



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
POLICY DIRECTIVE**

Policy:	DOC 1.1.7 DEPARTMENT QUALITY ASSURANCE RESPONSIBILITIES
Chapter 1:	ADMINISTRATION AND MANAGEMENT
Section 1:	General Administration
Effective Date:	July 29, 1999 Page 1 of 4
Revised:	January 31, 2022
Signature:	/s/ Brian Gootkin, Director

I. POLICY

The Department of Corrections (Department) performs quality assurance audits and/or reviews of the types and involving the entities identified in IV. C. herein for compliance with applicable laws, rules, contract terms and adherence to best practices. The department also oversees corrective action plans and ensures that deficiencies are corrected and that recommendations are appropriately implemented.

II. APPLICABILITY

All Department divisions, facilities, and programs; facility licensees of the Department, and those providing services to the department’s under contract.

III. DEFINITIONS

Administrator – The official, regardless of local title (division or facility administrator, bureau chief, warden, superintendent), ultimately responsible for the division, facility or program operation and management.

Audit – An examination to ensure compliance to one or more requirements, which may include review of documents, interviews with relevant people, and inspection of places or objects.

Audit Tools – Standards-based checklists used to assess compliance by auditees with applicable laws, policies, procedures, and contractual obligations. Some auditing tools and corrective action plan instruments are pre-determined and must be used, e.g., PREA.

Corrective Action Plan – The document that identifies how risk or deficient audit objectives will be corrected, who is responsible for the correction, and the date by which the corrections will be made.

Review – A less formal process than an audit designed to provide guidance and improve quality, and which may address compliance with requirements and adherence to best practices.

IV. DEPARTMENT DIRECTIVES

A. General Requirements

1. The Department is responsible for:
 - a. maintaining internal controls in accordance with *DOC 1.2.4 Internal Controls*;

- b. ensuring compliance with the Prison Rape Elimination Act of 2003 in accordance with *28 CFR Part 115, Prison Rape Elimination Act of 2003* and *DOC 1.1.17 Prison Rape Elimination Act of 2003 (PREA)*;
- c. ensuring offender programs adhere to evidence-based practices in accordance with *DOC 5.4.1 Offender Programs*;
- d. performing licensing and related audit functions as required by *53-30-504, 53-30-606, MCA* and *ARM 20.9.601 et seq.*;
- e. ensuring contract compliance by conducting audits;
- f. auditing all treatment programs and/or curricula to ensure fidelity using the Department endorsed fidelity tool;
- g. internal Department audits and external contract facility/program audits;
- h. security audits; and
- i. providing audit and quality assurance functions training to designated Department staff in accordance with *DOC 1.1.7.A Quality Assurance Audit Procedure Manual*.

B. Audits Procedures

1. Adhering to the guidelines of [Generally Accepted Governmental Auditing Standards](#) and [International Standards of Professional Practice of Internal Auditing](#), while conducting an audit, assigned audit staff will follow audit procedures set forth in *DOC 1.1.7A Quality Assurance Audit Procedure Manual*.

C. Audit Types

1. Contract Audits:
 - a. contract audits may be conducted on any contract held by the Department. The contract review audit instrument will include standards or requirements outlined in the contract;
 - b. contracts for secure facilities, prerelease centers and treatment facilities are typically reviewed by the Department every three years, with site visits by department employees in intervening years intended to monitor contract requirements and progress toward compliance with audit recommendations; and
 - c. unannounced site visits may be conducted if deemed appropriate by the Department.
2. Internal Department Audits:
 - a. If, while in the course of performing assigned duties, audit staff observe any deficiency or area of concern within the Department, the assigned audit team designated by the Director or Deputy director will provide a [Non-Compliance Report Form](#) to the appropriate bureau chief or administrator, and may include the Deputy Director or Director as appropriate
3. Licensing Reviews:
 - a. the Department will review licensing standards for all juvenile detention facilities in Montana on an annual basis in accordance with *ARM Title 20, Chapter 9, Subchapter 6*;
 - b. licenses of any Montana private or regional correctional facility will be subjected to an annual license review;
 - c. upon completion of a license review, the Department may grant a full or provisional license. A full license is issued when the facility meets all requirements;

- d. the full license expires one year from the date of issuance.
 - e. a provisional license is issued when the facility is found non-compliant in one or more requirements; and
 - f. if the facility demonstrates compliance in the amount of time allotted by the provisional license, the facility will be issued a full license; and
 - g. follow the procedures set forth in 53-30-60- 53-30-611, MCA for provisional, restricted or revoked licenses.
4. PREA Audits:
- a. the Department will conduct PREA audits in accordance with Prison Rape Elimination Act Standards 115.401, 115.402, 115.403, 115.404 and 115.405;
 - b. the auditing year for PREA purposes is from August 20th to August 19th;
 - c. each facility will be audited once every three years by a U.S. Department of Justice (DOJ) certified auditor. Additionally, at least one-third of each facility type operated by the Department, or by a private entity on behalf of the Department, will be audited each year by U.S. DOJ certified auditors; and
 - d. the Department will determine facility compliance with the PREA standards based on a three-year schedule to include a facility self-assessment one year, an internal mock audit from the Department PREA Coordinator the following year, and a federal PREA audit the third year.
5. Offender Program Audits:
- a. approved evidence-based programs and the facility's that house them will be audited following the *Correctional Program Checklist (CPC) Program Evaluation Tool*;
 - b. the Department will maintain a 6-month audit schedule;
 - c. programmatic and scheduling must be finalized no later than one week prior to the on-site;
 - d. following the on-site audit, within 10 weeks, the CPC Audit Group will provide the facility a draft report of the audit results that addresses compliance, non-compliance and recommendations for improvement;
 - e. after receipt of the draft report, the facility will have 30 days to provide a response to the audit report to provide any missing documentation, information, or clarification
 - f. if material is provided in the response that was scored as non-compliant during the on-site audit, the facility will have an opportunity for their scores to reflect compliance; and
 - g. facilities/programs will be subjected to the CPC every two to three years following their initial audit.
6. Security Audits:
- a. secure DOC facilities housing inmates will undergo a security audit at least once every three years; and
 - b. audit criteria for security audits will be based on the American Corrections Association, National Institute of Corrections, Montana Code Annotated, Administrative Rules of Montana, and Department policy and procedure.

D. Compliance with Audits

1. Auditee's staff must comply with requests for interviews, information, records, documentation, and other audit related material requested by an authorized recipient.
2. Employees may not intentionally mislead or conceal information, material, or documentation specifically requested by the audit team.

E. Reviews

1. At a facility/program's request or at the direction of the Director or Deputy Director, The Director or Deputy Director will assign staff to review a division, facility or program to ensure compliance with applicable requirements and adherence to best practices. The review process may be less formal than an audit, but the assigned staff will provide written recommendations to the administrator and, as appropriate, to the Director and Deputy Director.
2. The staff designated by the Director or Deputy Director will ensure corrective actions are implemented within specified timeframes by facilities/programs following a non-compliant finding and may conduct follow-up reviews.

V. CLOSING

Questions concerning this policy should be directed to the Director or Deputy Director.

VI. REFERENCES

- A. *4-4017, ACA Standards Supplement, 2016*
- B. *DOC 1.1.2 Policy Management System; DOC 1.1.17 Prison Rape Elimination Act of 2003 (PREA); DOC 1.2.4 Internal Controls; DOC 5.4.1 Offender Programs; DOC 1.1.7A Quality Assurance Office Audit Procedure Manual*
- C. *Generally Accepted Governmental Auditing Standards, 2011 (GAGAS), commonly known as Yellow Book*
- D. *International Standards for Professional Practice of Internal Auditing*
- E. *53-1-211, MCA 53-30-606, MCA; 53-30-611, MCA*

VII. ATTACHMENTS

- A. [Non-Compliance Report Form](#)