff/Human Resources; Closed door verbal report(s) to the same staff; Call Ethics Hotline; Call PREA Hotline; Email; and Contact supervisor via telephone.</p> <p>In view of the corrective action completion regarding 115.51(a and b) findings and the evidence cited above, the auditor finds CCC substantially compliant with 115.51.</p>
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115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency does have an administrative procedure for dealing with inmate grievances regarding sexual abuse.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section</p>

K(1)(e)(i and ii) addresses 115.52. MDOC Operational Procedure 3.3.3 entitled Inmate Grievance Program, page 11, section R addresses 115.52.

During the facility tour, the auditor learned, through interview with the MDOC Grievance Coordinator (GC) assigned to CCC, that she works at CCC Monday through Thursday of each week. She picks up grievances one time per week however, inmates hand deliver their grievances to staff who hand deliver the same to the shift captain and he/she delivers the same to the GC in her absence. 115.52 grievances are addressed by the PCM and the auditor validated the same pursuant to review of the two sexual harassment grievances.

The auditor notes that grievance boxes are plentiful and available to inmates throughout the facility. Grievances are retrieved from the Grievance Boxes by the MDOC Grievance Coordinator.

Pursuant to the PAQ, the Warden asserts that three grievances were filed wherein sexual abuse was alleged, during the last 12 months. The auditor's review of two of the grievances reveals the alleged fact pattern is synonymous with sexual harassment, as opposed to, sexual abuse. Accordingly, 115.52 requirements are not applicable to these grievances.

Pursuant to the PAQ, the Warden asserts that MDOC policy (the governing policy with respect to 115.52) or procedure allows an inmate to submit a grievance regarding an allegation of sexual abuse at any time, regardless of when the incident is alleged to have occurred. While the Warden self reports that agency policy does require an inmate use an informal grievance process or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse, the same is not required pursuant to policy.

The above provisions are addressed in MDOC Operational Procedure 3.3.3 entitled Inmate Grievance Program, page 11, section R(1 and2).

In view of the above and the fact that the grievance procedure is administered by MDOC staff, the auditor finds CCC substantially compliant with 115.52.

Pursuant to the PAQ, the Warden self reports MDOC's policy and procedure allows an inmate to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. Furthermore, the Warden self reports MDOC's policy and procedure requires that an inmate grievance alleging sexual abuse is not referred to the staff member who is the subject of the complaint.

MDOC Operational Procedure 3.3.3 entitled Inmate Grievance Program, page 11, section R(1) addresses 115.52(c).

Pursuant to the PAQ, the Warden asserts that MDOC policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance. The Warden further asserts that in the last 12 months, three grievances filed that alleged sexual abuse reached final decision within 90 days of filing and zero extensions were taken. Finally, the Warden asserts the agency always notifies an inmate, in writing, when

the agency files for an extension, including notice of the date by which a decision will be made.

MDOC Operational Procedure 3.3.3 entitled Inmate Grievance Program, page 12, section R(3 and 4) addresses 115.52(d).

The auditor's review of the aforementioned two sexual harassment grievances validated compliance with 115.52(d).

Pursuant to the PAQ, the Warden asserts MDOC policy and procedure permits third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse and to file such requests on behalf of inmates. Additionally, MDOC policy and procedure requires that if an inmate declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the inmate's decision to decline. Zero grievances alleging sexual abuse were filed by inmates during the last 12 months wherein the inmate declined third-party assistance.

MDOC Operational Procedure 3.3.3 entitled Inmate Grievance Program, page 12, section R(7)(d) addresses 115.52(e).

Pursuant to the PAQ, the Warden asserts MDOC has a policy and established procedures for filing an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. MDOC's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were filed during the last 12 months. MDOC's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within 5 days.

MDOC Operational Procedure 3.3.3 entitled Inmate Grievance Program, page 12, section R(6)(a-d) addresses 115.52(f).

Pursuant to the PAQ, the Warden asserts the agency has a written policy that limits its ability to discipline an inmate for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the inmate filed the grievance in bad faith. In the last 12 months, zero inmate grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith.

In view of the above, the auditor finds CCC substantially compliant with 115.52.

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115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by:</p> <p>Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations;</p> <p>Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and</p> <p>Enabling reasonable communication between inmates and these organizations in as confidential manner as possible.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 8 and 9, sections F(3, 4, and 6) addresses 115.53(a). Pursuant to controlling policy, 115.53(a) services are available through Hi-Line Help for Abused Spouses .</p> <p>The PCM asserts that a three digit telephone number is noted in the CCC Inmate Handbook and on the "I have a responsibility to" Poster. Both educational sources imply that the Hi-Line Help for Abused Spouses three digit telephone number is a sexual abuse/harassment reporting source. There is no mention of the same being an emotional support/victim advocacy resource for inmate victims of sexual abuse.</p> <p>In addition to the above, the auditor notes that when facilitating the test call to Hi-Line Help for Abused Spouses, the PCM advised that the telephone call was free of charge to the caller and the auditor validated the same. When placing the call, the auditor was not asked for any phone card information, etc. The auditor did note, however, that caller identification information (AO number) was required and therefore, the call was not determined to be anonymous. The PCM and CCPC quickly commenced collaboration to address the same with a standard pin number available to all inmates. Accordingly, completion of this process is also included in the following corrective action. The PCM will upload the amended procedures into OAS for the auditor's review.</p> <p>In view of the above, the auditor finds that CCC is non-compliant with 115.53(a) as inmate educational materials are not consistent with controlling policy and practice.</p>

Accordingly, inmates are not provided accurate information to facilitate contact with victim advocacy and support services resources. The auditor places CCC in a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.53(a) requirements and the due date for corrective action implementation is March 29, 2024.

To demonstrate compliance with and institutionalization of 115.53(a) requirements, the PCM will amend the CCC Inmate Handbook and "I have a responsibility to" poster to reflect accurate information as discussed above. Subsequent to completion of the amendments, the CCC Inmate Handbook and "I have a responsibility to" poster will be uploaded into OAS for the auditor's review. Upon approval, the PCM will author a memorandum of clarification regarding these changes to the inmate population and/or the same will be addressed during town hall meetings. Copy(ies) of the memorandum and town hall meeting minutes, as well as, a photograph of the amended poster, will subsequently be uploaded into OAS for the auditor's review and finding regarding compliance.

The auditor's test of the Hi-Line Help for Abused Spouses telephone number was successful as completed on the intake area inmate telephone. The auditor did leave a voice mail on the same.

March 23, 2024 Update:

Page 8 of the amended and updated CCC Inmate Handbook has been amended to include the address and procedure to telephonically contact Hi-Line Help for Abused Spouses, the outside emotional support services entity, in accordance with 115.53(a) requirements. There is no mention of Hi-Line Help for Abused Spouses being a sexual abuse/harassment reporting source as Hi-Line Help for Abused Spouses is referenced only as an emotional support service.

The emotional support services caveat is clearly articulated for the reader. Additionally, the previously mentioned universal pin now serves to address assurance of confidentiality if the user decides to access 233. As such, going forward, all inmates will have the opportunity to be apprised of the name and address of the 115.53(a) emotional support entity and the mechanics of the contact process.

April 13, 2024 Update:

The auditor's review of the updated and amended CC Policy 14-2 entitled Sexual Abuse Prevention and Response reveals that the *231* telephone number has been deleted from the same. Accordingly, the *232* telephone number (MDOC PREA Hotline) and *233* for support services only are now the listed telephone numbers.

The auditor's review of an addendum to the aforementioned posters now reveals substantial compliance with 115.53(a). The auditor has been advised that the

addendum has been attached to each poster throughout the facility. The auditor notes that this addendum replaces a previous poster addendum as observed during the on-site visit and facility tour.

The auditor's review of an informational memorandum dated April 2, 2024 captures the aforementioned clarifications. The auditor has been advised that this memorandum has been posted in each housing area, minimally.

Eight of the 15 random inmate interviewees are aware that services are available outside of the facility for dealing with sexual abuse, if needed. Twelve interviewees report they do not know the name of the service and two interviewees state that Hi Line Help for Abused Spouses is a designated service and a third inmate states that Western Montana Mental Health is another resource. Eight of 15 random inmate interviewees state that such information is addressed pursuant to the aforementioned poster, Inmate Handbook, or pursuant to contact with staff. Nine random interviewees report such calls are free and 12 interviewees report they can make contact with staff from such agencies during scheduled telephone times and if they request access to the telephones for the expressed purpose of making such contact. Eleven random inmate interviewees state that what they say to staff from these services remains private while eight interviewees state there are exceptions to the privacy question. Specifically, the existence of sexual abuse or criminal activity at CCC, recitations of self-injurious behavior, or unsafe conditions at CCC are a basis for sharing information, etc. Seven interviewees were able to cite these exceptions.

The inmate who reported a sexual abuse incident at CCC states that posters and the CCC Inmate Handbook provide information as to outside emotional support services if one is sexually abuse/harassed at CCC although he was not able to cite the name of such a service. He did state that the telephone call is free and the same can be placed during telephone hours and/or with staff assistance.

In addition to the above, the interviewee states that he is not sure whether he can communicate with the community resource in a confidential manner however, he knew that discussion of self-injurious behavior is a reason for agency staff sharing with law enforcement or facility staff.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 9, section F(5)(a and b) addresses 115.53(b) in totality.

According to the PCM, the current CC tri-fold brochure entitled Prevent. Detect. Respond., section entitled Confidentiality, is now being provided to incoming inmates. Prior to the on-site audit, the CC Preventing Sexual Abuse and Misconduct tri-fold was

provided to incoming inmates and the auditor finds that the same did not meet the requirements of 115.53(b). In view of the above, the auditor finds that incoming inmates receive the correct information regarding 115.53(b) requirements. The auditor notes that the now utilized Prevent. Detect. Respond. tri-fold pamphlet adequately meets muster regarding 115.53(b) requirements, as well as, the amended and updated CCC Inmate Handbook.

A discussion regarding the inmate who reported a sexual abuse incident at CCC and his statement regarding mandatory reporting by emotional support staff is addressed in the narrative for 115.53(a).

Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 8, section F(1 and 2) addresses 115.53(c).

The auditor's review of an MOU between CC and Hi-Line Help for Abused Spouses reveals the same does not address provision of emotional support services related to post sexual abuse incidents. Accordingly, the auditor finds CCC non-compliant with 115.53(c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.53(c) requirements. The due date for corrective action completion is March 29, 2024.

To demonstrate compliance with and institutionalization of 115.53(c), the PCM and Corporate staff will amend the aforementioned MOU to include 115.53(c) requirements. It is also advisable to add language regarding VA presence during the forensic examination and investigatory interviews in the event the victim requests the same [See the narrative for 115.21(e)]. Subsequent to amendment completion, the PCM will forward the same to Hi-Line Help for Abused Spouses officials for signature. Upon completion of the same, the PCM will upload the same in OAS and the auditor will review for compliance.

March 18, 2024 Update:

The auditor's review of an amended MOU between CC and Hi-Line Help for Abused Spouses signed by affected parties on February 6, 2024 reveals substantial compliance with 115.53(c). The same clearly reflects that Hi-Line Help for Abused Spouses victim advocates provide sexual abuse hotline services to CCC inmates, as well as, victim advocate services during forensic examinations and investigatory interviews. Accordingly, the auditor finds CCC substantially compliant with 115.53(c) as the MOU is maintained by the PCM.

In view of the completed corrective action and evidence cited above, the auditor now finds CCC substantially compliant with 115.53.

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115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The Warden further self reports the same can be accomplished through submission of a letter to the facility or Facility Support Center (FSC), Ethics Line advertised in the facility front lobby and visitation area and on the public website, and telephone calls to staff/Warden/FSC.</p> <p>Pursuant to the auditor's review of the CC website, any inmate or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The facility address, telephone number, and name of the Warden are clearly documented on the website. Reports can also be reported on-line to the CC Ethics Division. The Warden further self reports the agency or facility distributes information to inmates regarding methods to report inmate sexual abuse or sexual harassment.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention, and Response, page 17, section K(2)(h) addresses 115.54(a). This policy stipulates CC employees, contractors, volunteers, and interested third parties may report allegations of sexual abuse and sexual harassment (including anonymous reports) to the CC 24-hour Ethics Line at 1-866-757-4448 or through www.CoreCivic.ethicspoint.com.</p> <p>The auditor's review of the CC website reveals option(s) for third-party reporting. The posters are written in concise, understandable terms and the same are not obscured.</p> <p>On October 28, 2023, the auditor did test the CC Ethics Line by submission of an on-line written report. The auditor received email verification that the test report was forwarded to CCC staff on the same date. The auditor finds that the process is "user-friendly."</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.54.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard

Auditor Discussion

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

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

Any retaliation against inmates or staff who reported such an incident;

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(a) addresses 115.61(a). CC PCN 14-2(03) entitled Sexual Abuse Prevention and Response, page 2, section Change To: K(2)(a) expounds upon CC Policy 14-2.

The auditor's on-site review of 10 random alleged sexual abuse/harassment investigations that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse.

All 12 random staff interviewees state agency policy requires:

All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in any facility;

Retaliation against inmates or staff who reported such an incident; and

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

Minimally, all interviewees state these issues must be reported immediately to the shift commander, COS, sergeant, lieutenant. or Warden

The auditor notes that some random staff interviewees were generally aware of the CC Ethics Line reporting method. As reflected in the narrative for 115.51(d), staff were aware of various private methods to report incidents to the above officials.

During random staff interviews, the auditor did role play private reporting options with interviewees. Staff responded favorably, explaining both security and confidentiality issues associated with reporting. For example, the radio is not a legitimate tool for reporting unless the reporter is summoning the sergeant, lieutenant, or captain to the unit or location of the incident.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(e) addresses 115.61(b).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(f) addresses 115.61(c).

According to the medical (Med) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to inmate(s) prior to initiation of services. The Med and MH interviewees state that they advise of their mandatory reporter status prior to provision of services and the Med interviewee documents the same in the notes. The MH interviewee states inmates sign a Disclosure form at intake or orientation. Minimally, this requirement is policy, licensure, and HIPPA driven. Similarly, reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The Med interviewee reports such incidents to the health services administrator (HSA) and shift commander while the MH interviewee reports to the HSA and Warden.

Both interviewees state they have not become aware of an incident during the last 12 months at CCC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(11)(f) addresses 115.61(d).

The Warden asserts that zero inmates under the age of 18 are housed at CCC. The MDOC contract monitor would be contacted with respect to sexual abuse of any vulnerable adult(s) and she would make further notifications.

According to the CCPC, state law dictates reporting requirements and as such, in most states, notification to law enforcement and the partner agency triggers notification to other affected agencies.

The PCM asserts zero reports of sexual abuse applicable to inmates under the age of 18 or vulnerable adults were referred to social services agencies, etc. during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 20, section M(11)(a-c) addresses 115.61(e).

The Warden asserts the investigator is notified of all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, by either him (the Warden) or ADO staff. The on-site criminal investigator subsequently reviews the fact pattern for criminal investigation consideration and referral for a forensic examination.

The auditor's review of investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported.

In view of the above, the auditor finds CCC substantially compliant with 115.61.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 338 1437 584">Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further self reports in the last 12 months, zero instances arose wherein the facility determined an inmate was at substantial risk of imminent sexual abuse.</p> <p data-bbox="256 618 1469 696">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section M(1) addresses 115.62(a) in totality.</p> <p data-bbox="256 730 1477 1021">The Agency Head interviewee advises immediate removal of the potential victim from the area is the initial response to a report of substantial risk of imminent sexual abuse. It may be feasible to move the potential victim to another housing unit within the facility, dependent upon the circumstances. The potential perpetrator would be placed in segregated housing status. The contractual requirements of the partner will dictate the ability to transfer the potential perpetrator. Minimally, we would work with on-site contract monitors to make the best decision under the circumstances.</p> <p data-bbox="256 1055 1485 1335">The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. SART assesses the threat level and the matter is simultaneously investigated. The potential victim may be placed in another housing area. He further asserts he could work with the on-site contract monitor to relocate the potential victim if circumstances dictated the same. If movement of the perpetrator is warranted, coordination with the contract monitor would be an option.</p> <p data-bbox="256 1379 1422 1491">All 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned he/she is in imminent danger of sexual abuse. The incident is subsequently reported to the shift commander.</p> <p data-bbox="256 1536 1390 1570">In view of the above, the auditor finds CCC substantially compliant with 115.62.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	<p data-bbox="256 1854 544 1888">Auditor Discussion</p> <p data-bbox="256 1928 1445 2085">Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have</p>

occurred. The Warden further self reports during the last 12 months, zero allegations of sexual abuse were received at CCC wherein an inmate was abused while confined at another facility. However, pursuant to review of one report (involved alleged retaliation) included with PAQ documentation, the auditor finds that one 115.63 notification was completed during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(17)(a)(i and ii) addresses 115.63(a).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(17)(a)(i) addresses 115.63(b).

As previously indicated, the one notification involved alleged PREA retaliation at another facility (incident giving rise to the same is unknown as the inmate documented PREA retaliation in the document he submitted to the Mailroom). There is no indication of sexual abuse as required by the standard.

The auditor notes it appears that CCC staff first became aware of the allegation on February 14, 2023 and the formal letter to the Warden at the affected institution was emailed on February 20, 2023. The auditor does not find that this incident meets the definition of sexual abuse as required pursuant to the standard provision.

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(17)(a)(iii) addresses 115.63(c).

Pursuant to the PAQ, the Warden self reports CCC requires that allegations received from other facilities/agencies regarding incidents alleged to have originated in CC facilities, are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, two allegations of sexual abuse were received from other facilities regarding incidents alleged to have originated at CCC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 22 and 23, section 17(b)(i-iii) addresses 115.63(d) in totality.

The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within a CC facility, the Warden is generally the administrator who receives the call or notification letter. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action.

The report is then added into the incident reporting system and PREA protocols are initiated.

The Warden asserts a full investigation is initiated by the facility investigator or the

	<p>MDOC investigator, whichever is applicable. To the best of the Warden's knowledge, two such reports were received at CCC during the last 12 months.</p> <p>The auditor's review of both investigations reveals that the alleged victims provided no evidence as to the name or identity of the assailant in one alleged incident and the victim in the second incident provided inconsistent information regarding the same, frustrating attempts to complete further meaningful investigation(s). Accordingly, both allegations were determined to be unsubstantiated and closed.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.63.</p>
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115.64	Staff first responder duties
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report:</p> <p>Separates the alleged victim and abuser; Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will 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.</p> <p>The Warden further self reports that in the last 12 months, 22 allegations of inmate sexual abuse have been reported. Of these allegations of sexual abuse reported during the last 12 months, the first security staff member to respond to the report separated the alleged victim and abuser on seven occasions. The first security staff member to respond to the report secured the crime scene on one occasion. Staff were notified within a time period that still allowed for the collection of physical evidence on one occasion and accordingly, staff requested that the victim not destroy physical evidence and ensured that the perpetrator did not destroy physical evidence.</p>

The auditor's review of seven of the aforementioned sexual abuse investigations completed during the last 12 months reveals that the victim and perpetrator were separated in two cases. In one of these two cases, the victim was removed from the facility for a forensic examination and accordingly, the first responder requested that he not destroy physical evidence. The perpetrator was transferred to a state facility shortly following commencement of the investigation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, sections M(2)(a-d), (5), and (6) addresses 115.64(a).

The non-security and security first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. Similarly, all 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable evidence (first responder duties). Nine of 12 random staff interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. It is noted all interviewees were in possession of a CC card bearing the instructions as required by Standard 115.64(a).

Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.

The Warden further self reports that, of the allegations made that an inmate was sexually abused within the last 12 months, two non-security staff members were the first responders. The Warden further self reports the non-security staff first responders requested that the alleged victim not take any actions that could destroy physical evidence and subsequently notified security staff on both occasions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section M(3) addresses 115.64(b).

Of note, all CCC staff receive the same 1st responder training and accordingly, all staff are trained as security staff 1st responders.

In view of the above, the auditor finds CCC substantially compliant with 115.64.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	Pursuant to the PAQ, the Warden self reports the facility has developed a written

	<p>institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 18-28, sections L through S addresses 115.65(a). CC Policy 13-79 entitled Sexual Assault Response, Page 2, section Sexual Abuse Response Review Team also addresses 115.65(a).</p> <p>The auditor's review of the PREA CCC Coordinated Response Plan, as scripted in the above policy and unique to CCC, reveals a detailed and understandable document available to all staff. Additionally, the auditor's review of the accompanying CC Sexual Abuse Incident Check Sheet reveals a chronological aid the designated stakeholder completes to memorialize events and actions that were taken in response to the allegation(s)/incident(s).</p> <p>The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts CC Policy 14-2 captures specific coordinated response procedures unique to CCC. The plan is addressed during PREA ART on an annual basis.</p> <p>Other corroborating forms of evidence include MOUs with both Hi-Line Help for Abused Spouses and TCDPS, as well as, a SART memorandum bearing information regarding a facility incident response and review team.</p> <p>The auditor's review of one sexual abuse investigation which encompassed collaboration between multiple internal and external disciplines reveals substantial compliance with 115.65. In this incident, a forensic examination was necessary, as well as, collaboration with the MDOC investigator for criminal investigation and prosecution referral.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.65.</p>
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115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	<p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency, facility, or any other governmental entity responsible for collective bargaining on the agency's behalf has not entered into or renewed any collective bargaining agreement or other agreement with CCC since the last PREA audit. The Quality Assurance Manager validates the same pursuant to a memorandum dated July 27, 2023.</p> <p>The Agency Head interviewee advises that CC, as an agency, has entered into and/or</p>

	<p>renewed collective bargaining agreements since August 20, 2012. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or disciplinary action.</p> <p>As the auditor finds no deviation from standard, he finds CCC substantially compliant with 115.66.</p>
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115.67	Agency protection against retaliation
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. According to the PCM, she monitors staff while the classification coordinator monitors inmates/detainees.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section M(16)(b)(ii) addresses 115.67(a). Of note, the classification coordinator is identified in this policy as the retaliation monitor at CCC.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 21, section M(16)(b)(ii) addresses 115.67(b).</p> <p>According to the Agency Head interviewee, for both inmates and staff who have reported allegations of sexual abuse, monitoring is provided for a 30/60/90 day period (longer, if needed) to protect against retaliation by inmates or staff. These reviews are documented on a policy attachment. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, etc. for staff. These reviews also occur for victims of sexual abuse/sexual harassment. Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly.</p> <p>The retaliation monitoring interviewee states that she is aware, by virtue of her role in sexual abuse incidents, of the victims of sexual abuse and accordingly, she reaches out to them, advising of the retaliation monitoring process. She closely monitors staff and inmate actions to determine the likelihood of retaliation. While she is assigned to monitor staff victims of sexual abuse and retaliation, she has monitored both staff and inmates.</p> <p>The retaliation monitor interviewee states that she ensures the perpetrator, if known, is housed in RHU, another pod, or another facility. If prudent, she facilitates movement of the victim to another housing situation, especially in the case of</p>

pressure exerted from perpetrator associates. She recommends that staff and/or inmate victims are offered emotional support via the Employee Assistance Program (EAP-staff) or increased mental health services contacts for inmates. Dependent upon the circumstances in terms of safety, she may request transfer of the victim. The interviewee also asserts that she educates unit staff regarding strategies to be employed to keep victims safe.

With respect to staff, shift/assignment changes, as well as, transfer to another CC facility, if feasible, may be acceptable strategies to circumvent retaliation. The auditor notes that the Warden concurs with the above strategies and he did not wish to add any additional strategies. An alleged staff perpetrator will minimally be removed from their post and may be placed on administrative leave, dependent upon the circumstances.

Retaliation monitoring meetings with the victim are facilitated at least once every 30 days. Additional check-ins are documented on the 14-2D forms. Retaliation monitoring meetings are documented on the 14-2D form.

As previously mentioned in the narrative for 115.43, zero inmates were housed in segregated housing for risk of sexual victimization or who allege to have suffered sexual abuse. The single inmate who reported a sexual abuse incident at CCC interviewee states that he does not really feel protected enough against sexual abuse from staff or inmates at CCC as the result of reporting what happened to him.

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary.

As reflected above, the retaliation monitor continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were zero times an incident of retaliation occurred during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(i, ii, iv, v, vi, and vii) addresses 115.67(c).

The auditor's review of one PAQ random PREA Retaliation Monitoring Report relative to one sexual abuse case completed during the last 12 months reveals that retaliation monitoring was facilitated and documented for a period of 90 days, commensurate with both standard provision and policy.

The auditor's review of seven random sexual abuse investigations completed during the last 12 months reveals that two investigations were determined to be unfounded and therefore, 115.67(c) retaliation monitoring is not required as articulated at 115.67(f). Two additional allegations were referred to the Warden by the Montana State Prison (MSP) Warden as the incidents originated at CCC, the same were investigated, and the alleged victims were not housed at CCC. Two investigations were substantiated and 90 days of retaliation monitoring documentation was

available and reviewed with no adverse findings in one of these matters. With respect to the second matter, the auditor has not been provided any evidence that retaliation monitoring occurred. Finally, with respect to one additional sexual abuse allegation investigated during the last 12 months, the same was found to be unsubstantiated and the auditor has not been provided any evidence substantiating completion of retaliation monitoring.

In view of the above, the auditor finds CCC non-compliant with 115.67(c) and he imposes a 180-day corrective action period wherein the PCM will demonstrate substantial compliance with and institutionalization of 115.67(c) requirements. The corrective action due date is March 29, 2024.

To demonstrate compliance with and institutionalization of 115.67(c) requirements, the PCM will provide training to all stakeholders regarding the requirements of 115.67(c) as applied to relevant cases requiring retaliation monitoring, timelines for initiation and completion of retaliation monitoring, and the mechanics of the process. The PCM will upload into OAS both the lesson plan utilized during this training, as well as, proof of attendee participation in the training. Minimally, the name of the course, name of the instructor, date of presentation, and the printed names/date/ and signature of participants will be included in this packet.

In addition to the above, the PCM will provide a list of investigations completed between the date of the interim report and March 29, 2024. The auditor will randomly select a sample of investigations and the PCM will upload the investigations, as well as, relevant retaliation monitoring documents. Subsequent to completion of review of these documents, the auditor will make a determination regarding compliance

April 9, 2024 Update:

The auditor's review of three sexual abuse investigations completed between November 22, 2023 and this date reveals that two sexual abuse investigations were determined to be unfounded. The auditor's review of the fact pattern and evidence relied upon with respect to these two investigations substantiated the findings.

With respect to the third sexual abuse investigation completed during the same time frames, the allegation was received from the Warden at another facility and the allegation was based on events that occurred in 2020. The victim of the alleged abuse is not housed at CCC and the investigator was able to make contact with only one of the alleged victim's cell mates during the time of the alleged incidents. The auditor concurs with the investigative finding of unsubstantiated and notes that conduct of 115.67 retaliation monitoring could not be facilitated at CCC given the victim's absence from the facility.

In addition to the above, the auditor's review of a Training/Activity Attendance Roster dated March 29, 2024 reveals that the designated retaliation monitor participated in Retaliation Monitoring Training. The aforementioned roster bears the attendee's

printed name, signature, and date of the training. The name of the training is also affixed to the same document.

The training materials include two pages of CC 115.67 PREA Compliance Bulletins. The same are specific to required retaliation monitoring tasks.

In view of the above, the auditor finds CCC staff have completed 115.67(c) corrective action and CCC is therefore substantially compliant with 115.67(c).

In regard to inmate and staff victims of retaliation, changes in behavior, isolation, increased accrual of misconduct charges, decompensated hygiene, increased sick calls, changes in associations, and changes in demeanor may be key indicators of retaliation. Additionally, an increase in call-offs, tardiness, and increase in shift and post reassignment requests may be key indicators to monitor with staff. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also asserts retaliation monitoring is facilitated for a minimum of 90 days (30/60/90 day intervals) with check-ins. Retaliation monitoring may continue for as long as necessary based on a case-by-case basis.

As reflected in the CC policy narrative reflected for 115.67(c), status checks with respect to retaliation monitoring are addressed.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 21 and 22, section M(16)(b)(ii and viii) addresses 115.67(d).

As previously mentioned, the auditor notes that periodic status checks are documented on the 14-2D forms. Retaliation monitoring meetings are also documented on the 14-2D form.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 22, section M(16)(b)(x) addresses 115.67(e).

When a staff member or inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he/she receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above.

The auditor has found no evidence reflecting that another staff member or inmate, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.

Given the evidence presented above and completion of 115.67(c) corrective action, the auditor now finds CCC substantially compliant with 115.67.

115.68	Post-allegation protective custody
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1461 748">Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates who allege to have suffered sexual abuse in involuntary segregated housing post incident unless an assessment of all available alternatives has been made with a determination that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntary segregated housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p data-bbox="256 790 1382 864">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, section entitled Restrictive Housing addresses 115.68(a).</p> <p data-bbox="256 907 1481 1227">The Warden asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an inmate requests protective custody, he may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.</p> <p data-bbox="256 1270 1461 1509">The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. During his tenure at the facility, zero confinements, as described above, have occurred. If the same were to occur, the longest placement under such circumstances would generally be less than 24 hours.</p> <p data-bbox="256 1552 1461 1749">The staff who supervises inmates in segregated housing interviewee states that inmates would only be placed in RHU pending investigation for other matters or at their request. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:</p> <p data-bbox="256 1792 1461 2031">Programs (Recreation is provided five days per week times one hour each recreation day. Chaplains make weekly rounds and address any requests; Privileges (Telephone and recreation are available to inmates); Education (Individually tailored Education classes are available to the inmate via inmate request); and Work opportunities (none as there are no porter work assignments for RHU inmates).</p>

	<p>If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the Confinement Activity Record (CAR) or another document reflecting restrictions. The same may be documented in the Watch Tour Log and/or on the 10-1-C. The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented on the CAR. Of note, during the facility tour, the auditor observed the CAR process and information provided on the same.</p> <p>Restrictions can be implemented subsequent to approval of the Warden. Telephone restriction is an example.</p> <p>The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody.</p> <p>The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that such placements would ordinarily be less than 24 hours.</p> <p>The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed weekly to determine whether general population return is feasible.</p> <p>The auditor finds that the 115.68(a) process is in place should the need arise.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.68.</p>
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115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by MDOC Office of Investigations and/or TCDPS investigators. Administrative Investigations are conducted by facility investigator(s).</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(2) and (4) addresses 115.71(a). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, pages 12-14, section K addresses investigative protocols.</p> <p>The administrative and criminal investigative staff interviewees assert if they are on site, the investigation commences immediately. The investigation commences with the shift commander however, as soon as notified, they intervene in the investigative process. If a report of sexual abuse is received during non-regular business hours, the administrative investigative staff reports to the facility for both sexual abuse or</p>

sexual harassment cases while the criminal investigator would commence his investigation within 24 hours, at the maximum.

Both the administrative and criminal investigative interviewees state that there is no difference in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report. The investigative process may be complicated by the same as the victim must first be identified by the investigator and lack of the same elongates the process.

The auditor's review of 10 random sexual abuse/harassment investigations reveals substantial compliance with 115.71.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(5) addresses 115.71(b) with respect to the conduct of administrative investigations.

The auditor's review of the CCC PREA investigator's training records is addressed in the narrative for 115.34. The auditor's review of applicable lesson plans for the course(s) completed by the administrative investigative staff reveals discussions regarding techniques for interviewing sexual abuse victims, implementation of Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

According to the administrative investigative staff interviewee, he did receive training specific to conducting sexual abuse investigations in confinement settings.

Specifically, he completed corporate office training, inclusive of sexual abuse/harassment investigations, and he returned to the corporate office for PREA investigator's training. All of these training sessions were conducted in-person and included scenarios, as well as, a testing component. Of note, the training did address the following:

Techniques for interviewing sexual abuse victims;
Implementation of Miranda and Garrity rights;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics.

The criminal investigative interviewee states that he completed the three hour on-line National Institute of Correction (NIC) course entitled PREA: Conducting Investigations of Sexual Abuse in a Confinement Setting course. The same did include scenarios, a testing component, and addressed techniques for interviewing sexual abuse victims, Miranda and Garrity rights, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral, amongst other relevant topics. He completed the same on or about January 15, 2020.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(6)(a) addresses 115.71(c) in terms of gathering and preservation of evidence.

The administrative investigative staff interviewee states that his investigative protocol includes the following:

Investigator receives notification of the alleged incident and upon arrival at scene, he reviews all written statements (15-30 minutes);

Conduct threshold interview with the victim (15-30 minutes);

Determine if the victim discussed the incident with anyone else and if so, commence telephone monitoring (15-60 minutes);

If incident just occurred, ensure 1st responder duties were completed (15 minutes);

Interview witnesses (15 minutes per witness);

Review video (15 minutes to two hours);

Review staff and inmate files regarding history of PREA activity (15-30 minutes);

Interview perpetrator if case has been released for administrative processing (zero minutes to one hour);

Re-interviews (15-30 minutes per witness); and

Write report (up to two hours).

The administrative investigative interviewee states he is responsible for review and processing of video, logs, telephone monitoring, statements, and files. The criminal investigative staff interviewee states that he collects clothing/bedding/mail/documents/DNA/photographs/digital processing/telephone monitoring, and video.

The criminal investigative interviewee states that his protocol proceeds as follows:

The facility investigator facilitates threshold questioning of the victim and reports findings to the criminal investigator.

The criminal investigator subsequently refers the same to the MDOC Bureau Chief and he/she makes the call regarding the conduct of a criminal investigation.

Interviewee subsequently makes the call regarding facilitation of a forensic examination.

The criminal investigative interviewee collects physical evidence. Facility staff have already secured the crime scene.

The criminal investigative interviewee interviews the victim regarding specifics of the incident and identifies perpetrator and witnesses.

Review video and files.

Interview witnesses.

Interview the alleged perpetrator.

Facilitate re-interviews, if necessary.

Write the report(s).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(6)(b) addresses 115.71(d) with respect to the use of compelled interviews.

According to the administrative investigative staff interviewee, MDOC Office of Investigations or TCDPS investigator(s) handle all prosecution liaison and compelled interviews. The criminal investigative interviewee states that he does not consult with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(6)(c) addresses 115.71(e) with respect to victim and witness credibility.

The administrative and criminal investigative staff interviewees state they assess credibility of an alleged victim, suspect, or witness by the consistency in their narrative vs. the totality of evidence as it unfolds. Is there more evidence validating their statement(s) than not? Are there factors which make the victim, witness, or alleged perpetrator more believable than not?

The administrative and criminal investigative staff interviewees further state they would not require an inmate who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation. The same would be a law enforcement function.

One inmate who reported sexual abuse at CCC interviewee states that he was not subject to a polygraph examination or other truth-telling device as a pre-requisite to completion of the investigation. Two additional inmates who reported sexual harassment incidents that occurred at CCC during the last 12 months state that they were not subjected to a polygraph test or other truth-telling device as a pre-requisite to completion of the investigation.

The administrative investigative staff interviewee states he assesses video evidence, the fact pattern, timeline, and totality of evidence against the Code of Conduct and policy to determine if any Code of Ethics issues are existent.

In regard to report preparation, the administrative investigative staff interviewee states he does document administrative investigations in written reports in the 5-1 system. The following topics are included in the report:

Summary of events, inclusive of timeline;
Staff and inmate witness interviews, telephone monitoring analysis, video analysis, and file review analysis;
Investigative findings; and
Conclusion(s).

The criminal investigative interviewee likewise states that he completes multiple reports at the conclusion of a sexual abuse investigation. Primarily, his report encompasses the following:

Brief synopsis of the allegation;

Narrative regarding investigative steps;

Narrative regarding interview findings;

Narrative regarding physical evidence findings; and

Conclusion.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(6) addresses 115.71(e) with respect to victim and witness credibility.

The auditor notes that during the facility tour and interviews, he observed locked file cabinets in the administrative investigative staff interviewee's locked office wherein all hard copy investigations are housed. Electronic copies are retained in the interviewee's password protected desktop computer. The auditor found no concerns.

The auditor's review of the aforementioned seven administrative investigations validates compliance with 115.71(f).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 25 and 26, section O(6)(f) addresses 115.71(g) with respect to the contents of the criminal report.

It is noted criminal investigations are generally facilitated by MDOC Office of Investigations investigator(s). According to the administrative investigative staff interviewee, criminal investigations are documented, generally in a similar manner as an administrative investigation with the exception of inclusion of a physical evidence analysis. However, he has not received copy(ies) of any criminal investigation(s).

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by MDOC Office of Investigations or TCDPS investigator(s). The Warden further self reports zero substantiated allegations of conduct that appeared to be criminal were referred for prosecution since the last PREA audit however, the auditor has learned that one case has been referred for prosecution and a criminal number has been assigned.

AUDITOR'S NOTE: The same is validated pursuant to review of the investigation included in OAS.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(6)(e) addresses 115.71(h) in totality with respect to criminal prosecution.

The administrative investigative interviewee states he does not refer cases for prosecution as the same falls under the purview of MDOC Office of Investigation or TCDPS. The criminal investigative interviewee states that he refers cases for prosecution when available evidence meets the probable cause standard relative to a criminal code violation.

Pursuant to the PAQ, the Warden self reports the agency retains all written reports pertaining to the administrative or criminal investigation (if provided to CCC staff) of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 24 and 26, sections N(9) and O(6)(g) addresses 115.71(i) with respect to retention of

investigatory records.

Throughout the on-site audit, the auditor found no evidence of deviation from 115.71(i). Storage and retention of sexual abuse/harassment investigations is addressed throughout the aforementioned narratives.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(6)(d) addresses 115.71(j) in totality.

Both the administrative and criminal investigative interviewees state that when a staff member alleged to have committed sexual abuse of an inmate terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when a victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. All efforts to interview victim(s), perpetrator(s), and witnesses(s), as well as, attempts to secure additional evidence are documented.

The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 25, section O(5) addresses 115.71(l) in totality.

The Warden and PCM assert that the Warden remains in routine contact with the contract monitor and the MDOC Office of Investigation investigator to obtain case updates. Such communication is accomplished pursuant to in-person meetings. The Warden also maintains contact with TCDPS, if appropriate, to obtain case updates.

The CCPC relates that, on a global basis, it depends on the customer as to how the agency remains abreast of the progress of an investigation facilitated by an outside agency. However, generally, designated facility staff follow-up with the outside agency on a schedule determined at the local level.

The administrative investigative staff interviewee states the MDOC Office of Investigation investigator or TCDPS investigator facilitates the criminal investigation in entirety and he provides support as a liaison/facilitator and assists with investigative organization, interview scheduling, and assists with video/telephone monitoring research.

In view of the above, the auditor finds CCC substantially compliant with 115.71.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

	<p>Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 24, section N(8) addresses 115.72.</p> <p>The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". In other words, the evidentiary scale is tipped over 50%. Preponderance can be described as more evidence is present that the incident occurred than not.</p> <p>The criminal investigative staff interviewee states that the probable cause evidentiary standard is the minimum standard for prosecution referral in a criminal matter.</p> <p>The auditor's on-site review of 10 random sexual abuse/harassment investigations reveals substantial compliance with 115.72(a).</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.72.</p>
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115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation he/she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports 24 criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and 24 alleged inmate victims were notified, verbally or in writing, upon completion of the sexual abuse investigation regarding 115.73(a) findings. The auditor's on-site review of ten random sexual abuse/harassment investigations completed during the last 12 months reveals that seven cases met the standard for sexual abuse .</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 26 and 27, section R(1) addresses 115.73(a).</p> <p>The Warden asserts the PCM notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected inmate.</p> <p>The administrative investigative staff interviewee states agency procedures require that an inmate who makes an allegation of sexual abuse must be informed as to</p>

whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He further states the PCM generally makes such written notification(s).

The auditor's review of all seven sexual abuse investigations reveals that the requisite notification was provided to the victim in six cases, despite the fact that two of those allegations were referred to the Warden by the Warden at MSP as incidents that originated at CCC. The requisite notification was forwarded to those two inmate victims at their respective facilities. The PCM issued a properly executed Offender PREA Allegation Status Notification to the alleged victim in six of these seven cases, addressing the finding. In another case, the matter was referred to MDOC Office of Investigations for criminal investigation and the same is pending prosecution.

In view of the above, the auditor finds that CCC is substantially compliant with 115.73(a).

Pursuant to the PAQ, the Warden self reports that if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the inmate of the outcome of the investigation.

The Warden further self reports zero alleged inmate sexual abuse investigations were completed by an outside agency during the last 12 months however, the auditor has determined that one matter, as previously referenced in the narrative for 115.73(a), has been referred for prosecution.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 26 and 27, section R(1) addresses 115.73(b).

As reflected in the investigative packet uploaded to OAS regarding the matter referred for prosecution, contact has been made with the MDOC Office of Investigation investigator in an effort to remain informed. However, the auditor does note that the requisite notification has not been issued in this matter.

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

The staff member is no longer posted within the inmate's unit;

The staff member is no longer employed at the facility;

The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(2)(a-d) addresses 115.73(c).

In view of the above and the lack of evidence substantiating non-compliance, the auditor finds CCC substantially compliant with 115.73(c). Based on review of random

staff-on-inmate sexual abuse investigations, the auditor finds no cases wherein the same were either substantiated or unsubstantiated.

In terms of the inmate who reported sexual abuse interviewee at CCC, he states that the fact pattern did not involve any staff.

Pursuant to the PAQ, the Warden self reports following an inmate's allegation that he or she has been sexually abused by another inmate at CCC, the agency subsequently informs the alleged victim whenever:

The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(3)(a and b) addresses 115.73(d).

In the one substantiated inmate-on-inmate sexual abuse case previously referenced, the auditor has not discovered any evidence substantiating indictment or conviction of the inmate as of the date of the on-site audit. Charges have been filed however, there are no further updates at this time. In one other investigation of inmate-on-inmate sexual abuse, there is zero evidence that the same was referred for prosecution. 115.73(d) notifications are not required with respect to any other inmate-on-inmate investigations reviewed by the auditor. This assessment is based on the fact pattern or investigative results.

Pursuant to the PAQ, the Warden self reports that all notifications to inmates described in this standard are documented. The Warden further self reports that 24 notifications were documented.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section R(4) addresses 115.73(e).

Given the findings articulated in the narrative for 115.73(a), the auditor finds CCC substantially compliant with 115.73(e).

In view of the above, the auditor finds CCC substantially compliant with 115.73.

115.76	Disciplinary sanctions for staff
	<p data-bbox="256 188 959 221">Auditor Overall Determination: Meets Standard</p> <hr/> <p data-bbox="256 264 544 297">Auditor Discussion</p> <p data-bbox="256 340 1453 456">Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p data-bbox="256 499 1398 568">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(a) addresses 115.76(a).</p> <p data-bbox="256 611 1449 728">Pursuant to the PAQ, the Warden self reports zero active facility staff members have violated agency sexual abuse or sexual harassment policies during the last 12 months.</p> <p data-bbox="256 770 1398 840">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(b) addresses 115.76(b).</p> <p data-bbox="256 882 1469 1205">Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).</p> <p data-bbox="256 1247 1398 1317">Of note, the auditor validated the same pursuant to on-site review of 10 random sexual abuse/harassment investigations completed during the last 12 months.</p> <p data-bbox="256 1359 1398 1429">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(c) addresses 115.76(c).</p> <p data-bbox="256 1471 1469 1711">Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, zero staff members from the facility were reported to TCDPS or licensing bodies following the administrative investigation.</p> <p data-bbox="256 1807 1398 1877">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(d) addresses 115.76(d).</p> <p data-bbox="256 1919 1385 1953">In view of the above, the auditor finds CCC substantially compliant with 115.76.</p>

115.77	Corrective action for contractors and volunteers
	<p data-bbox="256 188 959 224">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 264 544 300">Auditor Discussion</p> <p data-bbox="256 340 1437 586">Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of inmates.</p> <p data-bbox="256 622 1398 698">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(e) addresses 115.77(a).</p> <p data-bbox="256 734 1453 855">Pursuant to the PAQ, the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p data-bbox="256 891 1398 967">CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section S(2)(f) addresses 115.77(b).</p> <p data-bbox="256 1003 1469 1294">The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, inmates. If the investigation is substantiated, privileges would be rescinded on a permanent basis. Additionally, the incident or allegation would be referred to both law enforcement and relevant licensing bodies in the event of a substantiated case.</p> <p data-bbox="256 1339 1390 1375">In view of the above, the auditor finds CCC substantially compliant with 115.77.</p>

115.78	Disciplinary sanctions for inmates
	<p data-bbox="256 1579 959 1615">Auditor Overall Determination: Meets Standard</p> <p data-bbox="256 1655 544 1691">Auditor Discussion</p> <p data-bbox="256 1731 1445 1977">Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p data-bbox="256 2013 1477 2089">The Warden self reports that during the last 12 months, two administrative findings of inmate-on-inmate sexual abuse occurred at the facility. Based on the auditor's limited</p>

review of sexual abuse investigations, he finds that one finding was effected with respect to an inmate-on-inmate sexual abuse incident. Pursuant to the auditor's review of the aforementioned investigation and subsequent disciplinary action, he finds the same to be validated. One criminal finding of inmate-on-inmate sexual abuse was rendered during the last 12 months.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section S(1)(a) addresses 115.78(a). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, page 16, section O(5) also addresses 115.78(a).

According to PAQ documentation, there has been one incident wherein disciplinary sanctions were imposed on an inmate during the last 12 months for:

Administratively substantiated inmate-on-inmate sexual abuse; or

A criminal finding of guilt for inmate-on-inmate sexual abuse or for inmate-on-staff sexual contact/abuse.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section S(1)(c) addresses 115.78(b). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, page 16, section O(6) also addresses 115.78(b).

The Warden asserts that CCC staff write the misconduct report, a designated sergeant investigates the report, and a trained MDOC discipline hearing officer (DHO) conducts the administrative disciplinary hearing. Placement in the Restricted Housing Unit (RHU) for a prescribed period or return to the customer's custody are allowable sanctions available as CCC recommendations to the DHO and he/she may impose the same following the full panoply of due process rights.

The Warden further asserts sanctions imposed the DHO appear to be proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanction(s) imposed for similar offenses by other inmates with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy with responsibility to follow through regarding such issues resting with the MDOC DHO. Specifically, the DHO can refer the inmate to mental health staff whenever potential competency questions arise.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section S(1)(d) addresses 115.78(c). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, page 17, section O(7) also addresses 115.78(c).

Pursuant to the PAQ, the Warden self reports the facility does not offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does not consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits as such services are voluntary.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 28, section (S)(1)(i) addresses 115.78(d). Montana Department of Corrections (MDOC) Policy

1.1.17 entitled PREA, page 17, section O(8) also addresses 115.78(d).

According to the mental health interviewee, psychotherapy and one-on-one counseling are available to both victims and aggressors in terms of services designed to address and correct the underlying reasons or motivations for sexual abuse.

Inmate access to programming or other benefits would not be contingent upon participation in such services as the same are voluntary.

Pursuant to the PAQ, the Warden self reports the agency disciplines an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section (S)(1)(e) addresses 115.78(e). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, page 17, section O(9) also addresses 115.78(e).

During the last 12 months, one inmate was disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. The auditor's review of that disciplinary action reveals substantial compliance with 115.78(e).

Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 27 and 28, section (S)(1)(g) addresses 115.78(f). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, page 17, section O(10) also addresses 115.78(f).

According to the PCM, during the last 12 months, zero disciplinary actions occurred for a report of sexual abuse made in bad faith.

Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports the agency disciplines inmates for such activity only if it is determined the sexual abuse activity is coerced.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section (S)(1)(f) addresses 115.78(g). Montana Department of Corrections (MDOC) Policy 1.1.17 entitled PREA, page 17, section O(11) also addresses 115.78(g).

The auditor's review of the aforementioned substantiated inmate-on-inmate sexual abuse case clearly reveals that the perpetrator's actions were both unwanted and coerced. Accordingly, sexual abuse was validated.

In view of the above, the auditor finds CCC substantially compliant with 115.78.

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115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, 100 percent of inmates who disclosed prior victimization during screening were offered a follow-up meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section G(9) addresses 115.81(a and c).</p> <p>When questioned, the PCM asserts that during the last 12 months, 37 inmates who reported sexual abuse during a screening pursuant to 115.41 received a follow-up contact with mental health practitioners within 14 days of the screening. The auditor validated the same pursuant to review of the same documents applicable to 37 inmates. Relevant documentation is uploaded into OAS.</p> <p>The auditor's review of one initial assessment entitled Assessment Questionnaire completed on the date of arrival (May 3, 2023), a corresponding document dated May 2, 2023 and entitled CCC PREA Risk Assessment Medical and Mental Health Follow-up bearing the inmate's election to meet with mental health practitioner(s)/signature/ and date, and the corresponding Comprehensive Mental Health Evaluation form dated May 3, 2023 relative to the same inmate, reveals that 115.81(a) referrals were submitted to mental health professionals and meetings/evaluations were completed within 14 days of arrival at the facility.</p> <p>The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states he offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of intake screening) whenever the screening indicates an inmate has experienced prior sexual victimization, whether in an institutional setting or in the community. He accomplishes the same by forwarding a Referral Form to mh or medical staff. The interviewee did state that all inmates receive a mental health screening and evaluation within 14 days of arrival at the facility.</p>

Five inmates who reported prior sexual abuse were interviewed by the auditor. Two interviewees state they declined a follow-up discussion with mental health staff within 14 days of arrival at the facility. The auditor validated that one of these five inmates was interviewed by mental health staff within 14 days of arrival at the facility pursuant to review of the aforementioned relevant documentation. One of these interviewees states that he did not receive the requisite interview while a second interview states that he does not recall if he received the same.

Pursuant to the PAQ, the Warden self reports if inmates previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. In the last 12 months, 100 percent of prison inmates who have previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 10, section 8 addresses 115.81(b).

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states he offers a follow-up meeting with a medical and/or mental health practitioner (to occur within 14 days of intake screening) whenever the screening indicates an inmate is an aggressor, whether in an institutional setting or in the community. He accomplishes the same by forwarding a Referral Form to MH staff.

As the evidence articulated in the narrative for 115.81(a) also pertains to the same resident who previously perpetrated sexual abuse, as indicated during the screening pursuant to § 115.41, the same is offered pursuant to 115.81(b). The auditor's review of random documents entitled 115.81-115.83 PREA Risk Assessment Medical and Mental Health, along with corresponding Comprehensive Mental Health Evaluation forms for 31 separate inmates, reveals that 115.81(b) referrals were submitted to mental health professionals and evaluations were completed within 14 days of screening.

Pursuant to the PAQ, the Warden self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. According to the PCM, the Warden, AW, COS, and COUM, the Shift Supervisors, Unit Managers, and the PREA Investigator have access to this information. This is commensurate with CC Policy regarding the 5-1 System history (PREA victimization at other facilities, etc.).

As mentioned throughout this report, hard copies of investigative materials, inclusive of forensic medical documentation associated with the respective investigation, as well as, digital information are securely maintained by the investigator. Medical/

	<p>mental health information is likewise stored in password protected systems and hard copies of referral documentation are stored in secure files in MH staff secured offices and medical files in the Medical Department.</p> <p>Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 17, section K(2)(g) addresses 115.81(e).</p> <p>The mental health and medical interviewees state, as a matter of routine, they do ensure that they advise inmates regarding informed consent and mandatory reporter status before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The verbal informed consent is documented on an Informed Consent form by mental health staff and medical staff document the same in the notes.</p> <p>The auditor notes that inmates under the age of 18 are not housed at CCC.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff do maintain secondary materials (e.g., form, log) in electronic medical records, documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.</p> <p>The auditor's review of one sexual abuse investigation reveals that the inmate was removed from the facility for a forensic examination. Review of the 5-1 packet reveals that the inmate refused medical treatment.</p>

The medical and mental health interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. Specifically, the mental health staff interviewee states that if at the facility, he would meet with the victim immediately. He assesses for suicidality, trauma response, and the need for a higher level of mental health stabilization. He subsequently calms the victim. If the interviewee is not on-site, the same assessment can occur with the psychiatrist via tele-health.

The mental health assessment occurs almost immediately following decision-making and a brief life-saving medical examination at CCC. The nature and scope of these services are determined according to the professional judgment of the provider(s), in addition to the physician, if available.

The inmate who reported a sexual abuse incident at CCC states that he was examined by both medical and mental health staff.

The non-security and security staff first responder interviewees properly cited all four 115.64(a) requirements and responsibilities. Accordingly, the auditor finds no evidence validating non-compliance with 115.82(b). Nine of 12 random staff interviewees were likewise able to properly cite all four 115.64(a) first responder requirements. Additionally, seven of twelve random staff interviewees state that they would report the sexual abuse incident to medical and mental health staff.

The auditor's review of the fact pattern in the aforementioned investigation reveals no concerns with respect to first responder duties employed throughout the incident.

Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, logs in electronic medical records) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.82(c).

The medical staff interviewee states victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis. She states such information is provided at the hospital in conjunction with the forensic examination and medical providers administer the same at the facility. The SANE interviewee validated the same during her interview.

The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at CCC during the last 12 months.

	In view of the above, the auditor finds CCC substantially compliant with 115.82.
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(11) addresses 115.83(a).</p> <p>Pursuant to the auditor's review of the afore-mentioned random sexual abuse investigations, he finds that the victims, with the exception of the two who reported prior sexual abuse at CCC pursuant to 115.63(d), were offered medical and mental health staff treatment at CCC following the report of the sexual abuse incident. In one case, the victim was transported to St. Peter's Hospital in Helena, MT. for a forensic examination.</p> <p>Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall 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.</p> <p>CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(12) addresses 115.83(b).</p> <p>In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states she takes vitals and facilitates a clothed physical inspection, if necessary, examining for cuts and/or bruising. If the same is discovered, basic first-aid is administered. Basic threshold questioning is accomplished to determine the potential extent of the injury and calming techniques are employed.</p> <p>The mental health staff interviewee states that if at the facility, he would meet with the victim immediately. He assesses for suicidality, trauma response, and the need for a higher level of mental health stabilization. He subsequently calms the victim. If the interviewee is not on-site, the same assessment can occur with the psychiatrist</p>

via tele-health.

Based on the auditor's review of the aforementioned five of seven random sexual abuse investigations, there is no evidence of failure to comply with the requirements of 115.83(b). As previously mentioned, such assessments could not be conducted in two cases as the alleged victims were housed at MSP and the timeline was prohibitive of completion of 115.83(b) strategies.

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

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(13) addresses 115.83(c).

Both the medical and mental health staff interviewees state that services offered at the facility are consistent with the community level of care. The medical staff interviewee states that forensic examinations are completed at a hospital where the community standard of medical care is established.

Pursuant to the PAQ, the Warden self reports that female inmates are not housed at CCC. The auditor's observations during the facility tour validate the Warden's assertion.

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.83(d and e).

As female inmates are not housed at CCC, the requisite interview was not conducted.

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

CC Policy 13-79 entitled Sexual Assault Response, page 3, section B(10) addresses 115.83(f).

With respect to the inmate who reported sexual abuse at CCC interviewee, he stated that the perpetrator in the incident did penetrate him however, he did not report the incident until one month post incident. He was seen by both medical and mental health providers and medical staff have seen him every four to six weeks. The interviewee states that he was not offered tests for sexually transmitted infections as medically appropriate.

Given the time lapse between the incident and the date of reporting, collection of physical evidence would not have been viable. There is no evidence that an STD was detected during the medical assessments conducted at CCC.

Pursuant to the PAQ, the Warden self reports that treatment services are provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

	<p>CC Policy 13-79 entitled Sexual Assault Response, page 4, section B(16) addresses 115.82(g).</p> <p>A discussion regarding this 115.83(g) requirement is addressed in the narrative for 115.82(d).</p> <p>Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 11, section G(17) addresses 115.83(h).</p> <p>The mental health staff interviewee states he does conduct a mental health evaluation of all known inmate-on-inmate sexual abusers and offers treatment, if appropriate. A full mental health evaluation is completed regarding each inmate within 14 calendar days of arrival and the notes are stored in the electronic medical record. Access to document(s) is limited according to access privileges.</p> <p>Based on documentation included in OAS, timely and relevant mental health evaluations were completed with respect to all inmates referred for perpetuation of sexual abuse both in the community or a confinement setting.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.83.</p>
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115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports that within the last 12 months, 10 administrative investigations of alleged sexual abuse were completed at the facility.</p> <p>The auditor's on-site review of seven random sexual abuse investigations completed during the last 12 months reveals the following:</p> <p>Two allegations were referred to the Warden from the Warden at MSP pursuant to 115.63(d). Neither alleged victim is housed at CCC and accordingly, the conduct of a</p>

SAIR is not warranted;

Two sexual abuse investigations facilitated during the last 12 months were determined to be unfounded and accordingly, the conduct of a SAIR is unwarranted; Two sexual abuse investigations were determined to be substantiated (one case) and the other case was determined to be unsubstantiated. SAIRs were facilitated in a timely manner pursuant to 115.86(b) and in comprehensive fashion pursuant to 115.86(d).

The last investigation was likewise determined to be substantiated and encompassing of 115.86(a, c, d, and e) however, the SAIR was not completed within 30 days of investigation completion.

The auditor notes that the above SAIR reports are uploaded into OAS.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(1) addresses 115.86(a).

In view of the above, the auditor finds CCC substantially compliant with 115.86(a-e).

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the last 12 months, 10 criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only "unfounded" incidents.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(3) addresses 115.86(b).

Given the demographics cited in the narrative for 115.86(a), the auditor finds CCC substantially compliant with 115.86(b).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 26, section P(2) addresses 115.86(c).

The Warden asserts that a SAIR is utilized and available at CCC. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. Additionally, a corporate SAIR is implemented to assess some of the SAIR components within days of the incident.

Pursuant to the PAQ, the Warden self reports that the review team shall:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or

perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assess the adequacy of staffing levels in that area during different shifts;
Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
Prepare a report of its findings including, but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PCM.

The Warden asserts that the SAIR team assesses issues noted above to make necessary changes, if required, and/or assess positive and negative staff performance. The mission of the SAIR team is to "enhance all things PREA" at CCC. Finally, the Warden asserts the following issues are considered during the SAIR:

Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
Assess the adequacy of staffing levels in that area during different shifts; and
Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff.

The PCM asserts the SAIR team does prepare a report of the review proceedings encompassing the issues articulated above. She generates the reports and serves as a member of the SAIR. If there are recommendations, she follows through with the same or documents the basis for non-compliance on the SAIR report.

The SAIR team interviewee validated the issues addressed above as requisite review items.

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

An analysis of the auditor's findings with respect to all tenets of 115.86 appears throughout the above narratives.

In view of the above, the auditor finds CCC substantially compliant with 115.86.

Auditor Overall Determination: Meets Standard

Auditor Discussion

Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, pages 28 and 29, section T(1) addresses 115.87(a).

The PCM asserts that an SSV was not required for CCC during the last 12 months. Pursuant to the auditor's review of prior SSV-1A templates, he has determined that the incident-based data collected is commensurate with the same.

Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(b).

The auditor's cursory review of PREA Annual Reports on the CC website for 2021 and 2022 reveals annual aggregation of incident-based sexual abuse data for CCC.

Pursuant to the PAQ, the Warden further self reports the standardized instrument includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(3) addresses 115.87(c).

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

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(2) addresses 115.87(d).

The auditor has learned CCC does not contract with any other private facilities for the confinement of any inmates designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) not applicable to CCC.

Pursuant to the PAQ, the Warden self reports that CCC was not selected by BJS to submit the SSV in 2022, 2021, or 2020.

In view of the above, the auditor finds CCC substantially compliant with 115.87.

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115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including:</p> <p>Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(4 and 5) addresses 115.88(a).</p> <p>The Agency Head interviewee advises CC accesses data from various sources on a daily, monthly, and annual basis. Incident data is provided daily to select Facility Support Center (FSC) staff in a Daily PREA Report. Monthly and annually, the data is reported as metrics in a format that can determine if there are trends at individual facilities or with inmate populations. Facilities can use the data to identify where sexual abuse may be occurring and whether changes to either the physical plant, presence of staff/video coverage, or procedures would minimize the risks of incidents in those areas.</p> <p>The CCPC interviewee asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of PREA allegations are retained in the CC 5-1 Incident Report Database. This database is retained on a secure server. Hard copies of investigative files are secured at the facility. All annual reports are maintained on the CC website and all information is subject to CC Record Retention Schedules.</p> <p>Of note, PREA investigation reports and ancillary documentation are electronically generated and maintained in a privileges operated system however, a safely secured filing cabinet is located in the CCC Investigator's Office. The auditor observed these processes throughout the on-site audit.</p> <p>The CCPC further advises that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SART review is considered for implementation.</p> <p>The PCM asserts agency reviews of data collected and aggregated in order to assess</p>

and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the corporate office. Investigations and SAIRs are electronically transmitted to corporate and maintained in the 5-1 system. The CCPC also has access to computerized daily population reports, etc. The CCC investigator maintains hard copies of investigations in a locked cabinet in his/her office. Data is published by corporate office staff.

Of note, the auditor observed the locked cabinets in the investigator's office throughout the on-site visit.

Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

The auditor's review of data collected pursuant to 115.87 and the 2021 and 2022 corporate cumulative annual reports reflects substantial compliance with 115.88(b). The cumulative annual reports, in question, clearly address a comparison of data for the years 2021 and 2022. The data collected pursuant to 115.87 is included within the annual report. Enhancements enacted as the result of pre-audits completed by CC staff, information gleaned from reviews conducted pursuant to 115.86, and PREA audits conducted during the audit year(s), are discussed in the annual report(s). Finally, a synopsis is included in the annual report, addressing the "State of PREA" within CC.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(5) addresses 115.88(b).

Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head.

CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, sections T(8 and 9) addresses 115.88(c).

The auditor's review of the aforementioned 2021 and 2022 annual reports clearly reflects the CC Executive Vice President and Chief Operating Officer (COO) approves the report as the cover page bears his signature. The auditor verified the report(s), in question, are posted on the CC website.

According to the Agency Head interviewee, he reviews all PREA Annual Reports as he is the direct supervisor of the CCPC. He copiously reviews each report for comprehensiveness and content, forwarding the same to the CC Executive Vice President and COO for final review and signature.

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. The Warden further self reports the agency did not redact material from the

	<p>aforementioned annual reports aside from pii.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, sections T(6 and 7) addresses 115.88(d).</p> <p>The auditor did not find any redacted material in the aforementioned annual reports.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.88.</p>
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115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 27, section T(12) addresses 115.89(a).</p> <p>It is noted the CCPC clearly addressed secure retention of data (pursuant to 115.87) in the narrative for 115.88(a) above. The same statement applies to perpetual secure retention of data on an annual basis since the date of the last PREA audit.</p> <p>In addition to the administrative investigator's statement regarding storage and retention of hard copies of investigations and associated documents, the interviewee states that electronic copies of the same documents are stored on a password protected secure network on his desktop. The auditor did observe the same during the on-site visit.</p> <p>Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(8) addresses 115.89(b).</p> <p>As previously indicated, the auditor verified compliance with this provision pursuant to review of the CC website.</p> <p>Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(7) addresses 115.89(c).</p> <p>The auditor has found no instances wherein personal identifiers have been</p>

	<p>necessarily excised from subject reports.</p> <p>Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 29, section T(10) addresses 115.89(d).</p> <p>The auditor's cursory review of investigations maintained in the administrative investigative staff interviewee's file cabinet(s) reveals no deviation from 115.89(d).</p> <p>The Core Civic Record Retention Schedule and appendix 1-15B clearly stipulate retention guidelines. The auditor finds CCC substantially compliant with 115.89(d).</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.89.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the auditor's random review of the Corecivic (CC) website, he finds that CC is in compliance with 115.401(a). The auditor does find that CCC was audited in a timely manner consistent with PREA standards.</p> <p>Pursuant to the auditor's history with CC and his review of the facilities he audits and has audited, he finds CC compliant with 115.401(b). Several auditors comprise the auditing complement and the CC PREA Coordinator is attentive, ensuring that one-third of CC facilities, inclusive of community confinement facilities are audited on an annual basis.</p> <p>Throughout the on-site audit, CCC staff ensured that the auditor had access to all areas of the facility. The auditor did observed random electrical and other utility closets, staff and inmate bathrooms, video monitoring areas, etc. This practice also included outside areas.</p> <p>During the pre-audit phase, facility staff uploaded into OAS any documents requested by the auditor, in addition to those already uploaded via the PAQ. During the post-audit phase, facility staff also uploaded requested documentation,</p>

	<p>concluding on November 16, 2023. Staff have been very facilitative during this process.</p> <p>Throughout the on-site visit, the auditor interviewed inmates in private offices. All interviews were facilitated absent any CC staff in the same. Additionally, the auditor randomly selected all interviewees, with the exception of specialized interviews. Two inmates forwarded letters to the auditor prior to the on-site audit. Legal Mail was written on each envelope and the auditor found no evidence of tampering with the envelope. Both inmates were interviewed during the on-site audit.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.401.</p>
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115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>Pursuant to the auditor's cursory review of both the CC and CCC websites, it is clear that Final PREA Reports are posted on the same.</p> <p>In view of the above, the auditor finds CCC substantially compliant with 115.403(f).</p>

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

	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 inmates.)	
115.13 (a)	Supervision and monitoring	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

	consideration: Any applicable State or local laws, regulations, or standards?	
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes
115.13 (b)	Supervision and monitoring	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na
115.13 (c)	Supervision and monitoring	
	In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, 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, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes
115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes

115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are deaf or hard of hearing?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who are blind or have low vision?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have intellectual disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have psychiatric disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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: inmates who have speech disabilities?	yes
	Does the agency take appropriate steps to ensure that inmates 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 inmates who are deaf or hard of hearing?	yes
	Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication	yes

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates 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 inmates with disabilities including inmates who: are blind or have low vision?	yes
115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates 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 inmates 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	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates 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 services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates 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 inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	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 inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	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? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes

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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates 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 inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates 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 inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes
115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes
115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes
115.33 (f)	Inmate education	
	In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats?	yes
115.34 (a)	Specialized training: Investigations	
	In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (b)	Specialized training: Investigations	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include proper use of Miranda and	yes

	Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(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 administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.34 (c)	Specialized training: Investigations	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.35 (a)	Specialized training: Medical and mental health care	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

	suspicious 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.)	
115.35 (b)	Specialized training: Medical and mental health care	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na
115.35 (c)	Specialized training: Medical and mental health care	
	Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
115.35 (d)	Specialized training: Medical and mental health care	
	Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)	yes
	Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.)	yes
115.41 (a)	Screening for risk of victimization and abusiveness	
	Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
	Are all inmates assessed upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates?	yes
115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes
115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective	yes

	screening instrument?	
115.41 (d)	Screening for risk of victimization and abusiveness	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate 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 inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate 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 inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes

	Whether the inmate is detained solely for civil immigration purposes?	
115.41 (e)	Screening for risk of victimization and abusiveness	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
115.41 (f)	Screening for risk of victimization and abusiveness	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates 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 § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates 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 inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates 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 inmates 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 inmates, does the agency always refrain from placing: transgender inmates 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 inmates 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 inmates, does the agency always refrain from placing: intersex inmates 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	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d) Protective Custody		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e) Protective Custody		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a) Inmate reporting		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
115.51 (b) Inmate reporting		
	Does the agency also provide at least one way for inmates 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 inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate 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
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates 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 an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate 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	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate 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 inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates 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 inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate 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 an inmate 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 inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates 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 provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na

	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates 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	yes

	abuse or sexual harassment or retaliation?	
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate 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 an inmate 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 an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
115.67 (c)	Agency protection against retaliation	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates 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 inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	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?	
	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 inmate 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: Monitor inmate 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 inmate 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 reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
115.67 (e)	Agency protection against retaliation	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
115.68 (a)	Post-allegation protective custody	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
115.71 (a)	Criminal and administrative agency investigations	
	When the agency conducts its own investigations into allegations	yes

	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 115.21(a).)	
	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 115.21(a).)	yes
115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate'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 inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate'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 an inmate'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 an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, 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 an inmate's allegation that he or she has been sexually	yes

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

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	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 inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
115.78 (f)	Disciplinary sanctions for inmates	
	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	yes

	evidence sufficient to substantiate the allegation?	
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	na
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

	sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes
115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse	

	victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate 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 inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes

115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes
115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	na
115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 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 § 115.87 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	yes

	to § 115.87 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?	
115.88 (b)	Data review for corrective action	
	Does the agency’s annual report include a comparison of the current year’s data and corrective actions with those from prior years and provide an assessment of the agency’s progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency’s annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	

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

(f)		
	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