

# PREA Facility Audit Report: Final

**Name of Facility:** Pine Hills Correctional Facility

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 01/17/2025

| Auditor Certification                                                                                                                                                                                                                           |                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|
| The contents of this report are accurate to the best of my knowledge.                                                                                                                                                                           | <input type="checkbox"/>             |
| No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.                                                                                                                                       | <input type="checkbox"/>             |
| I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template. | <input type="checkbox"/>             |
| <b>Auditor Full Name as Signed:</b> Cheyenne Evans                                                                                                                                                                                              | <b>Date of Signature:</b> 01/17/2025 |

| AUDITOR INFORMATION                 |                             |
|-------------------------------------|-----------------------------|
| <b>Auditor name:</b>                | Evans, Cheyenne             |
| <b>Email:</b>                       | cheyenne.l.evans@hawaii.gov |
| <b>Start Date of On-Site Audit:</b> | 10/22/2024                  |
| <b>End Date of On-Site Audit:</b>   | 10/23/2024                  |

| FACILITY INFORMATION              |                                                     |
|-----------------------------------|-----------------------------------------------------|
| <b>Facility name:</b>             | Pine Hills Correctional Facility                    |
| <b>Facility physical address:</b> | 4 North Haynes Avenue, Miles City , Montana - 59301 |
| <b>Facility mailing address:</b>  | 4 N Haynes Ave, Miles City, Montana - 59301         |

| Primary Contact |
|-----------------|
|-----------------|

|                          |                         |
|--------------------------|-------------------------|
| <b>Name:</b>             | Matthew Phillips (Matt) |
| <b>Email Address:</b>    | matt.phillips@mt.gov    |
| <b>Telephone Number:</b> | 406.233.2246            |

| <b>Warden/Jail Administrator/Sheriff/Director</b> |              |
|---------------------------------------------------|--------------|
| <b>Name:</b>                                      | Steve Ray    |
| <b>Email Address:</b>                             | SRay2@mt.gov |
| <b>Telephone Number:</b>                          | 406.233.2290 |

| <b>Facility PREA Compliance Manager</b> |                        |
|-----------------------------------------|------------------------|
| <b>Name:</b>                            | Bill Weddington        |
| <b>Email Address:</b>                   | bill.weddington@mt.gov |
| <b>Telephone Number:</b>                | 406-233-2246           |
| <b>Name:</b>                            | Matthew Phillips       |
| <b>Email Address:</b>                   | matt.phillips@mt.gov   |
| <b>Telephone Number:</b>                | 406-233-2246           |
| <b>Name:</b>                            | John Frost             |
| <b>Email Address:</b>                   | jfrost2@mt.gov         |
| <b>Telephone Number:</b>                | 406-233-2246           |
| <b>Name:</b>                            | David Diaz             |
| <b>Email Address:</b>                   | ddiaz@mt.gov           |
| <b>Telephone Number:</b>                | 406-233-2246           |

| <b>Facility Health Service Administrator On-site</b> |                     |
|------------------------------------------------------|---------------------|
| <b>Name:</b>                                         | Suzie Pauley        |
| <b>Email Address:</b>                                | suzie.pauley@mt.gov |

|                          |              |
|--------------------------|--------------|
| <b>Telephone Number:</b> | 406.233.2205 |
|--------------------------|--------------|

| Facility Characteristics                                                                                                                                                                                                                                                                                                                                                                                                  |                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>Designed facility capacity:</b>                                                                                                                                                                                                                                                                                                                                                                                        | 120                                         |
| <b>Current population of facility:</b>                                                                                                                                                                                                                                                                                                                                                                                    | 95                                          |
| <b>Average daily population for the past 12 months:</b>                                                                                                                                                                                                                                                                                                                                                                   | 98                                          |
| <b>Has the facility been over capacity at any point in the past 12 months?</b>                                                                                                                                                                                                                                                                                                                                            | No                                          |
| <b>What is the facility's population designation?</b>                                                                                                                                                                                                                                                                                                                                                                     | Mens/boys                                   |
| <b>Which population(s) does the facility hold? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For definitions of "intersex" and "transgender," please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b> |                                             |
| <b>Age range of population:</b>                                                                                                                                                                                                                                                                                                                                                                                           | 10-75                                       |
| <b>Facility security levels/inmate custody levels:</b>                                                                                                                                                                                                                                                                                                                                                                    | minimum/medium adults and maximum for youth |
| <b>Does the facility hold youthful inmates?</b>                                                                                                                                                                                                                                                                                                                                                                           | Yes                                         |
| <b>Number of staff currently employed at the facility who may have contact with inmates:</b>                                                                                                                                                                                                                                                                                                                              | 120                                         |
| <b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>                                                                                                                                                                                                                                                                                                        | 20                                          |
| <b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>                                                                                                                                                                                                                                                                                                                    | 37                                          |

**AGENCY INFORMATION**

|                                                              |                                                    |
|--------------------------------------------------------------|----------------------------------------------------|
| <b>Name of agency:</b>                                       | Montana Department of Corrections                  |
| <b>Governing authority or parent agency (if applicable):</b> | State of Montana                                   |
| <b>Physical Address:</b>                                     | 5 South Last Chance Gulch, Helena, Montana - 59602 |
| <b>Mailing Address:</b>                                      |                                                    |
| <b>Telephone number:</b>                                     |                                                    |

**Agency Chief Executive Officer Information:**

|                          |                      |
|--------------------------|----------------------|
| <b>Name:</b>             | Brian Gootkin        |
| <b>Email Address:</b>    | Brian.Gootkin@mt.gov |
| <b>Telephone Number:</b> | (406) 444-4913       |

**Agency-Wide PREA Coordinator Information**

|              |                  |                       |                         |
|--------------|------------------|-----------------------|-------------------------|
| <b>Name:</b> | Shane Hildenstab | <b>Email Address:</b> | shane.hildenstab@mt.gov |
|--------------|------------------|-----------------------|-------------------------|

**Facility AUDIT FINDINGS****Summary of Audit Findings**

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

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

**Number of standards exceeded:**

0

**Number of standards met:**

|                              |  |
|------------------------------|--|
| 45                           |  |
| 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:**

2024-10-22

**2. End date of the onsite portion of the audit:**

2024-10-23

#### 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?**

☒ Yes

☐ No

|                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>a. Identify the community-based organization(s) or victim advocates with whom you communicated:</b></p> | <p>This auditor conducted outreach to Just Detention International (JDI), and the Custer Network Against Domestic Abuse &amp; Sexual Assault (CNADA) to learn about issues of sexual safety at the facility.</p> <p>JDI is a health and human rights organization that seeks to end sexual abuse in all forms of detention by advocating for laws and policies that make prisons and jails safe and providing incarcerated survivors with support and resource referrals. JDI advised this auditor that they have not received any correspondence from incarcerated survivors at PHCF within the last 12 months.</p> <p>The Custer Network Against Domestic Abuse &amp; Sexual Assault (CNADA) is a private, not-for-profit corporation that has been serving those victimized by domestic violence, sexual assault, and stalking since 1996 through 24-hour crisis response, crisis counseling, in-person intervention/guidance/emotional support, criminal justice advocacy, education/awareness, legal advocacy/representation, referrals, and shelter/safe housing. CNADA advised this auditor that they have not received any correspondence from incarcerated survivors at PHCF within the last 12 months.</p> |
| <p><b>AUDITED FACILITY INFORMATION</b></p>                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <p><b>14. Designated facility capacity:</b></p>                                                               | <p>120</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| <p><b>15. Average daily population for the past 12 months:</b></p>                                            | <p>98</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <p><b>16. Number of inmate/resident/detainee housing units:</b></p>                                           | <p>6</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
| <p><b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b></p>                | <p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

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

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

|                                                                                                                                                                                                                                                                      |    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|
| <b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>                                                                                                                                 | 84 |
| <b>19. Enter the total number of youthful inmates or youthful/juvenile detainees in the facility as of the first day of the onsite portion of the audit:</b>                                                                                                         | 30 |
| <b>20. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>                                                                                                  | 4  |
| <b>21. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b> | 2  |
| <b>22. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>                                                                        | 0  |
| <b>23. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>                                                                                             | 0  |
| <b>24. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>                                                                                    | 0  |

|                                                                                                                                                                                                                                                                    |                   |
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| <b>25. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>                                                                                 | 4                 |
| <b>26. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>                                                                                   | 0                 |
| <b>27. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>                                                                                                 | 4                 |
| <b>28. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>                                                            | 10                |
| <b>29. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>                                     | 0                 |
| <b>30. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b> | No text provided. |
| <b>Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit</b>                                                                                                                                                 |                   |
| <b>31. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>                                                                                             | 120               |

|                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                |
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| 32. Enter the total number of <b>VOLUNTEERS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:                  | 37                                                                                                                                                                                                                                                                                                                                                                                             |
| 33. Enter the total number of <b>CONTRACTORS</b> assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:                 | 20                                                                                                                                                                                                                                                                                                                                                                                             |
| 34. 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: | No text provided.                                                                                                                                                                                                                                                                                                                                                                              |
| <b>INTERVIEWS</b>                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Inmate/Resident/Detainee Interviews</b>                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |
| <b>Random Inmate/Resident/Detainee Interviews</b>                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                |
| 35. Enter the total number of <b>RANDOM INMATES/RESIDENTS/DETAINEES</b> who were interviewed:                                                                                                       | 18                                                                                                                                                                                                                                                                                                                                                                                             |
| 36. Select which characteristics you considered when you selected <b>RANDOM INMATE/RESIDENT/DETAINEE</b> interviewees: (select all that apply)                                                      | <input checked="" type="checkbox"/> Age<br><input type="checkbox"/> Race<br><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)<br><input checked="" type="checkbox"/> Length of time in the facility<br><input checked="" type="checkbox"/> Housing assignment<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Other<br><input type="checkbox"/> None |

|                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>37. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b>                                                                                                              | <p>The Pre Audit Questionnaire indicated the average daily population for audit period was 98 residents. The resident population on the first day of the onsite review was 84. The March 2021 edition of the PREA Auditor Handbook requires at least eight random resident interviews and at least eight targeted resident interviews for a prison and jail population of 51-100 residents. After selecting targeted residents for interview, this auditor used a resident roster sorted by housing unit to select random interviews to meet and exceed the minimum amount of interviews. A total of three random youth and fifteen random adults were interviewed. Files were reviewed for each interviewee to evaluate screening and intake procedures, documentation of resident education and medical or mental health referrals when required.</p> |
| <b>38. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b>                                                                                                                              | <p> <input checked="" type="radio"/> Yes<br/> <input type="radio"/> No         </p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
| <b>39. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b> | <p>Due to the size of the inmate population, on the first day of the onsite portion of the audit PHCF population was 84. Oversampling of interviews were done to ensure a sufficient and effective understanding of the procedures, process, culture, and environment at PHCF. Interviews were diverse across the population, housing units, and not focused on one set of characteristics or area. The audit team did not experience any barriers to the interviewing process, and was able to conduct one-on-one interviews with selected residents and staff in available rooms or office spaces within the facility to ensure privacy.</p>                                                                                                                                                                                                          |
| <b>Targeted Inmate/Resident/Detainee Interviews</b>                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>40. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b>                                                                                                                                    | <p>15</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".

|                                                                                                                                                                                                                                                                                              |   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|
| <b>41. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b>                                                                                                                                        | 3 |
| <b>42. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>                                                                                                  | 2 |
| <b>43. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b> | 3 |
| <b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>                                                                  | 0 |

|                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                              |
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| <b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                      | <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.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| <b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b> | This auditor requested a list of residents who fell into this category, and was told there weren't any by the facility. This auditor did not observe any residents who may have qualified for this category during the onsite review, or during any interviews.                                                              |
| <b>45. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>                                                                     | 0                                                                                                                                                                                                                                                                                                                            |
| <b>45. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                      | <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.<br><br><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. |
| <b>45. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b> | This auditor requested a list of residents who fell into this category, and was told there weren't any by the facility. This auditor did not observe any residents who may have qualified for this category during the onsite review, or during any interviews.                                                              |
| <b>46. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>                                                            | 0                                                                                                                                                                                                                                                                                                                            |

|                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>46. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>46. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>This auditor requested a list of residents who fell into this category, and was told there weren't any by the facility. This auditor did not observe any residents who may have qualified for this category during the onsite review, or during any interviews.</p>                                                              |
| <p><b>47. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                      | <p>3</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>48. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>                                        | <p>0</p>                                                                                                                                                                                                                                                                                                                            |
| <p><b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>                                                                                                                      | <p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p> |
| <p><b>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p> | <p>This auditor requested a list of residents who fell into this category, and was told there weren't any by the facility. This auditor did not observe any residents who may have qualified for this category during the onsite review, or during any interviews.</p>                                                              |

|                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>49. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>                                                                                                                                | 2                                                                                                                                                                                                                                                                                                                                   |
| <b>50. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>                                                                               | 2                                                                                                                                                                                                                                                                                                                                   |
| <b>51. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b> | 0                                                                                                                                                                                                                                                                                                                                   |
| <b>51. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>                                                                                                                                                                                | <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> |
| <b>51. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>                                                           | This auditor requested a list of residents who fell into this category, and was told there weren't any by the facility. This auditor did not observe any residents who may have qualified for this category during the onsite review, or during any interviews. The facility does not have segregated housing.                      |

**52. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):**

Pine Hills Correctional Facility had a limited number of residents who qualified for targeted categories. For the youth population, there were no youth with low vision or hearing impairments, limited-English proficiencies, or who identified as transgender. For the adult population, there were no adults with low vision or hearing impairments, limited-English proficiencies, cognitive disabilities, or who had reported sexual abuse within the institution. PHCF does not have restrictive housing units and there were no youth or adults who had been placed in segregated housing for high risk of sexual victimization. A total of fifteen targeted interviews were conducted with both the youth and adult population. PHCF reported the following in targeted populations:

- Cognitive Delay/Learning Disability - Youth - Two, Adult - None
- Physical Disability - Youth - Two, Adult - Two
- Reported Prior Victimization during Screening - Youth - Six, Adult - Four
- Reported Sexual Abuse - Youth - Four, Adult - None
- Gay, Bisexual - Youth - Three, Adult - One
- Transgender or Intersex - None for Youth and Adult
- Limited English Proficient - None for Youth and Adult
- Deaf, Hard of Hearing, Blind or Low Vision - None for Youth and Adult
- Segregated due to High Risk of Sexual Victimization - None for Youth and Adult.

The audit team attempted to interview all residents listed in the targeted categories to cover those categories that had no identified residents, though several residents refused to be interviewed. There were no residents at PHCF who were admitted prior to August 20, 2012.

## Staff, Volunteer, and Contractor Interviews

### Random Staff Interviews

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

12

**54. 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

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

- ☒ Yes
- ☐ No

**56. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):**

The March 2021 edition of the PREA Auditor Handbook requires at least 12 random staff be interviewed. A total of 12 random staff were interviewed. Three staff from first watch, six staff from second watch, and three staff from third watch were interviewed.

### 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.

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

46

**58. Were you able to interview the Agency Head?**

- ☒ Yes
- ☐ No

|                                                                                                      |                                                                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>59. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                 |
| <b>60. Were you able to interview the PREA Coordinator?</b>                                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                 |
| <b>61. Were you able to interview the PREA Compliance Manager?</b>                                   | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><br><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) |

**62. 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 checked="" type="checkbox"/> Other                                                                                                                                                                                                                                                      |
| <b>If "Other," provide additional specialized staff roles interviewed:</b>                                                                | <p>The selection of the specialized staff included the "other" category as the audit team interviewed other key staff with impacts on the implementation and maintenance of the PREA Standards. The "other specialized staff" interviewed were the CNADA Advocates, and Grievance Officer.</p> |
| <b>63. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                               |
| <b>63. Enter the total number of VOLUNTEERS who were interviewed:</b>                                                                     | 2                                                                                                                                                                                                                                                                                              |
| <b>63. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b> | <input checked="" type="checkbox"/> Education/programming<br><input type="checkbox"/> Medical/dental<br><input type="checkbox"/> Mental health/counseling<br><input checked="" type="checkbox"/> Religious<br><input type="checkbox"/> Other                                                   |
| <b>64. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>                          | <input checked="" type="radio"/> Yes<br><input type="radio"/> No                                                                                                                                                                                                                               |
| <b>64. Enter the total number of CONTRACTORS who were interviewed:</b>                                                                    | 1                                                                                                                                                                                                                                                                                              |

|                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>64. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b></p> | <p><input type="checkbox"/> Security/detention</p> <p><input type="checkbox"/> Education/programming</p> <p><input checked="" type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Food service</p> <p><input type="checkbox"/> Maintenance/construction</p> <p><input type="checkbox"/> Other</p>                                                                                                                                                                                                                                                                                                                                                                                                              |
| <p><b>65. Provide any additional comments regarding selecting or interviewing specialized staff.</b></p>                                          | <p>The audit team conducted interviews with 46 specialized staff members. It should be noted that every staff member serves in more than one role. All employees are mandated reporters, and most are first responders. Specialized staff interviewed may serve in more than one role and were responsible for more than one of the Specialized staff duties and as a result, some interviews conducted with Specialized staff included multiple interview questionnaires. The auditor conducted web-based interviews before the onsite phase with identified supervisory, specialized staff, and administrative staff, because of their positions of authority and access to private locations such as secure offices.</p> |

## 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.

|                                                                                                                                                                                                                                        |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| <b>66. Did you have access to all areas of the facility?</b>                                                                                                                                                                           | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>Was the site review an active, inquiring process that included the following:</b>                                                                                                                                                   |                                                                      |
| <b>67. 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)?</b>                                      | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>68. 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)?</b> | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>69. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>                                                                                                                  | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |
| <b>70. Informal conversations with staff during the site review (encouraged, not required)?</b>                                                                                                                                        | <input checked="" type="radio"/> Yes<br><br><input type="radio"/> No |

**71. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).**

PHCF is an adult prison, as it has primarily housed more adults than youth over the years. The Montana Department of Corrections oversees four state-operated facilities and 16 contracted facilities throughout Montana, securely incarcerating approximately 2,400 offenders. These include secure, assessment, treatment, and prerelease facilities. The mission statement of MDOC is – Creating a safer Montana through accountability, rehabilitation, & empowerment. Pine Hills Correctional Facility in Miles City, Montana plays a dual role for the Montana Department of Corrections. The facility is the only state-operated, long-term facility for adjudicated male youth (ages 10-17). Pine Hills is a fully functioning school. In addition, the facility serves as an assessment center for males on the eastern side of the state. PHCF has six housing units, a school, a restitution office, vocational technology, a warehouse, a greenhouse, a grow tunnel, and a chicken coop. There is a barn that is rarely used on property. Youth are housed in Units Alpha, Bravo, and Charlie, adults are housed in Units Delta, Echo, and Foxtrot. The residential portion of PHCF is constructed in a linear fashion with housing units branching off to one side of a main corridor, and a control center at the far end of the corridor. All housing units are single cells with 2-4 single showers, toilets are within each cell. There is complete sound separation between youth and adult residents. Staff assigned in the control center direct and monitor all movement to ensure that youthful and adult residents are not in the corridor at the same time. Staff provide direct supervision during movement to and from the residential portion of PHCF and recreation areas, work sites, and the school. Youth attend school in the morning, while adults attend school in the afternoon. Youth participate in vocational technology in the afternoon, while adults participate in the morning. This auditor observed the facility layout and

configuration, locations of cameras and security mirrors, the level of staff supervision, the housing unit layout including shower/toilet areas, placement of posters and other PREA informational resources, security monitoring, and search procedures. The PREA audit team observed if cross-gender announcements were being made consistently. The audit notices were visible in all inmate areas. Inmate phone system was tested to ensure the ability to contact hotlines for reporting and advocacy. Locked boxes were observed in each housing unit and common area for resident grievance and medical submittals.

### 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.

**72. 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?**

☒ Yes

☐ No

**73. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).**

The auditor requested required documentation for Staff, volunteer, and contractors. Documents included application, background clearances, and training verifications. Staff file selection was based on various job functions, assignments, and supervisory positions. Volunteer, and contractor files were selected for review based on time spent in facility programs and the type of program.

Medical and Mental Health records that were reviewed were based on inmates who had reported previously being a victim or predator of sexual abuse and harassment during PREA screening. File reviews were also reviewed for inmates who reported sexual abuse and harassment incidents to include files for alleged predators.

Investigation files reviewed contained reports of the allegation, final investigation report, monitoring and referrals for medical and mental health follow-up, applicable sexual assault incident review and notifications to the inmates.

Inmate 72-hour and 30-day reassessment PREA Screening records were reviewed, inmate PREA comprehensive education documentation. Selection of records for review was for residents who were selected for random or specialized interviews.

Additional records were reviewed based on the amount of PREA allegations, if there were concerns of practice or protocols for PREA education, medical or mental health follow up, or untimely PREA screening or reassessments.

Unannounced rounds are assigned to administrative and line supervisors throughout the year with instructions to visit all areas of the facility on all three shifts and at different times, to include recommendations on entry and exit of the facility. They must ensure that they log the rounds in the "unannounced rounds log". The Auditor reviewed these logs from June 2024 to October 2024.

## 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.

#### 74. 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 | 4                             | 0                            | 4                                  | 0                                                                         |
| Staff-on-inmate sexual abuse  | 0                             | 0                            | 0                                  | 0                                                                         |
| Total                         | 4                             | 0                            | 4                                  | 0                                                                         |

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

|                                           | # of sexual harassment allegations | # of criminal investigations | # of administrative investigations | # of allegations that had both criminal and administrative investigations |
|-------------------------------------------|------------------------------------|------------------------------|------------------------------------|---------------------------------------------------------------------------|
| <b>Inmate-on-inmate sexual harassment</b> | 11                                 | 0                            | 11                                 | 0                                                                         |
| <b>Staff-on-inmate sexual harassment</b>  | 0                                  | 0                            | 0                                  | 0                                                                         |
| <b>Total</b>                              | 11                                 | 0                            | 11                                 | 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.

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

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

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

|                                      | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|--------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual abuse</b> | 0       | 2         | 2               | 0             |
| <b>Staff-on-inmate sexual abuse</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                         | 0       | 2         | 2               | 0             |

**Sexual Harassment Investigation Outcomes**

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

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

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

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

|                                           | Ongoing | Unfounded | Unsubstantiated | Substantiated |
|-------------------------------------------|---------|-----------|-----------------|---------------|
| <b>Inmate-on-inmate sexual harassment</b> | 0       | 4         | 3               | 4             |
| <b>Staff-on-inmate sexual harassment</b>  | 0       | 0         | 0               | 0             |
| <b>Total</b>                              | 0       | 4         | 3               | 4             |

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

**Sexual Abuse Investigation Files Selected for Review**

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

4

|                                                                                                                                                                  |                                                                                                                                                                                      |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>81. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)                  |
| <b>Inmate-on-inmate sexual abuse investigation files</b>                                                                                                         |                                                                                                                                                                                      |
| <b>82. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                         | 4                                                                                                                                                                                    |
| <b>83. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                 | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>84. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>                                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files) |
| <b>Staff-on-inmate sexual abuse investigation files</b>                                                                                                          |                                                                                                                                                                                      |
| <b>85. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>                                                          | 0                                                                                                                                                                                    |
| <b>86. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>                                                  | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)  |

|                                                                                                                                                                       |                                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>87. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>                                                 | <input type="radio"/> Yes<br><input type="radio"/> No<br><input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)       |
| <b>Sexual Harassment Investigation Files Selected for Review</b>                                                                                                      |                                                                                                                                                                                           |
| <b>88. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                                                                          | 7                                                                                                                                                                                         |
| <b>89. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b> | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)                  |
| <b>Inmate-on-inmate sexual harassment investigation files</b>                                                                                                         |                                                                                                                                                                                           |
| <b>90. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>                                                         | 7                                                                                                                                                                                         |
| <b>91. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>                                                               | <input type="radio"/> Yes<br><input checked="" type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |
| <b>92. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>                                           | <input checked="" type="radio"/> Yes<br><input type="radio"/> No<br><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files) |

**Staff-on-inmate sexual harassment investigation files**

**93. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:**

0

**94. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?**

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**95. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?**

☐ Yes

☐ No

☒ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)

**96. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.**

This auditor requested a log of investigations for sexual abuse and sexual harassment incidents reported within the previous 12 month period. PHCF reported that there were no staff on resident allegations of sexual abuse and sexual harassment since their last DOJ PREA audit in 2022. During interviews with residents who have reported sexual abuse and random residents indicated that there were no concerns for staff or knows of any staff member that was reported for inappropriate behaviors. This auditor selected all 4 resident-on-resident sexual abuse investigation files and 7 out of 11 sexual harassment investigation files for review. The auditor did not experience any barriers to obtaining and reviewing the PREA investigation files or with any follow-up needed.

## SUPPORT STAFF INFORMATION

### DOJ-certified PREA Auditors Support Staff

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

☐ Yes

☒ No

### Non-certified Support Staff

98. 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

98. Enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT who provided assistance at any point during this audit:

1

## AUDITING ARRANGEMENTS AND COMPENSATION

99. Who paid you to conduct this audit?

☐ The audited facility or its parent agency

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

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

☐ Other

Identify your state/territory or county government employer by name:

State of Hawaii Department of Corrections and Rehabilitation

**Was this audit conducted as part of a consortium or circular auditing arrangement?**

☒ Yes

☐ No

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

| <b>115.11</b> | <b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|               | <p>115.11(a) - MDOC Policy DOC 1.1.17 states that "The Department of Corrections has zero tolerance relating to all forms of sexual abuse and sexual harassment in accordance with the standards set forth in the Prison Rape Elimination Act of 2003 (PREA). The policy outlines the agency's comprehensive and coordinated approach to detecting, preventing, and responding to sexual abuse and sexual harassment. The policy includes definitions of prohibited behaviors and consequences for those found to have participated in prohibited acts.</p> <p>Pine Hills Correctional Facility (PHCF) policy 1.1.17 Prison Rape Elimination Act (PREA) reiterates the departmental policy to include the facility's comprehensive and coordinated response to preventing, detecting and responding to sexual abuse and sexual harassment. The policy also contains the same or similar definitions of prohibited behaviors and consequences for those found to have participated in prohibited acts.</p> |
|               | 115.11(b) - Montana Department of Corrections (MDOC) employs an upper-level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <p>agency-wide PREA Coordinator. The PREA Coordinator is placed within the Public Safety Division's Investigations Bureau and reports to the Chief. The position is reflected in the agency organizational chart. The previous PREA Coordinator left MDOC and the Investigations Bureau Chief was appointed to temporarily assume the Coordinator duties and responsibilities, during the interview the PREA Coordinator indicated that they have sufficient time, resources, and authority required to manage the duties and responsibilities with the assistance of the PREA Compliance Manager.</p> <p>115.11(c) - MDOC has designated facility PREA Compliance Manager (PCM) at each of their facilities. The PREA Compliance Manager at PHCF reports directly to the facility Superintendent. During the interview the PCM indicated that they have sufficient time to manage all of their PREA related responsibilities and duties.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF PAQ</li> <li>2. MDOC DOC 1.1.17 &amp; PHCF 1.1.17 PREA Policy</li> <li>3. Program Manager Occupational Standard</li> <li>4. MDOC &amp; PHCF Organizational Chart</li> <li>5. Interviews with MDOC PREA Coordinator, Facility PREA Compliance Manager.</li> </ol> |
|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| 115.12 | Contracting with other entities for the confinement of inmates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|        | <p><b>Auditor Discussion</b></p> <p>115.12 (a-b) MDOC PREA Policy 1.1.17, Section IV - Department Directives, B - Prevention and Intervention #2, states "Any new contract or contract renewal for the confinement of offenders will include the contract entity's obligation to adopt and comply with the PREA standards and a provision for the Department to monitor the contract to ensure the contractor is complying with the PREA standards."</p> <p>Each facility contract contains the following language to ensure their compliance with PREA standards.</p> <p>"Contractor shall, in performance of work under this Contract, fully comply with all applicable federal, state, or local laws, rules, regulations, and executive orders."</p> <p>"Contractor shall comply with the Prison Rape Elimination Act 42 U.S.C.A. § 15601ff,</p> |

the Prison Rape Elimination Act final rule 28 CFR Part 115, MDOC State Policy 1.3.14 1.1.17, Prison Rape Elimination Act, and ACCD 1.3.1400 PREA PFB 6.2.404 PREA Compliance and Reporting to include incident reporting. CONTRACTOR shall establish a zero tolerance policy to incidents of sexual assault/rape or sexual misconduct."

Each facility MDOC contracts with must provide the following: "PREA instructor training classes. CONTRACTOR shall be required to send instructor candidates to the instructor PREA training program. shall require applicable staff to attend the basic PREA training and such ongoing annual training as may be required by law, DEPARTMENT State, and Contractor policy. Contractor shall require first-line responders or staff who may be involved in incidents of sexual assault/rape or sexual misconduct to attend specialized PREA training. Contractor shall provide proof of compliance. Contractor shall ensure that during orientation offenders receive Facility orientation and orientation material regarding PREA. Offenders shall be required to sign an acknowledgement of having received the information. Contractor shall report all incidents or suspected incidents of staff misconduct as per MDOC State Policy 1.1.6 Priority Incident Reporting and Acting Director System and ACCD 1.1.600 Priority Incident Reporting PPD 1.1.600 Priority Incident Reporting to DEPARTMENTS' State's Prerelease Contract Manager or designee, as well as, all reportable incidents of sexual assault/rape, sexual misconduct or sexual acts involving offenders."

There are two contract monitors assigned to supervise Secured Facilities and Community Facilities, they ensure compliance with the contract and PREA standards by conducting annual reviews. An interview was conducted with the contract administrator and they indicated that the reviews are conducted on site annually to ensure compliance with contract stipulations, signs are posted, offenders receive required PREA education, and reporting mechanisms are functional.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF PAQ
2. MDOC DOC 1.1.17
3. PHCF PREA Procedure 1.1.17
4. Community Corrections Facilities & Programs Bureau SOP, ACCD 1.3.1400 PREA PFB 6.2.404 PREA
5. Contracts for Confinement
6. Interviews with Contract Administrator

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|  | <div data-bbox="256 118 959 152" data-label="Section-Header"> <p><b>Auditor Overall Determination: Meets Standard</b></p> </div> <div data-bbox="256 197 542 230" data-label="Section-Header"> <p><b>Auditor Discussion</b></p> </div> <div data-bbox="256 271 1481 387" data-label="Text"> <p>115.13 (a-c) - MDOC has developed, documented, and made its "best efforts" to comply on a regular basis with a staffing plan that provides for adequate staffing levels, video monitoring, and considers the factors identified in section (a) items 1-11.</p> </div> <div data-bbox="256 427 1481 669" data-label="Text"> <p>MDOC Policy Directive 1.1.17, Section IV General Requirements, B6 and B7 requires and states, "Administrators are required to develop, document, and make 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 offenders against abuse. In circumstances where the staffing plan is not complied with, facilities will document and justify all deviations from the plan."</p> </div> <div data-bbox="256 710 1481 1075" data-label="Text"> <p>PHCF Procedure 1.1.17 states, "The Superintendent, in consultation with the PCM and any other staff deemed appropriate, will develop, document, and make 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 residents against abuse. The Superintendent will review the staffing plan annually in consultation with the PREA Coordinator, to assess and document whether adjustments are needed to: the staffing plan and prevailing staffing patterns; the facility's deployment of video monitoring systems and other monitoring technologies; and the resources the facility has available to commit to ensure adherence to the staffing plan."</p> </div> <div data-bbox="256 1115 1481 1400" data-label="Text"> <p>The average daily population for PHCF for the past twelve (12) months has been ninety-three (93). The staffing plan was predicated for is 120 (designed capacity). PHCF provided the auditor with the most recent staffing plan for 2023 and staffing plan analysis. In review of the staffing plan revealed and has met the staff to inmate ratio. There were no reported or documented deviations within the previous twelve (12) months. This auditor confirmed by reviewing staffing rosters, schedules, and through interviews.</p> </div> <div data-bbox="256 1440 1481 1682" data-label="Text"> <p>115.13 (d) MDOC Policy Directive 1.1.17, Section IV General Requirements, B8 states "Administrators will require intermediate-level and higher-level staff to conduct random unannounced rounds to identify and deter employee or service provider sexual abuse and sexual harassment. These rounds must be documented in an unannounced rounds log and cover all shifts and all areas of the facility. The facility must prohibit staff from alerting others of the conduct of such rounds.</p> </div> <div data-bbox="256 1722 1481 2047" data-label="Text"> <p>PHCF Procedure 1.1.17 states, "The Superintendent will conduct random unannounced rounds, and will require the Deputy Superintendent, PREA Compliance Manager, Program Managers, Unit Managers, Compliance Specialist, Chief of Security, SEC-USS and security designees to conduct random unannounced rounds to identify and deter employee or service provider sexual abuse and sexual harassment. These rounds must be documented in an unannounced rounds log and cover all shifts and all areas of the facility. Staff are prohibited from alerting others of the conduct of such rounds."</p> </div> |
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|  | <p>This auditor was provided with the annual schedule for unannounced rounds. The schedule assigns unannounced rounds to intermediate-upper level supervisors, they are required to conduct these rounds randomly throughout the month on each watch. This auditor was able to verify practice by reviewing unannounced logs from August 1, 2023 to July 31, 2024 and most recent logs while onsite.</p> <p>Additionally, unannounced rounds are conducted by security supervisors at least once per shift and documented on the daily report. This auditor reviewed documentation verifying unannounced supervisory rounds while onsite. Rounds occurred on all shifts. Interviews with intermediate or higher-level staff indicated they conduct unannounced rounds on all shifts to detect and deter any staff misconduct, including staff sexual abuse and sexual harassment.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. MDOC DOC 1.1.17, PHCF 1.1.17 PREA Policy &amp; Procedure</li> <li>2. Staffing Plan for PHCF (February and December 2023)</li> <li>3. 2024 Unannounced PREA (GY) Rounds</li> <li>4. Unannounced Round Logs 8/1/23 to 7/3/24, Onsite - September 2024 Logs</li> <li>5. PHCF Staff duty rosters</li> <li>6. Observation of facility operations while onsite</li> <li>7. Interview with Superintendent, PREA Coordinator, PREA Compliance Manager, and intermediate or higher-level facility staff</li> </ol> |
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| 115.14 | Youthful inmates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|        | <p><b>Auditor Discussion</b></p> <p>115.14 (a)(b) - PHCF Procedure 1.1.17.001 Sight and Sound Separation of Youth and Adult Residents purpose is to separate youth and adults housed within Pine Hills and ensure that youth residents are not subject to threats, intimidation, physical assault or other forms of physical or psychological abuse from adult residents.</p> <p>The procedure states under General Requirements that, "Facility employees and service providers shall ensure that sight and sound separation of youth and adult residents is continuously maintained in all areas of the facility and will strictly enforce the prohibition of physical contact and sustained sight and/or sound contact between youth and adult residents." The procedure sets specific control measures, which</p> |

states "Sight and sound separation of youth from adult residents shall be maintained in all areas of the facility utilizing various control measures including but not limited to, assignment of adults and youth to separate residential areas, time phased programming, control of all resident movements internal and external to the facility and the direct staff supervision of youth residents." The facility provides staff training, resident education, reporting requirements, investigative protocols, incidents reviews, and sanctions.

115.14(c) - PHCF Procedure 1.1.17.001 states, "Absent an emergency or other exigent circumstances, control measures will not include the use of isolation or confinement to ensure sight and sound separation nor prohibit or restrict youth and adult residents from:

- The opportunity to participate in at least one hour of large muscle exercise daily.
- Reasonable visitation privileges,
- Participation in facility services, including but not limited to, education, programs, access to medical services and work opportunities.

PHCF are comprised of six (6) housing units on one side of a main corridor with a control center at the far end. The housing units are single cells and there is no restricted housing or segregation unit. Youth are assigned to Alpha, Bravo and Charlie housing units; adults are assigned to Delta, Echo and Foxtrot housing units. There is no ability to see into the housing unit from the corridor, or the ability to see between housing units. There is complete and sound separation between all housing units. The control center directs and monitor movements within the corridor to ensure that adult and youthful residents are not in the corridor at the same time, staff provides direct supervision during movements to and from the housing units, recreation, work and school areas. The adults and youth are scheduled to participate in schooling, programs and work opposite of each other providing separation. In addition this auditor reviewed the Fire Evacuation Staging plans for 2022 to 2024, these plans ensure that adult and youthful residents are kept separate.

Interviews with staff and residents indicated that sight or sound interaction is rare and only occurs under direct staff supervision. During the onsite review this auditor confirmed such separation between adult and youth residents.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)
2. PHCF Procedure 1.1.17.001, Sight & Sound Separation of Youth & Adult Residents

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|  | <p>3. PHCF Fire Evacuation Plans 2022-2024</p> <p>4. Interview with the PREA Compliance Manager, random staff, random residents</p> |
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| <b>115.15</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|               | <p>115.15 (a)(c) - MDOC Policy 3.1.17 states, "Cross gender clothed body searches of all residents in juvenile facilities, juveniles and adult females will be documented. Staff will conduct clothed body searches of individuals of the same gender as themselves whenever possible. Cross gender clothed body searches of residents in juvenile facilities, juveniles and adult females are not permitted unless an exigent circumstance requires a cross gender clothed body search." With regards to unclothed body searches, the policy states, "Written procedures will provide that, except in emergency situations, staff of the same gender as the offender will conduct offender unclothed body searches in a private area and based on a reasonable suspicion that the offender is carrying contraband or other prohibited material. Trained staff will conduct unclothed body searches and do so in a respectful and dignified manner." Body cavity searches may only be performed by non-facility health care providers when there is a reason to do so, and only with the written authorization of the administrator.</p> <p>PHCF PREA Procedure 1.1.17 states, "Cross-gender unclothed searches for all residents is strictly prohibited. Staff trained in searches may conduct cross-gender clothed searches on adult residents. Cross-gender clothed searches of youth residents will not be conducted unless in exigent circumstance. In the event a cross-gender clothed search is conducted on a youth it will be documented in writing and routed to the area manager, PREA Compliance Manager, and Superintendent or designee."</p> <p>115.15 (b) - PHCF does not house female residents, this provision of the standard is not applicable.</p> <p>115.15 (d) - PHCF PREA Procedure 1.1.17 states, "Staff will ensure residents are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except when such viewing is incidental to routine cell checks or in exigent circumstances. Exigent circumstances must be documented in writing and routed to the area manager, PREA Compliance Manager, and Superintendent or designee. Staff of the opposite gender are required to announce their presence when entering a housing unit per Post Order SEC-30 Cross-Gender Announcement."</p> <p>Post Order SEC-30 ensures compliance with PREA Standard 115.15(d). "Requires facilities to implement policies and procedures that enable inmates to shower,</p> |

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. The process provides clear notice to male residents when females are present and is a way to balance the privacy concerns of the resident population with facility operations/ security needs.” The post order applies to all female employees, contractors, volunteers and/or visitors to PHCF. It also applies to male staff, who “share the professional responsibility to ensure that youth are provided adequate notice when females enter the housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.” Females who enter any area where residents are likely to be showering, performing bodily functions, or changing clothes must verbally announce their presence by using language such as “female present”, “woman on shift”, or “Officer/Caseworker/Mrs./Miss [name “Officer/ Caseworker/Mrs./Miss [name]”].

MDOC Policy 3.1.21 states, “Facility procedures will ensure that inmates are able 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 viewing is incidental to routine cell checks. Procedures will require staff of the opposite gender to announce their presence when entering an inmate housing unit.”

115.15(e) - MDOC Policy 3.1.17 states, “Staff are prohibited from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender’s genital status.”

PHCF lesson plan and training curriculum for comprehensive PREA Training reminds staff of the prohibition to search or physically examine a transgender or intersex resident for the sole purpose of determining genital status.

115.15(f) - MDOC Policy 3.1.17 states, “Facility administrators will require staff training to include the following procedures: how to conduct cross gender clothed body searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.” PHCF lesson plan and training curriculum for Comprehensive PREA Training reiterates policy directives about professionalism and respect.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)
2. MDOC Policy Directive DOC 3.1.17 - Searches and Contraband Control
3. PHCF PREA Procedure 1.1.17

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|  | <ol style="list-style-type: none"> <li>4. Training for Cross-Gender Pat Searches presented by the PREA Resource Center and The Moss Group</li> <li>5. Interviews with staff and residents</li> <li>6. Observation of facility operations during onsite review</li> </ol> |
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| <b>115.16</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|               | <p>115.16 (a-b) - MDOC Policy 3.3.15 - American with Disabilities Act (ADA) Offender Accommodations states, "The Department of Corrections will make reasonable accommodations to the known physical or mental limitations of an offender with a disability unless to do so would result in an undue financial or administrative burden, constitute a direct threat, endanger the health or safety of any person, or fundamentally alter the inherent nature of the Department's business." Additionally, the policy states, "The Department and contracted facilities or programs will provide offenders access to required or approved activities, services, and programs."; "Through the screening, assessment, and intake process, if an offender appears to need an accommodation, Department employees will notify the ADA Coordinator."</p> <p>MDOC PREA Policy 1.1.17 states, "Each facility must take appropriate steps to ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps will include access to interpreters and written materials provided in formats or through methods that ensure effective communication. The facility will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills."</p> <p>PHCF Procedure 1.1.17 states, "The facility will take appropriate steps to ensure residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and response to sexual abuse and sexual harassment. Such steps will include access to interpreters and written materials provided in formats or through methods that ensure effective communication. The facility will provide residents education in formats accessible to all residents, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to residents who have limited reading skills."</p> <p>115.16(c) - MDOC PREA Policy 1.1.17 states, "The facility will not rely on offender interpreters for investigations regarding sexual abuse or sexual harassment except in</p> |

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|  | <p>limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties or the investigation of the offender's allegations."</p> <p>PHCF utilizes CyraCom International, Inc./Voiance for interpreter services which is available 24 hours a day, 7 days a week. The contract was renewed in June 2022 with no expiration date. Posters with instructions are posted in areas available to staff throughout the facility. PHCF also has brochures with PREA information in braille that is available for residents. While onsite this auditor observed PREA postings in both Spanish and English. Interviews with random staff indicated that those with disabilities would be afforded additional accommodation to ensure their access to all of the agency's PREA information and program.</p> <p>PHCF had limited number of residents who qualified for targeted categories. There were no residents, youth and adult who identified as transgender or intersex, to include residents with low vision, hearing impairments, or limited English proficiencies. Interviews were conducted with residents both youth and adult that identified with cognitive and physical disabilities to include those that identified as gay, and bisexual. Interviews with targeted populations indicated that they were able to receive information in a format that they are able to understand. Interviews with residents confirmed that there were no instances of another resident being used to assist in their comprehension of PREA or reporting and investigation of incidents.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC Policy 3.3.15 - American with Disabilities Act (ADA) Offender Accommodations</li> <li>3. MDOC PREA Policy 1.1.17</li> <li>4. PHCF PREA Policy 1.1.17</li> <li>5. NASPRO Language Link Application</li> <li>6. CyraCom International, Inc./Voiance Interpreter Service Instructions</li> <li>7. Interviews with PREA Coordinator, PREA Compliance Manager, Staff and Residents</li> </ol> |
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| <b>115.17</b> | <b>Hiring and promotion decisions</b>                |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |

115.17(a) - MDOC Policy 1.3.55 states, "For positions with may have contact with offenders, the Department will not hire, enlist the services of, or continue employment of an employee or service provider who:

- has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
- has been convicted of engaging in 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;
- has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this subsection; or
- has contact with youth and is listed on the DPHHS child abuse registry."

115.17(b) - MDOC Policy 1.3.55 states, "Prior to hiring, promoting, or enlisting the services of any individual who may have contact with offenders, the Department will consider an incident where the individual engaged in sexual harassment."

115.17(c) - MDOC Policy 1.3.55 states, "Criminal background checks will be conducted on finalists for vacant positions, as identified in the vacancy announcement, and on all individual assigned to work at the Department by service providers."

"All employees who may have contact with offenders must complete the Policy Acknowledgement and Disclosure Form in written applications or interviews for hiring and promotion and annually. The form will be submitted to Human Resources."

This form asks the applicant if they have ever been convicted of a felony, or been convicted of Partner Family Member Assault, either Felony or Misdemeanor, or been a subject of an Order of Protection. Additionally, this form authorizes the MDOC to conduct a Criminal Records and Background check with law enforcement agencies, investigators, the Department of Public Health and Human Services, contact present or past employers, co-workers, personal or any other possible work references.

115.17(d-e) - MDOC Policy 1.3.55 states, "Upon hire, transfer, promotion, and every five years thereafter, Human Resources will ensure that criminal background checks are conducted on employees and service providers who may have contact with offenders and ensure a DPHHS child abuse registry search for employees or service provider who may have contact with youth."

"Criminal background checks are conducted very five years on existing employees and service providers in accordance with the Prison Rape Elimination Act of 2003."

Human Resource staff utilize the same process and requirements for volunteers and contractors as they do for permanent employees.

115.17(f-g) - MDOC Policy 1.3.55 states, "All employees who may have contact with offenders must complete the Policy Acknowledgement and Disclosure Form in written applications or interviews for hiring and promotion annually. The form will be submitted to Human Resources."

"Employees must self-report criminal charges and convictions within five days of either the charge or conviction to their immediate supervisor and Human Resources."

"Employees have a continuing affirmative duty to disclose any of the misconduct listed in Section IV.A.6 of this policy." The misconduct listed in Section IV.A.6 of the policy."

MDOC Policy 1.3.2 - Performance and Conduct states, "Performance and conduct behavior unacceptable for Department employees includes, but is not limited to violation of law; violation of policy, directives, or other employer regulations; neglect or failure to carry out assigned duties and responsibilities; falsifying any department record; sabotaging, impeding, interfering, or failing to cooperate with any authorized Department or law enforcement investigation; and failure to timely report policy violations, or job-related illegal or unethical behavior to the appropriate authority; failure to timely self-report an arrest, conviction, or professional disciplinary action against a professional license required by the position."

MDOC applicants, employees, volunteers, and contractors provide information related to misconduct on the Pre-Interview Questionnaire and are required to fill out a MDOC Acknowledgement & Disclosure form annually. The form requires applicants to answer questions related to the misconduct in substandard (a) of this section.

115.17(h) - MDOC Policy 1.3.55 states, "The Department will 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 the employee has applied to work."

This auditor reviewed 15 employee files, varied between uniform and non-uniform staff to include volunteer and contractor files. All files contained the required information and documentation.

Interviews with Human Resource and the agency PREA Coordinator indicated that 5 year background checks take place as required. Criminal background checks for PHCF are conducted in years ending in "0" and "5". The last completed check was in 2020 and will soon start the next round of checks as these checks are conducted manually and will be completed in 2025. This process begins with notification to all current employees in January of the specified year to ensure all employee checks have been completed by July of 2025.

Interviews also indicated that when a facility requests information pertaining to a former MDOC employee, human resource staff will contact the agency PREA Coordinator to determine if there are allegations associated with the former employee. This auditor reviewed documentation of one such information request during file reviews.

Interviews conducted confirmed that failure to make the notification, providing false information related to convictions, and failure to cooperate with the background check process is met with disciplinary action up to and including termination. It also

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|  | <p>indicated that disciplinary action up to and including termination is the presumptive outcome when material omissions are discovered.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC Policy DOC 1.3.55 - Criminal Conviction in Employment</li> <li>3. Acknowledgement &amp; Disclosure Form in Written Applications or Interviews</li> <li>4. MDOC Policy 1.3.2 - Performance and Conduct</li> <li>5. MDOC Acknowledge &amp; Disclosure Form</li> <li>6. MDOC Pre-Interview Questionnaire Form</li> <li>7. Employee, Volunteer, Contractor personnel files</li> <li>8. Interviews with HR staff, Facility Superintendent, PREA Coordinator</li> </ol> |
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| 115.18 | Upgrades to facilities and technologies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
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|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.18(a) - MDOC Policy 1.1.17 states, "When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the facility and the department must consider the effect of the design, acquisition, expansion, or modification upon the facility's and department's ability to protect offenders from sexual abuse."</p> <p>115.18(b) - "When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility and department must consider how much technology may enhance the facility's and department's ability to protect offenders from sexual abuse."</p> <p>PHCF conducts an informational meeting is held with the facility supervisors on the first day of each work week, a management meeting every Tuesday, and a Safety Meeting for supervisors and managers on the second Wednesday or every other month. The facility PCM regularly attends and contributes to all meetings where facility upgrades and improvements to technology are addressed. The PCM accompanies and conducts tours with architects and service providers when discussing or planning upgrades within the facility. Additionally, the PCM accompanies electricians for camera installation to identifying new camera locations to address blind spots and other areas of concern.</p> |

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|  | <p>PHCF has approximately 120 cameras installed throughout the facility, the video is retained for at least 21 days. The facility managers and investigators are able to review footage from their computers for incident based reviews.</p> <p>Interviews with the facility Superintendent and PREA Compliance Manager confirmed that their goal to deter sexual abuse and sexual harassment was a factor in determining camera placement, and upgrades. Interviews with the Agency Head, PREA Coordinator, facility Superintendent, and PREA Compliance Manager confirmed that all required managers are involved with the planning and implementation of upgrades to the facility that considers the effect of the design and modification to assist in the agency's ability to protect inmates from sexual abuse.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Onsite review of documented meetings</li> <li>5. PHCF Annual Staffing Plan</li> <li>6. Review of Current Video Monitoring systems during onsite review of facility plant and operations</li> <li>7. Interviews with Agency Head, Facility Superintendent, PREA Coordinator, PREA Compliance Manager</li> </ol> |
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| <b>115.21</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | <p><b>Auditor Discussion</b></p> <p>115.21(a) - MDOC PREA Policy 1.1.17 states, "Administrators, or designees, will ensure all staff follow appropriate evidence procedures outlined in DOC Policy 3.1.28 Crime Scene and Physical Evidence Preservation."</p> <p>MDOC Policy 3.1.28 states, "If a facility member believes a crime has been committed, he or she will immediately notify the shift supervisor; the shift supervisor will assign staff to secure the crime scene. The initial response to an incident will be expeditious and methodical to preserve the crime scene with minimal contamination and disturbance of physical evidence."</p> |

PHCF PREA Procedure 1.1.17 states, "The Superintendent, or designee, will immediately respond to allegations of sexual abuse and sexual harassment, ensure the facility fully investigates reported incidents, pursue disciplinary action, and refer for investigation those who violate the requirements set forth in this procedure."

"Employees who conduct sexual abuse investigations will receive additional training in conducting such investigations in confinement settings, to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."

Following the facilitation of emergency care, staff are directed to maintain crime scene integrity, safeguard evidence and minimize contamination.

115.21(b) - The PHCF PREA Coordinated Facility Response Plan coordinates staff actions taken in response to incidents of sexual abuse amongst first responders, medical and mental health practitioners, investigators, and facility leadership and to ensure compliance with PREA standards. The response protocol is based upon "A National Protocol for Sexual Assault Medical Forensic Examinations-Adults/Adolescents, second edition" from April 2013.

115.21(c) - MDOC PREA Policy 1.1.17 states, "Department employees and service providers will adhere to the following standards for examination of victims of sexual abuse or sexual harassment:

- a. if the victim refuses medical or mental health attention, document the refusal on the Medical Treatment Refusal form;
- b. if reported within a time period which allows for collection of physical evidence, typically within 72 hours of the incident, and with the victim's permission, immediately transport the victim to a medical facility equipped with medical personnel certified as Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), or if none are available, to a medical facility with other qualified medical practitioners, to evaluate and treat sexual assault/rape victims; and
- c. if reported more than 72 hours after the incident, and with the victim's permission, adhere to the following:
  - i. refer the victim to appropriate health care providers responsible for treatment and follow up care for sexually transmitted or other communicable diseases who will complete a patient history, conduct an examination to document the extent of physical injury and determine whether referral to another medical facility is required; and
  - ii. upon request from law enforcement, transport the victim to a community medical facility for evidence collection."

PHCF PREA Procedure 1.1.17 reiterates agency policy language. With regards to financial obligation and states, "Services must be made available without financial cost to the victim and must include, at a minimum:

- a. Access to medical examination and treatment to include follow up care and referrals;
- b. Mental health crisis intervention and treatment;
- c. Timely access to STD tests, prophylaxis, and treatment;
- d. Access to medical examination and treatment to include follow up care and referrals;
- e. Mental health crisis intervention and treatment;
- f. Access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider; contact information for these services is available to staff within the facility SAR (Sexual Assault Response) checklist and Facility Coordinated response plan and available to residents on postings within the housing units."

Additionally, the PHCF policy states that facility employees and service providers will "If reported within a time period which allows for collection of physical evidence, typically within 72 hours of the incident, and with the victim's permission, immediately transport the victim to Holy Rosary Hospital, a medical facility equipped with medical personnel certified as Sexual Assault Nurse Examiners (SANEs), or if none are available, to a medical facility with other qualified medical practitioners, to evaluate and treat sexual assault/rape victims; and contact Custer Network Against Domestic Abuse (CNADA) so they may offer victim advocacy services on site."

During interviews with the SANE/SAFE they confirmed that they may be taken to Holy Rosary Hospital in Miles City, MT. or they may be taken to the Billings Clinic located in Billings, MT.

115.21(d, e, h) - MDOC has a written and signed Memorandum of Understanding (MOU) with the Custer Network Against Domestic Abuse Inc. (CNADA) that was executed on February 17, 2023. The term of the MOU is through March 31, 2024 but may be renewed for a period not to exceed a total of six additional years. Through the agreement, CNADA provides an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via MDOC, if available. CNADA will provide emotional support services, to include crisis intervention, information, and referral. These services may be conducted by mail, in person, by telephone, or an approved telecommunications method.

115.21(f) - This substandard does not apply to PHCF as the agency is responsible for investigating allegations of sexual abuse.

115.21(g) - Auditor is not required to audit this provision.

All forensic medical exams are provided offsite by Sexual Assault Nurse Practitioners or qualified medical practitioners, as verified through interview. Interviews with

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|  | <p>medical staff verified residents are not financially responsible for forensic medical exams.</p> <p>During the audit documentation period, PHCF did not have any sexual abuse incident requiring a forensic examination. This was corroborated through review of sexual abuse investigations, interviews with inmates who reported sexual abuse incidents, medical, mental health staff, the SANE/SAFE staff at Billings Clinic and Holy Rosary Hospital. Further services being offered without financial cost to the resident was also verified.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Policy 3.1.19 - Investigations</li> <li>5. MDOC Policy 3.1.28 - Crime Scene and Physical Evidence Preservation</li> <li>6. CNADA PREA MOU Amendment No.2 Advocacy Services</li> <li>7. PHCF Coordinated Response Plan</li> <li>8. Interviews with Medical, Mental Health Staff, PREA Compliance Manager, SAFE/SANE, Investigators, Random Staff, Targeted Residents</li> </ol> |
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| 115.22 | Policies to ensure referrals of allegations for investigations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|        | <p><b>Auditor Discussion</b></p> <p>115.22(a-c) - MDOC Policy 1.1.17 states, "All reported incidents of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. Criminal investigations will be conducted by either the Law Enforcement Agency of Jurisdiction (LEA) or by the Department's Office of Investigations in accordance with DOC Policy 3.1.19 Investigations."</p> <p>"A request for Investigation (RFI) for all allegations of sexual abuse and sexual harassment will be sent to the Office of Investigations to initiate an investigation."</p> <p>"The Office of Investigations will forward requests for investigation that do not rise to the level of a criminal investigation to the PREA compliance manager and/or the appropriate administrator, or designee, to open an administrative investigation. For</p> |

cases involving employees, the Office of Investigations will also notify the Office of Human Resources."

"Potential criminal conduct will be reported to the Law Enforcement Agency of Jurisdiction (LEAJ) first, immediately followed by the Office of Investigations. If the Office of Investigations has primary jurisdiction over a facility's criminal investigations, however, that facility will report potential criminal conduct only to the Office of Investigations. Reports of sexual abuse or sexual harassment by an employee, service provider, or offender will be forwarded to the Office of Investigations, facility PREA compliance manager and the Department PREA coordinator within one business day."

PHCF PREA Procedure 1.1.17 reiterates the MDOC PREA Policy, to include "All allegations of sexual abuse or sexual harassment that are criminally investigated will also be administratively investigated. The administrative investigation will begin when the Office of Investigations determines that the administrative investigation will not interfere with the criminal investigation."

The MDOC PREA policy (MDOC Policy 1.1.17) is available on the MDOC website at DEPARTMENT OF CORRECTIONS (mt.gov). It reiterates the agency's zero-tolerance policy and outlines the process for investigations and referrals. MDOC Investigations Policy 3.1.19 is also available on the agency website. <https://cor.mt.gov/DataStatsContractsPoliciesProcedures/DataDocumentsandLinks/DOCPolicies/Chapter3/3.1.19-Investigations.pdf>

MDOC has entered into a Memorandum of Understanding (MOU) with the Department of Justice (DOJ) for appointment of Agents. DOJ, by designation of the Attorney General, appoints qualified DOC personnel as criminal investigative agents under the provisions of §44-2-111, MCA, et seq. to investigate alleged criminal violations by offenders incarcerated or persons employed in the DOC or DOC contracted facilities and programs. This MOU also states that DOC investigators are deemed as "peace officers" and will have the duty to maintain public order and the ability to make arrests for offenses within the scope of the agreement, they will be supervised by the Office of Investigations. The designated investigators will have the same cooperation of state agencies and allowed to participate in DOJ training opportunities. Further, the agreement states that the DOJ will provide prosecutorial legal counsel to assist in the determination of the necessity to issue any investigative subpoena.

115.22(d-e) - Auditor is not required to audit this provision.

Interviews with investigative staff indicated that they are knowledgeable of the policies and process for incident referrals and investigative process. The Agency Head indicated that they are committed to creating a sexually safe environment for all residents and has established a relationship with the agency's investigators to ensure allegations are properly referred and investigated. The facility Superintendent is fully aware and knowledgeable concerning the referrals and proper investigation process.

This auditor reviewed sexual abuse and sexual harassment investigative files that

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|  | <p>shows allegation referrals, prompt action and completed investigations.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Policy 3.1.19 - Investigations</li> <li>5. MOU - DOC and DOJ executed August 22, 2016</li> <li>6. Review of Investigative files/documentation</li> <li>7. Interviews with Agency Head, Investigative Staff, PREA Compliance Manager</li> </ol> |
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| 115.31 Employee training |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|                          | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|                          | <p><b>Auditor Discussion</b></p> <p>115.31(a-c) - MDOC Policy 1.1.17 states, "Prior to working with offenders, all Department employees with direct and/or incidental contact with offenders, which includes visual, physical, or audio contact, must receive documented PREA training. If an employee is unable to attend comprehensive PREA classroom training prior to contact with offenders, they must receive pre-service training in the form of reviewing the PREA policy and a PREA brochure and signing an acknowledgement form. The employees must then attend the next available classroom training."</p> <p>PHCF Procedure 1.1.17 states, "Prior to working with residents, all employees with direct and/or incidental contact with residents, which includes visual, physical, or audio contact, must receive documented PREA training and sign the Staff Comprehensive PREA Training Acknowledgment form. If the employee is unable to attend comprehensive PREA classroom training prior to contact with residents, they must receive pre-service training in the form of reviewing the PREA policy, PREA brochure, and signing the acknowledgement form. The employee must then attend the next available classroom training."</p> <p>The ten elements required by the standard, subsection (a) are reflected in agency and facility policy and procedure as well as relevant laws regarding the applicable age of consent and facility procedures on sharing confidential information. Instructions are tailored to male and female offenders, and instructions are specific to the unique needs and attributes of juveniles.</p> |

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|  | <p>115.31(d) - MDOC Policy 1.1.17 states, "All training will be documented, through signature or electronic verification, showing acknowledgement that the employee, volunteer, or service provider received and understood the training. For comprehensive training, staff will use the Comprehensive PREA Training Acknowledgement."</p> <p>This auditor reviewed all curriculum to ensure a comprehensive training program that provides detailed information on all ten required elements. MDOC's training is tailored for male, female, and transgender residents, as verified through curriculum review by this auditor. Per MDOC policy 1.1.17, If an employee is unable to attend in-person training when scheduled, they are required to read the policy and sign an acknowledgement which states their understanding of the policy. Employees attest to their responsibility to read, understand, and abide by the PREA policy with signature on a MDOC Employee Pre-Service PREA Acknowledgement form and required to attend the next scheduled classroom training.</p> <p>Employees are required to attend refresher training in odd number years to cover the required elements. In even number years, employees receive refresher information on current sexual abuse and sexual harassment policies.</p> <p>This auditor reviewed training records to ensure all staff have been trained as required.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"><li>1. PHCF Pre-Audit Questionnaire (PAQ)</li><li>2. MDOC PREA Policy 1.1.17</li><li>3. PHCF PREA Procedure 1.1.17</li><li>4. 2021 PREA Refresher Training</li><li>5. Lesson Plan for 2023 PREA Refresher Training</li><li>6. 2023 PREA Refresher Training Schedule</li><li>7. 2024 New Employee PREA Training</li><li>8. Staff Pre-Service Brochure</li><li>9. Pre-Service Acknowledgement</li><li>10. Comprehensive PREA Training Acknowledgement</li><li>11. Lesson Plan for Comprehensive PREA Training</li><li>12. Staff Training Reports</li><li>13. Interviews with Random Staff</li></ol> |
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| <b>115.32</b> | <b>Volunteer and contractor training</b> |
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**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

115.32(a-c) - MDOC Policy 1.1.17 states, "All volunteers and service providers who have visual, physical, or audio contact with offenders will be trained at a minimum on the Department's zero tolerance policy concerning sexual abuse and harassment, prevention, detection, and response methods, and how to report such incidents. The level and type of training provided to volunteers and service providers will be based on the services they provide and the level of contact they have with offenders and could rise to the level of employee training referenced in C.2 above. Volunteers and service providers will sign a training acknowledgment form."

PHCF PREA Procedure 1.1.17 reiterates the agency policy statement.

MDOC Policy 1.3.16 states, "Volunteers must be trained on all rules and procedures important to the volunteer's effective functions, and receive orientation and refresher training specific to the area, program, or facility where providing services."

"Volunteers with direct and/or incidental contact with offenders must receive documented PREA training during volunteer orientation in accordance with [MDOC Policy 1.1.17]."

"Volunteers must agree to abide by all rules, obligations, and written responsibilities by signing the Volunteer Service Agreement."

All contractors and volunteers are provided with a PREA Pamphlet for Contractors, Service Providers & Volunteers, providing written information about establishing and maintaining professional relationships; PREA definitions; reporting and response duties; red flags; and other things to consider.

Training requirements for contractors and volunteers are according to the amount of time they will be working with the facility, the amount of contact and interaction with residents, and the average number of hours each month. The curriculum includes information and directives about boundaries, a reminder that residents cannot consent to any sexual contact, the agency's zero-tolerance policy, and information on reporting. Volunteers and contractors complete in-person training prior to providing service in a facility or read the policy and sign an acknowledgement form. The training covers the elements required by standard to be provided to staff.

This auditor reviewed documentation indicating all volunteers and contractors have been trained as required. The interview with the facility Superintendent indicated that the facility would immediately discontinue the services of any volunteer that they believed to have engaged in sexual abuse and/or sexual harassment. Interviews with two volunteers/contractors indicated they are aware of the agency's zero-tolerance policy and their reporting responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has

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|  | <p>determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. MDOC Volunteer Services Policy 1.3.16</li> <li>4. PHCF PREA Procedure 1.1.17</li> <li>5. PREA Pamphlet for Contractors, Service Providers &amp; Volunteers</li> <li>6. Volunteer &amp; Contractor Requirements Non-Clinical</li> <li>7. Volunteer &amp; Contractor files</li> <li>8. Volunteer/Contractor/Vendor/Service Provider PREA Acknowledgement Education form</li> <li>9. Volunteer PREA Disclosure Form</li> </ol> |
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| <b>115.33</b> | <b>Inmate education</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
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|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|               | <p><b>Auditor Discussion</b></p> <p>115.33(a-c) - MDOC Policy 1.1.17 states, "Within 72 hours of facility intake for adult offenders and during the intake process for residents at juvenile facilities, employees will communicate to offenders, verbally and in writing: a. information about the Department's zero tolerance of sexual abuse and sexual harassment; b. how to report incidents or suspicion of abuse or harassment; and c. this policy, 1.3.12 Staff Association and Conduct with Offenders, 3.3.3 Offender Grievance Program, and corresponding site-specific procedures.</p> <p>"Within 30 days of intake for adult offenders, or within 10 days of intake for residents at juvenile facilities, the facility will provide education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for reporting and responding to such incidents."</p> <p>"Offenders will receive education upon transfer to a different facility regarding any policies and procedures of the offender's new facility that differ from those of the previous facility."</p> <p>Upon arrival at the facility, each resident receives a copy of the PHCF Resident PREA Brochure. The brochure reminds residents of the agency/facility zero-tolerance policy, definitions of sexual abuse and sexual harassment, how to remain safe, what to do if they have been sexually assaulted, options for reporting, and advocacy services. Each resident is provided with a copy of a PowerPoint with more detailed information</p> |

related to PREA. A staff member meets individually with each resident, usually within a week of their arrival, to ensure they understand the information provided and answer any questions.

115.33 (d) - MDOC Policy 1.1.17 states, "Each facility must take appropriate steps to ensure offenders with disabilities have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect and respond to sexual abuse and sexual harassment. Such steps will include access to interpreters and written materials provided in formats or through methods that ensure effective communication. The facility will provide offender education in formats accessible to all offenders, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to offenders who have limited reading skills."

PHCF Procedure 1.1.17 reiterates agency policy language and includes, "When contracted interpretive services are employed for this purpose (i.e. for resident screening, resident education, investigation etc.), the employee facilitating the interpretive session will document the event in writing and forward this summary to the facility PREA Compliance Manager (contact information for interpretive services are located on the SART checklist."

115.33(e) - MDOC Policy 1.1.17 states, "The facility will maintain documentation of offender participation in PREA education sessions and have offenders sign an acknowledgement form."

The facility maintains documentation of resident participation in PREA education sessions and has residents sign a PREA Education Resident Acknowledgment form. This form is retained in the resident's master file. Each form is countersigned by a staff member.

115.33(f) - MDOC Policy 1.1.17 states, "The facility will ensure that PREA information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats."

Key PREA information are continuously and readily available on posters throughout the facility. Posters remind residents of their right to be free from sexual abuse and sexual harassment, to be free from retaliation for reporting, internal and external information for reporting.

There were no residents at PHCF who were admitted to the facility prior to August 20, 2012.

All residents interviewed indicated they had received the required information upon intake and or transfer. This auditor checked the education documentation for each resident interviewed to include the education documentation attached in the PHCF PAQ. The residents received the education within required timelines.

This auditor observed a transfer and the intake process during the onsite portion of the audit to verify that PREA information were provided to the resident.

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|  | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. PHCF PREA Brochure-Resident</li> <li>5. PREA Education Resident Acknowledgement form</li> <li>6. PREA: Rape, Sexual Abuse &amp; Sexual Harassment Prevention/Intervention Resident Education</li> <li>7. MDOC PREA postings, including Advocacy postings</li> <li>8. PHCF No Means No and Yes Is Not Allowed End the Silence postings (reporting information)</li> <li>9. Document review: Resident files</li> <li>10. Interviews with PHCF Intake Staff, Random Residents</li> </ol> |
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| <b>115.34</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|               | <p><b>Auditor Discussion</b></p> <p>115.34(a-c) - MDOC Policy 1.1.17 states, "Employees who conduct sexual abuse investigations will receive additional training in conducting such investigations in confinement settings, to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."</p> <p>"All training will be documented, through signature or electronic verification, showing acknowledgement that the employee, volunteer, or service provider received and understood the training. For comprehensive training, staff will use the Comprehensive PREA Training Acknowledgment."</p> <p>PHCF PREA Procedure 1.1.17 reiterates the agency policy language concerning investigators receive additional training in investigations of sexual abuse in a confinement setting.</p> <p>MDOC Policy 3.1.19 - Investigations state, "The Department of Corrections will provide the requirements for reporting and investigating criminal conduct involving Department employees, service providers, and/or offenders in accordance with</p> |

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|  | <p>Department policies, procedures, and state and federal law."</p> <p>115.34(d) - This provision is not required to be audited.</p> <p>Facility and agency investigators may conduct administrative investigations. Investigations involving potentially criminal behavior are referred to one of three agency investigators. Agency investigators complete National Institute of Corrections training in PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations.</p> <p>The agency has developed a third training for investigators that is regularly updated. The latest training available was updated in June of 2023. The training includes instruction on interviewing sexual abuse victims to include interviewing youth, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.</p> <p>Interviews with investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.</p> <p>PHCF has two investigators and MDOC has two central office investigators. The PREA Coordinator's office maintains a spreadsheet noting all trained investigators employed by the agency. This auditor reviewed training dates for all four staff to ensure the required training was received.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. MDCO Investigations Policy 3.1.19</li> <li>4. PHCF PREA Procedure 1.1.17</li> <li>5. MDOC PREA Investigative Training Curriculum &amp; Lesson Plan</li> <li>6. NIC Training PREA Investigating Sexual Abuse in a Confinement Setting</li> <li>7. PHCF Staff Investigation Training Records</li> <li>8. Interviews with Investigative Staff</li> </ol> |
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| <b>115.35</b> | <b>Specialized training: Medical and mental health care</b> |
|               | <b>Auditor Overall Determination:</b> Meets Standard        |
|               | <b>Auditor Discussion</b>                                   |

115.35(a-c) MDOC Policy 1.1.17 states, "Medical and mental health providers will receive additional, specialized training relevant to their role in detecting and assessing signs of sexual abuse and sexual harassment, preservation of evidence, and responding effectively to victims of sexual abuse and sexual harassment."

"All training will be documented, through signature or electronic verification, showing acknowledgement that the employee, volunteer, or service provider received and understood the training. For comprehensive training, staff will use the Comprehensive PREA Training Acknowledgment."

PHCF PREA Procedure 1.1.17 reiterates MDOC Policy in regards to PREA training and additional specialized training for medical and mental health staff.

115.35(b) - PHCF does not employ medical staff who conducts forensic medical examination. This provision does not apply to PHCF.

115.35(d) - PHCF provides PREA training to all employees to include medical and mental health staff. PHCF PAQ indicated there were a total of 14 medical and mental health practitioners subject to this standard during the audit review period. This auditor reviewed training records for all 14 staff members.

Medical and Mental Health staff are required to complete the National Institute of Corrections (NIC) training PREA: Medical Health Care for Sexual Assault Victims in a Confinement Setting. Mental Health staff are required to complete the National Institute of Corrections (NIC) training PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting in addition to the regular PREA training. This auditor reviewed the curriculum for PREA training and the NIC specialized training to ensure a comprehensive training program provided detailed information on 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. Interviews with medical and mental health staff indicated they were knowledgeable of the required elements.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)
2. MDOC PREA Policy 1.1.17
3. PHCF PREA Procedure 1.1.17
4. Staff Training Records, Certificate of Completion NIC courses
5. Interviews with Medical and Mental Health Staff

| 115.41 | Screening for risk of victimization and abusiveness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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|        | <p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 1477 454">115.41(a-e) - MDOC PREA Policy 1.1.17 states, "Risk assessment of all offenders using an objective screening instrument for victimization or abusiveness will take place within 72 hours of intake into a facility."</p> <p data-bbox="256 499 1453 566">"The screening instrument will consider, at a minimum, the following criteria for risk of sexual victimization:</p> <ul data-bbox="331 633 1477 1093" style="list-style-type: none"> <li>• whether the offender has a mental, physical, or developmental disability;</li> <li>• the age of the offender;</li> <li>• the physical build of the offender;</li> <li>• whether the offender has previously been incarcerated;</li> <li>• whether the offender's criminal history is exclusively nonviolent;</li> <li>• whether the offender has prior convictions for sex offenses against an adult or child;</li> <li>• whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;</li> <li>• whether the offender has previously experienced sexual victimization; and</li> <li>• the offender's own perception of vulnerability."</li> </ul> <p data-bbox="256 1137 1437 1249">"The screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the offender's risk for being sexually abusive."</p> <p data-bbox="256 1294 1469 1697">PHCF PREA Procedure 1.1.17 states, "Intake staff will conduct a risk assessment of all residents using an objective screening instrument for victimization or abusiveness within 2 hours of intake into the facility using the PREA risk Assessment. Information obtained during intake screening and subsequent risk assessments shall be used to make housing, bed, program, education, and work assignments for residents on a case-by-case basis with the goal of keeping all residents safe and free from sexual abuse. Using the identification of a resident as gay, bisexual, transgender or intersex (LGBTI) as an indicator of likelihood of being sexually abusive is prohibited, nor shall such residents be placed in particular housing, bed, or other assignments solely on the basis of such identification or status."</p> <p data-bbox="256 1742 1477 2022">"Intake staff will interview and evaluate all residents for Sexual Predatory Behavior or Victim tendencies utilizing the PREA Risk Assessment approved by the Department of Corrections PREA Coordinator, Information shall be ascertained through conversation with the resident during the intake process, medical and mental health screenings; classification assessments; and by reviewing court records, case files, behavioral records, and other relevant documentation. The completed predictor scale will be filed in their clinical file."</p> |

"When the assessment indicates the resident is a known victim/abuser or a potential victim/abuser, the screening officer will notify the Chief of Security, SEC-USS (or designee), housing unit, medical, and mental health staff prior to transitioning the resident from intake to the designated housing unit. This information will also be forwarded to the facility PREA Compliance Manager."

PHCF screening staff utilizes a SharePoint database that tracks and stores PREA risk assessment information. Detailed written instructions was provided by the PREA Compliance Manager and the screening staff was able to demonstrate the screening process while this auditor observed during the onsite portion of the audit. The resident being screened also signs the risk assessment to confirm that it was conducted. In the 12 months preceding the onsite review, there were 298 residents that was admitted to the facility whose length of stay was 72 hours or more. This auditor reviewed thirty-four (34), 72-hour risk assessments and all risk assessments used an objective screening tool and were conducted within the required time limits.

115.15(f) - MDOC Policy 1.1.17 states, "Within 30 days of intake the facility will reassess the offender's risk of victimization or abusiveness, taking into consideration any additional relevant information received by the facility since the initial screening."

PHCF PREA Procedure 1.1.17 states, "Within 30 days of intake clinical staff will reassess the resident's risk of victimization or abusiveness, taking into consideration any additional relevant information received by the facility since the initial screening.

- Youth: within 30-day assessments will be completed by assigned mental health staff during the development of the resident's treatment plan;
- Adult: within 30 days of the resident's arrival at the facility the Mental Health Services Manager (or designee) will ensure a reassessment of the resident's risk of victimization or abusiveness based upon any additional relevant information received by the facility since intake screening.
- If the screening indicates that a resident has experienced prior sexual victimization or has previously perpetrated sexual abuse whether it occurred in an institutional setting or in the community, the Mental Health Service Manager (or designee) shall ensure that the resident is offered a follow-up meeting with a mental health professional within 14 days of the intake screening.
  - This meeting will be documented in case notes in addition a copy of the note will be provided to the Facility PREA Compliance Manager.

PHCF has two risk screeners assigned to the adult population and one risk screener assigned to the youth population. The instructions for completing a 30-day risk assessment indicate any new information must be noted and requires the screener to meet in person with the resident to determine if they would like to change their responses to any of the questions. The resident being screened signs the risk assessment to confirm. In the 12 months preceding the onsite review, there were 266 residents who were admitted to the facility whose length of stay was more than 30

days. The facility PCM maintains a detailed spreadsheet with information for each resident at PHCF. This auditor reviewed a total of thirty-four (34) resident 72-hour and 30-days risk assessments utilizing the objective screening tool and were conducted within the required time limits.

115.15(g) - MDOC Policy 1.1.17 states, "The facility will conduct additional screening assessments when warranted based on any new information, referral, request, or incident of sexual abuse." PHCF PREA Procedure 1.1.17 reiterates the MDOC policy concerning conducting additional assessments.

This auditor reviewed a special referral assessment based on new information received within the 30-days from arrival. PHCF demonstrated that they conduct additional assessments when warranted based on referral and request.

115.15(h) - MDOC Policy 1.1.17 states, "Offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or reassessment." PHCF PREA Procedure 1.1.17 reiterates the MDOC policy where residents will not be disciplined for refused to answer, or not disclosing information in response to the risk screening/assessment.

Interviews with screening staff indicated that residents would not be disciplined for refusing to participate or answer questions during a screening/assessment. There were no instances of residents refusing to participate or answer questions asked out of the (34) documents reviewed by this auditor.

115.15(i) - MDOC Policy 1.1.17 states, "Information from the risk assessment for victimization or abusiveness will be provided on a need-to-know basis to individuals who make housing, bed, work, education, and program assignments and used with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive." PHCF PREA Procedure 1.1.17 reiterates MDOC policy concerning access to risk assessments.

Access to the SharePoint database is granted by the agency PREA Coordinator and/or the facility PCM. Only those staff who complete assessments, conduct 14-day follow ups, or who assign housing/programming/education/work assignments are provided access. Interviews with screening staff indicated they are aware that information obtained during the screening process is to remain confidential unless there is a legitimate need to know.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)
2. MDOC PREA Policy 1.1.17

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|  | <ol style="list-style-type: none"> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. PREA Risk Assessment Tool</li> <li>5. PREA Risk Assessment Instructions</li> <li>6. Review of Resident Records - Risk Assessments</li> <li>7. Interview with PREA Coordinator, PREA Compliance Manager, Intake Staff, Staff Responsible for Screening, Random Residents</li> </ol> |
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| <b>115.42</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | <p>115.15(a) - MDOC Policy 1.1.17 states, "Information from the risk assessment for victimization or abusiveness will be provided on a need-to-know basis to individuals who make housing, bed, work, education, and program assignments and used with the goal of keeping separate those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive." PHCF Procedure 1.1.17 reiterates MDOC PREA Policy 1.1.17 concerning access to risk assessment for victimization and abusiveness and will be provided on a need-to-know basis when making housing, bed, work, education, and program assignments.</p> <p>Information from the risk assessments are considered when a final determination of the resident's housing and program assignments are made, to include considerations of adequate staff supervision.</p> <p>115.15(b) - PHCF Procedure 1.1.17 states, "Intake staff will conduct a risk assessment of all residents using an objective screening instrument for victimization or abusiveness within 2 hours of intake into the facility using the PREA risk Assessment. Information obtained during intake screening and subsequent risk assessments shall be used to make housing, bed, program, education, and work assignments for residents on a case-by-case basis with the goal of keeping all residents safe and free from sexual abuse. Using the identification of a resident as gay, bisexual, transgender or intersex (LGBTI) as an indicator of likelihood of being sexually abusive is prohibited, nor shall such residents be placed in particular housing, bed, or other assignments solely on the basis of such identification or status."</p> <p>Screeners may use the bottom of the risk assessment form to document other factors related to aggressive/vulnerability that may be significant, otherwise addressed in the scored questions, that warrant an override. Special circumstances indicated by the resident's behavior, criminal history, needs, or medical/mental health status that have not been addressed adequately and warrant placement in a living unit other than what has been indicated. Staff are instructed to provide the basis for the override. Overrides cannot be completed for a known victim or a known predator.</p> |

115.15(c) - MDOC Policy 1.1.17 states, "In deciding whether to assign a transgender or intersex offender to a facility, and in making other housing and programming assignments, the facility will consider on a case-by-case basis the placement's effect on the offender's safety, whether the placement would present management or security problems, and whether such placement would likely endanger the safety of other offenders."

"A review committee consisting of a qualified health care professional, qualified mental health professional, PREA coordinator, chief legal counsel or designee, and the Montana State Prison and Montana Women's Prison wardens or designees will determine appropriate facility placement of transgender and intersex offenders based on their review of all relevant information.

- The review committee will conduct an individual assessment of each transgender and intersex offender based upon their specific areas of expertise, knowledge, and control.
- This assessment will occur as soon as possible following notification to the Department that a transgender or intersex offender has been committed to a Department secure facility but no later than 30 days after arrival at a facility.
- The review committee may request information or participation from other subject matter experts as needed.
- All documentation, information, and recommendations of the review committee are confidential and will be maintained in a secure location.
- The recommendation for facility placement by the review committee will be given to the Director for final approval."

PHCF did not have an identified transgender or intersex resident from August 1, 2023 to the date of the onsite portion of the audit therefore, a previous assessment conducted in 2022 was reviewed that was held by the Transgender & Intersex Inmate Placement Review Committee.

115.15(d-e) - MDOC Policy 1.1.17 states, "Placement and programming assignments for each transgender or intersex offender will be reassessed at least twice each year to review any threats to safety experienced by the offender. A transgender or intersex offender's own view with respect to his or her own safety will be given serious consideration."

PHCF Procedure 1.1.17 states, "The Mental Health Services Manager (or designee) in conjunction with the unit Program Manager, Unit Manager, and medical, education and vocation staff (as warranted for the individual) will reassess placement and programming assignments for each transgender or intersex resident at least twice each year to review any threats to safety experienced by the resident. A transgender or intersex resident's own view with respect to his or her own safety will be given serious consideration. The completed assessment will be documented in writing by the Mental Health Services Manager (or designee), placed in the residents clinical file and a copy sent to the facility PREA Compliance Manager."

PHCF had no transgender resident at the time of the on-site review. PHCF had not

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|  | <p>housed any other transgender or intersex residents at the facility during the audit review period. The facility PCM was knowledgeable of the requirement to complete six-month reviews of transgender and intersex residents.</p> <p>115.15(f) - MDOC Policy 1.1.17 states, “Transgender and intersex offenders will be given the opportunity to shower separately from other offenders either through physical separation by separate shower stalls, or by time-phasing or scheduling of showers.” PHCF PREA Procedure 1.1.17 reiterates agency policy.</p> <p>PHCF has separate shower stalls with solid doors or shower curtains that prevent both privacy between residents and opposite gender views. Interviews with staff and residents indicated that they can shower separately from others.</p> <p>115.15(g) - MDOC Policy 1.1.17 states, “The department will not place lesbian, gay, bisexual, intersex, or transgender offenders in dedicated facilities, units, or wings solely on the basis of such identification or status.” PHCF Procedure 1.1.17 reiterates agency policy language concerning housing LGBTI inmates in dedicated facilities solely based on such identification.</p> <p>PHCF is not subject to a consent decree, legal settlement, or legal judgment for protecting LGBTI residents, and does not place those residents in dedicated facilities, units, or wings solely based on such identification. Interviews with residents identified as gay, and bisexual indicated that they have not been housed in such a manner and staff were knowledgeable of the prohibition.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Resident File Reviews</li> <li>5. Interviews with PREA Coordinator, PREA Compliance Manager, Screening Staff, Gay &amp; Bisexual Residents, Random Residents</li> </ol> |
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| <b>115.43</b> | <b>Protective Custody</b>                            |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |

115.43(a, c-e) - MDOC Policy 1.1.17 states, "Victims of sexual abuse and offenders at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment of all available alternatives has been made and a determination is made that there is no alternative means of separation. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in segregated housing for up to 24 hours while completing the assessment. The facility will clearly document the basis for the facility's concern for the offender's safety and the reason no alternative means of separation could be arranged. The facility will review each offender placed in segregated housing for protective purposes every 30 days."

PHCF Procedure 1.1.17 states, "Victims of sexual abuse and residents at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment completed by the Mental Health Services Manager (or designee) in consultation with the Chief of Security (or designee) that all available alternatives has been considered, and a determination is made that there is no alternative means of separation. If the facility cannot conduct such an assessment immediately, the facility may hold the resident in segregated housing for up to 24 hours while completing the assessment. The Mental Health Services Manager (or designee) will document in writing the basis for the facility's concern for the resident's safety and the reason no alternative means of separation could be arranged. This document will be routed to the PREA Compliance Manager."

"The facility Mental Health Services Manager (or designee) in conjunction with the unit Program Manager and/or Unit Manager will review each resident placed in segregated housing for protective purposes every 7 days. Weekly reviews, as with the initial justification, for the continuation of segregation or determination to end segregation must be documented in writing and include a statement regarding the basis for concern for the resident's safety and the reason(s) why an alternative means of separation can or cannot be arranged. This document will be routed to the PREA Compliance Manager."

MDOC Policy 3.5.1 states, "For secure care adult facilities, the administrator or shift supervisor may order immediate segregation or placement in a restrictive housing unit when it is necessary to protect the offender or others. The action must be reviewed within 24 hours by the appropriate supervisor."

"Secure adult facilities will maintain a sanctioning schedule for facility rule violations. The administrator, or designee, must review and approve adult offender confinement that continues beyond 30 days. Continuous confinement for more than 30 days requires the review and approval of the administrator or designee."

"The classification committee or other authorized staff group will conduct a status review of offenders in administrative segregation and protective custody every seven (7) days for the first 60 days and at least every 30 days thereafter."

PHCF did not have any residents that were placed in involuntary segregation for high risk of sexual victimization during the onsite portion of the audit or within the previous 12 months leading up to the onsite. PHCF is unique and does not have a

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|  | <p>restrictive housing unit, all housing units are single cell assignments, no double occupancy cells or dormitory housing units. Residents that were interviewed indicated that they have not been placed in involuntary segregation for separation or protection from being sexually victimized.</p> <p>115.43(b) - MDOC Policy 1.1.17 states, "Offenders placed in segregated housing for protective purposes will have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted the facility will document what opportunities have been limited, the duration of the limitation and the reasons for such limitations."</p> <p>PHCF Procedure 1.1.17 states, "Segregated residents will maintain access to legally required educational programming, special education services and receive not less than one hour of large muscle exercise daily."</p> <p>Staff interviewed indicated that they would move the resident or the alleged perpetrator to a different housing unit prior to placing a resident into involuntary segregation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. MDOC Restrictive Housing Policy 3.5.1</li> <li>4. PHCF PREA Procedure 1.1.17</li> <li>5. Resident Housing Documentation</li> <li>6. Interviews with Facility Superintendent, PREA Compliance Manager, Random Residents</li> </ol> |
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| <b>115.51</b> | <b>Inmate reporting</b>                                                                                                                                                                                                                                                                                                                                               |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                  |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                             |
|               | <p>115.51(a) - MDOC Policy 1.1.17 states, "Facilities will provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents."</p> |

PHCF Procedure 1.1.17 states, "Residents who are victims of or have knowledge of sexual abuse or sexual harassment, retaliation by other residents or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents should immediately report the incident by one of the following methods:

- a. report the incident to an employee or service provider, verbally, in writing, anonymously or through a third party;
- b. utilize the 'locked box' formal grievance procedure in accordance with PHCF 3.3.3 Grievance Program;
- c. use the inmate phone system and follow the instructions near the phone to leave a message for the PREA Compliance Manager (or designee)."

Internal and external reporting options are available to residents on the PREA information signs (in English and Spanish) posted throughout the facility. Residents are encouraged to inform any staff person, write any staff person, dial an internal or external telephone number, file a grievance, tell a third party, or write to local law enforcement. Reporting options are listed in the PHCF PREA Resident Brochure that is provided to each resident upon admittance to the facility.

Staff and residents that were interviewed were able to articulate multiple reporting methods.

115.51(b) - MDOC Policy 1.1.17 states, "Facilities must provide at least one way for offenders to report abuse or harassment to a public or private entity that is not part of the department, and that is able to receive and immediately forward any reports from offenders of any sexual abuse or harassment to facility or department officials, allowing the offender to remain anonymous upon request."

PHCF Procedure 1.1.17 outlines the external reporting option to contact an external listed on PREA posters and brochures:

"1) Letters should be sent to: New Mexico Corrections Department, PREA Coordinator, 4337 State Road 14, Santa Fe, NM 87508. 2) The envelope must be marked 'Legal' or 'Privileged'. Residents may ask to remain anonymous in the letter."

MDOC had an agreement with the New Mexico Department of Corrections as an external reporting mechanism between 2020 and 2021. In late 2021, MDOC entered into an agreement with the Nevada Department of Corrections (NDOC) for external reporting. This auditor verified the relationship with NDOC through a signed Memorandum of Understanding that was renewed in June 2023 to July 2024, with options to renew annually, not to exceed 7 years. NDOC did not receive or forward any reports to PHCF from August 1, 2023 through July 31, 2024. PHCF has updated all resident information reflecting this change. Residents were notified of the external reporting option on the PREA signs throughout the facility, and in the PHCF PREA Resident Brochure.

Interviews with random residents indicated they are aware of available reporting

mechanisms. PHCF does not house residents detained solely for civil immigration purposes.

115.51(c) - MDOC Policy 1.1.17 states, “Employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will immediately document any verbal reports.” PHCF Procedure 1.1.17 reiterates agency policy language.

PHCF staff are trained on the expectation to immediately report during PREA-related trainings, as verified by curriculum review. During interviews with random staff and residents indicated that upon receiving a verbal report of sexual abuse or sexual harassment from a resident they would report it immediately to the appropriate supervisor to follow up and investigate.

115.51(d) - MDOC Policy 1.1.17 states, “Employees and service providers may privately report sexual abuse or sexual harassment through their chain of command or by notifying the department PREA coordinator.” PHCF Procedure 1.1.17 reiterates the agency policy language and includes, “Reports made in bad faith, which includes deliberately malicious reports by residents or other parties, will result in disciplinary action and/or criminal charges.”

MDOC established an email address for any individual – staff member or community member or offender. It allows for staff and offenders to privately report outside of their chain of command. The email address, CORPREAReporting@mt.gov, is monitored by the agency PREA Coordinator and the Department Quality Assurance Director. The email address is noted on the agency’s website at PREA (mt.gov).

PHCF staff, volunteers, and contractors can also report sexual abuse and sexual harassment privately to any supervisor. Interviews with staff and contractors did not indicate that any person had concerns with regards to private reporting mechanisms and all stated that they felt comfortable reporting.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)
2. MDOC PREA Policy 1.1.17
3. PHCF PREA Procedure 1.1.17
4. MDOC Government Website
5. MOU Nevada DOC & Montana DOC External Reporting Agreement
6. PHCF Comprehensive Incident Report (CIR)
7. Onsite Review & Facility Postings
8. Resident PREA Brochure
9. Interview with PREA Compliance Manager, Random Staff & Residents

| 115.52 | Exhaustion of administrative remedies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
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|        | <p data-bbox="256 185 959 219"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="256 264 544 297"><b>Auditor Discussion</b></p> <p data-bbox="256 342 1481 544">115.52(a) - MDOC and PHCF is not exempt from this standard. They have administrative procedures to address inmate grievances regarding sexual abuse. PHCF residents are notified they may use the “locked box” formal grievance program as a reporting mechanism. While onsite, this auditor observed locked grievance boxes in each housing unit.</p> <p data-bbox="256 577 1469 779">115.52(b-c) - MDOC Policy 3.3.3 states, “Offenders alleging sexual abuse must not be required to use an informal grievance system nor must they be required to resolve such a grievance with staff or submit the grievance to the staff member who is the subject of the complaint and the grievance will not be referred to the staff member who is the subject of the complaint.”</p> <p data-bbox="256 813 1453 936">"There will be no time limit placed on the filing of a grievance alleging sexual abuse. Applicable time limits may be applied to any portion of a grievance that does not allege an incident of sexual abuse."</p> <p data-bbox="256 969 919 1003">PHCF Procedure 3.3.3 reiterates agency policy.</p> <p data-bbox="256 1037 1449 1283">There were no grievances alleging sexual abuse or sexual harassment received by the facility or did not deny any grievances of this nature due to a time limitation during the audit review period. Interview with the grievance officer indicated they were knowledgeable of how to process grievances related to sexual abuse or sexual harassment. Interviews with residents indicated they have not filed a grievance alleging sexual abuse or sexual harassment.</p> <p data-bbox="256 1317 1469 1485">115.52(d) - MDOC Policy 3.3.3 states, “A final decision on the merits of any portion of a grievance alleging sexual abuse must be issued within 90 days of the initial filing of the grievance. This does not include time consumed by the offender in preparing any appeals.”</p> <p data-bbox="256 1518 1465 1686">"If the 90-day time for response is insufficient to make an appropriate decision an extension of up to 70 days may be allowed to respond. The offender must be notified in writing of any such extension and provided a date by which a decision will be made."</p> <p data-bbox="256 1720 1477 1877">"At any level of the process, including the final level, if the offender does not receive a response within the time allotted for reply, including any properly noticed extension, the offender may consider the absence of a response to be a denial at that level."</p> <p data-bbox="256 1910 1469 2078">There were no grievances alleging sexual abuse or sexual harassment received by the facility during the audit review period. An interview with the grievance coordinator indicated they were knowledgeable of timelines related to the processing of grievances. There were no identified residents who indicated they had filed a</p> |

grievance alleging sexual abuse or sexual harassment.

115.52(e) - MDOC Policy 3.3.3 states, "Third parties are permitted to assist offenders in filing requests for administrative remedies relating to allegations of sexual abuse, and are permitted to file such requests on behalf of an offender, with the following exceptions:

- adult offenders must give permission for the third party to file requests and must personally pursue any subsequent steps in the grievance process;
- if the alleged victim is a juvenile a parent or legal guardian is allowed to file a grievance, including appeals, on behalf of the juvenile without the agreement of the juvenile;
- if the alleged victim is a juvenile and the third party is not a parent or legal guardian, the facility may require the juvenile to agree to have the request filed on his or her behalf and may require the juvenile to personally pursue any subsequent steps in the grievance process;
- if the offender declines to have the request processed on his or her behalf the facility will document the offender's decision."

There were no PREA-related grievances filed by a third party during the audit review period. An interview with the grievance officer indicated they were knowledgeable of the ability for third parties to file or assist with filing grievances related to sexual abuse.

115.52(f) - MDOC Policy 3.3.3 states, "Procedures must provide clear information and direction to offenders and staff on the use of emergency grievances to include the following:

- the basis of what constitutes emergency grievances;
- the options offenders have for reporting emergency grievances e.g., verbally or in writing to any staff member;
- the stipulation that emergency grievances will receive immediate attention and corrective action and be verified for offender safety and their legitimacy without undue delay; and
- that such grievances will be expeditiously channeled to the appropriate administrator or resources where action can be taken.:

There were no emergency PREA-related grievances filed during the audit review period.

115.52(g) - MDOC Policy 1.1.17 states, "Reports made in bad faith, which includes deliberately malicious reports by offenders or other parties, will result in disciplinary action and/or criminal charges." PHCF Procedure 1.1.17 reiterates agency policy.

The PHCF PREA Resident Brochure states, "Staff members take reports of abuse very seriously. If you choose to make a false report of sexual abuse or harassment against anyone, it will be discovered. Anyone making a false report will be held accountable. This includes loss of privileges and possibly new criminal charges. Our goal is to

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|  | <p>provide residents the safest environment possible. Being honest in what you say and do is a big part of keeping Pine Hills safe for everyone.”</p> <p>PHCF did not discipline any residents for filing a PREA-related grievance in bad faith during the audit review period.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Grievance Policy 3.3.3</li> <li>5. PHCF Grievance Procedure 3.3.3</li> <li>6. PHCF PREA Brochure</li> <li>7. Interviews with PREA Coordinator, Grievance Officer, Random Residents</li> </ol> |
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| 115.53 Inmate access to outside confidential support services |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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|                                                               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                                               | <p><b>Auditor Discussion</b></p> <p>115.53(a-c) - MDOC Policy 1.1.17 states, “Each facility will provide all offenders with access to outside victim advocates for emotional support services related to sexual abuse by giving offenders mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. The facility will enable reasonable communication between offenders and these organizations in as confidential a manner as possible. The facility will inform offenders, 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.” PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>MDOC has a written and signed Memorandum of Understanding (MOU) with the Custer Network Against Domestic Abuse (CNADA). The MOU was executed on May 27, 2021 and amended renewal in February 2023 to March 2024. The MOU may be renewed through mutual agreement for a period not to exceed six additional years. Through the agreement, CNADA provides an advocate to accompany and support victims of sexual abuse through the forensic medical examination and investigatory interview processes, as requested by the victim via MDOC, if available. CNADA will provide emotional support services, to include crisis intervention, information, and</p> |

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|  | <p>referral. These services may be conducted by mail, in person, or by telephone.</p> <p>After a reported experience of sexual abuse or upon request, residents are provided with the Advocate brochure "Your Helping Hand". The form outlines the assistance available from the community's local sexual assault service provider.</p> <p>This auditor verified the services provided to PHCF by CNADA through MOU and an interview with a CNADA advocate. Interviews with random and specialized residents revealed they were aware of CNADA and services available to them.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Memorandum of Understanding with CNADA</li> <li>5. CNADA Brochure "Your Helping Hand"</li> <li>6. Interviews with PREA Compliance Manager, CNADA Victim Advocate, Random Residents, Residents who Reported Sexual Abuse</li> </ol> |
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| 115.54 | Third-party reporting                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|        | <p><b>Auditor Discussion</b></p> <p>115.54 - MDOC Policy 1.1.17 states, "Employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will immediately document any verbal reports." PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>MDOC has an email address, CORPREAReporting@mt.gov as a reporting mechanism for any individual, staff member, community member, or offender. It allows to private reporting of sexual abuse and sexual harassment allegations. The email is monitored by the agency PREA Coordinator and the Department Quality Assurance Director. In addition to the email addresses for reporting, the phone number and mailing address for the PREA Coordinator is noted. This information is readily available on the agency's website at <a href="http://cor.mt.gov/PREA">http://cor.mt.gov/PREA</a>.</p> <p>Conclusion:</p> |

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|  | <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. MDOC PREA postings</li> <li>4. MDOC Website</li> </ol> |
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| <b>115.61</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | <p><b>Auditor Discussion</b></p> <p>115.61(a) - MDOC Policy 1.1.17 states, "Department employees and service providers will report immediately 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 department; retaliation against offenders or employees who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."</p> <p>PHCF Procedure 1.1.17 states, "Employees and service providers will immediately report any knowledge, suspicion, or information they receive regarding an incident of any type of abuse or harassment to the Superintendent (or designee) and PREA Compliance Manager. Staff will immediately report to the Superintendent (or designee) and facility PREA Compliance Manager (or designee) any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment at Pine Hills or while the resident was confined in another facility; retaliation against residents or employees who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation."</p> <p>"Employees are mandatory reporters and must report abuse according to state abuse reporting laws."</p> <p>PHCF staff are trained on the expectation to immediately report, this was verified by reviewing PREA training material. During interviews with random staff and residents, it became clear that upon receiving a verbal report of sexual abuse or sexual harassment from a resident they would immediately report the allegation in writing.</p> <p>115.61(b) - MDOC Policy 1.1.17 states, "Apart from reporting to designated supervisors or officials, employees and service providers will not reveal 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</p> |

decisions.”

PHCF Procedure 1.1.17 states, “Apart from reporting to designated supervisors and officials, employees and service providers will not reveal any information related to an instance or report of sexual abuse or sexual harassment to anyone other than those with a bona-fide need to know in order to make treatment, investigation and other security or management decisions required to ensure the welfare and safety of residents.”

Interviews with random staff indicated that they are aware of the responsibility to keep information received concerning an allegation of sexual abuse and sexual harassment confidential and only given those who need to know.

115.61(c) - MDOC Policy 1.1.17 states, "Unless otherwise precluded by law, medical and mental health practitioners will report sexual abuse according to facility procedures and will inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services." PHCF Procedure 1.1.17 reiterates agency policy.

MDOC medical and mental health staff are required to report information regarding sexual abuse and sexual harassment. MDOC residents sign a Disclosure & Consent for Services form prior to receiving services that states medical and mental health staff will report if residents disclose that they have been sexually assaulted or harassed by other residents or staff. The form states, "Health Services staff are obligated to break confidentiality and report any threat of harm to yourself or others, child abuse, elder abuse, sexual abuse, or threat of escape.”

Interviews with medical and mental health staff indicated that they are aware the responsibility.

115.61(d) - MDOC Policy 1.1.17 states, “If the alleged victim is under the age of 18, the administrator, or designee, must report the allegation to:

- the Director or Deputy Director immediately upon receipt of the allegation; and
- the Department of Public Health and Human Services in accordance with 41-3-201, MCA."

"If the alleged victim is at least 60 years old or is a person with a developmental disability, the administrator, or designee, must report the allegation to the Department of Public Health and Human Services in accordance with 52-3-811, MCA.”

PHCF Procedure 1.1.17 states, “If the alleged victim is a resident (under the age of 18): upon receiving any allegation of sexual abuse, the Superintendent, or designee, must report the allegation to:

- the DOC Director or Deputy Director;
- the Department of Public Health and Human Services in accordance with

41-3-201, MCA.

- the Superintendent (or designee, normally the assigned caseworker or designated mental health staff) shall:
  - promptly report the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified.
  - if the alleged victim is under the guardianship of the child welfare system, the report shall be made to the alleged victim's caseworker instead of the parents or legal guardians.
  - if a juvenile court retains jurisdiction over the alleged victim, the Superintendent (or designee) shall report the allegation to the youth's attorney or other legal representative of record within 14 days of receiving the allegation.
- All reports made under this section will be documented in writing. The report will include at a minimum, the date and time of notification and the contact's name. Completed reports shall be forwarded to the facility PREA Compliance Manager.
- If the alleged victim is at least 60 years old or is a person with a developmental disability, the Superintendent (or designee) must report the allegation to the Department of Public Health and Human Services in accordance with 52-3-811, MCA. This report shall be documented in writing. The report will include at a minimum, the date and time of notification and the contact's name. Completed reports shall be forwarded to the facility PREA Compliance Manager."

This auditor reviewed one report made on behalf of a youthful resident, this was the only report of this nature made during the review period.

115.61(e) - MDOC Policy 1.1.17 states, "Reports of sexual abuse or sexual harassment by an employee, service provider, or offender will be forwarded to the Office of Investigations, facility PREA compliance manager and the Department PREA coordinator within one business day."

PHCF Procedure 1.1.17 states, "Reports of sexual abuse or sexual harassment by an employee, service provider, or resident will be immediately forwarded to the Superintendent (or designee), and PREA Compliance Manager. The Superintendent (or designee) will ensure the Office of Investigations, and the Department PREA Coordinator are notified within one business day. Any employee or service provider who fails to report an allegation, or coerces or threatens another person to submit inaccurate, incomplete, or untruthful information may face dismissal or other disciplinary action."

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

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|  | <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. MDOC PREA Training</li> <li>4. Disclosure &amp; Consent for Services</li> <li>5. Mandatory Report made on behalf of youthful residents</li> <li>6. PHCF PREA Procedure 1.1.17</li> <li>7. Interviews with Facility Superintendent, PREA Coordinator, Random Staff, Medical &amp; Mental Health Staff</li> </ol> |
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| <b>115.62</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | <p>115.62(a) -</p> <p>(a) MDOC Policy 1.1.17 states, “Administrators, or designees, will immediately respond to allegations of sexual abuse and sexual harassment, fully investigate reported incidents, pursue disciplinary action, and refer for investigation those who violate the requirements set forth in this policy.”</p> <p>PHCF Procedure 1.1.17 inclusive of first responder duties, states , “Document the situation in compliance with this procedure, including the date/time the staff learned the resident is subject to a substantial risk of imminent sexual abuse and the amount of time that passed before enacting protective measures.”</p> <p>PHCF reported that they have had no instances in the previous 12 months of determining that an inmate was at risk of imminent sexual abuse. PHCF Superintendent and PREA Compliance Manager confirmed in interviews that housing alternatives are always available to ensure protection of inmates at risk of imminent sexual abuse. Random staff interviews verified that they would notify their supervisor of the situation and submit a written report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> </ol> |

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|  | <ol style="list-style-type: none"> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Interviews with PREA Compliance Manager, Random Staff</li> </ol> |
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| <b>115.63</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|               | <p>115.63(a-d) - MDOC Policy 1.1.17 states, "Allegations that an offender was sexually abused while at another facility must be reported by the administrator to the administrator of the facility where the abuse occurred as soon as possible but no later than 72 hours after the initial report. For allegations involving a resident of a juvenile facility the administrator will also notify the appropriate investigative agency. Notifications will be documented."</p> <p>PHCF Procedure 1.1.17 reiterates agency policy to include, "When a report is made by phone the date and time will be documented and a supplemental written notice mailed to the administrator where the abuse occurred." Further the policy states, "Written documentation of the call and a copy of the written notice will be routed to the PREA Compliance Manager."</p> <p>PHCF reported that they received (2) reports from residents that they were sexually abused while housed at another facility. PHCF utilizes SharePoint to document information for reporting to other confinement facilities, this auditor reviewed documentation that verified notification to those specific facilities within the required time limits by the facility head. Additionally, PHCF received (2) reports from other agencies concerning sexual abuse allegations that occurred in PHCF. These reports were investigated per departmental and facility policy. Interviews with the Superintendent, PREA Compliance Manager, and Investigative staff indicated that they are knowledgeable concerning their responsibility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Facility Report Emails</li> </ol> |

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|  | 5. Sample of SharePoint Documentation of Reports<br>6. Investigation Files<br>7. Interviews with Facility Superintendent, PREA Compliance Manager, Investigative Staff |
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| <b>115.64</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|               | <p>115.64(a) - MDOC Policy 1.1.17 states, "Upon learning of an allegation that an offender was sexually abused, the first security staff to respond to the report will:</p> <ul style="list-style-type: none"> <li>• separate the alleged victim and alleged perpetrator;</li> <li>• preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in accordance with DOC 3.1.28 Crime Scene and Physical Evidence Preservation;</li> <li>• if the abuse allegedly occurred within a time period that allows for the collection of physical evidence, typically 72 hours, request that the alleged victim and ensure that the alleged abuser not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating."</li> </ul> <p>"If the first employee or service provider to learn of an allegation that an offender was sexually abused is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify security staff."</p> <p>"Each facility will maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among employee and service provider first responders, medical and mental health practitioners, investigators, and facility leadership."</p> <p>PHCF Procedure 1.1.17 states, "Upon learning of an allegation that a resident was sexually abused, the first security staff to respond to the report will follow and complete the First Responder Checklist which includes the following:</p> <ul style="list-style-type: none"> <li>• separate the alleged victim and alleged perpetrator;</li> <li>• intervene on the victim's behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide;</li> <li>• preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, in accordance with DOC 3.1.28 Crime Scene and</li> </ul> |

Physical Evidence Preservation;

- if the abuse allegedly occurred within a time period that allows for the collection of physical evidence, typically 72 hours, request that the alleged victim and ensure that the alleged abuser do not take any actions that could destroy physical evidence such as washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating."

PHCF's PREA First Responder checklist ensures nothing is missed when staff responds to reports of sexual abuse and sexual harassment allegations, this also includes documentations of actions taken. The checklist has the staff "request" that the alleged victim and "ensure" the alleged perpetrator not any actions that would destroy physical evidence. The policy and checklist states that the evidence collection period is typically within 72-hours after an incident of sexual abuse.

115.64(b) - MDOC Policy 1.1.17 states, "If the first employee or service provider to learn of an allegation that an offender was sexually abused is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify security staff."

PHCF Procedure 1.1.17 states, "If the first employee or service provider to learn of an allegation that a resident was sexually abused is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim's safety, and immediately notify the Chief of Security, Security Unit Shift Supervisor (or designee)."

The Comprehensive PREA Training also outlines the first responder duties and actions for staff.

Review PREA investigation files confirmed that the PREA Checklist and PREA procedure for allegations were properly followed and completed. Interviews with residents who reported sexual abuse, and staff indicated that staff is aware of the procedures and their responsibilities as first responders.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)\
2. MDOC PREA Policy 1.1.17
3. PHCF PREA Procedure1.1.17
4. PHCF USS Security PREA Response and Containment Checklist
5. PREA Training Material
6. Interviews with Random Staff, First Responders, Residents who Reported

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|  | Sexual Abuse |
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| <b>115.65</b> | <b>Coordinated response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|               | <p>115.65(a) - MDOC Policy 1.1.17 states, “Each facility will maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among employee and service provider first responders, medical and mental health practitioners, investigators, and facility leadership.” PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>The PHCF PREA Coordinated Facility Response Plan was developed and based upon the National Protocol for Sexual Assault Medical Forensic Examinations-Adults/Adolescents, second edition, April 2013, MDOC policies, PREA Standards, and the National Institute of Corrections (NIC) PREA Investigators, Medical and Mental Health Trainings. The facility plan coordinates staff actions taken in response to incidents of sexual abuse amongst first responders, medical and mental health practitioners, investigators, and facility leadership to ensure compliance with PREA standards. PHCF last revised their facility-specific plan on April 6, 2021. Interviews with the Superintendent and facility staff confirmed that they are aware of the coordinated response in place at the facility.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. PHCF PREA Coordinated Facility Response Plan Updated April 6, 2021</li> <li>5. Interviews with Facility Superintendent, Random Staff</li> </ol> |

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| <b>115.66</b> | <b>Preservation of ability to protect inmates from contact with abusers</b> |
|               | <b>Auditor Overall Determination:</b> Meets Standard                        |

## Auditor Discussion

115.66(a) - MDOC Policy 1.1.17 states, "The department will not enter into or renew any collective bargaining agreement or other agreement that limits the department's ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted." PHCF Procedure 1.1.17 reiterates agency policy.

The Agreement with Montana Federation of Public Employees DOC Consortium (Union) states in Article 3 Management Rights:

"Section 1. The employer retains the rights to manage, direct, and control functions in all particulars except as limited by the terms of this Agreement, or state law. Such rights shall include but not be limited to:

- Subsection 3. Assign work to employees in accordance with the requirements of the institution as determined by the Employer;
- Subsection 4. Establish rules, regulations, and procedures, lay-off, suspension, termination, or other employment actions;
- Subsection 5. Make and enforce reasonable rules for the maintenance of discipline;
- Subsection 6. Establish work schedules and assignments.

Section 2. It is agreed and understood that the Employer has the right and duty to formulate, modify, and enforce rules, regulations, and procedures in support of the above management rights. All rules, regulations, and policies of the Department in existence as of the ratification of this contract shall remain in full force and effect, provided that such rules, regulations, and policies are not in conflict with the express terms of this Agreement."

There is nothing in the contract that prevents the agency's ability to remove alleged staff sexual abusers from contact with any resident. Interviews with the Agency Head and facility Superintendent confirmed that involuntary actions related to the removal and reassignment of staff is within their authority.

115.66 (b) - Auditor is not required to audit this provision.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)
2. MDOC PREA Policy 1.1.17
3. PHCF PREA Procedure 1.1.17

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|  | <ol style="list-style-type: none"> <li>4. Agreement with MDOC and Montana Federation of Public Employees DOC Consortium</li> <li>5. Administrative Leave Notice Union &amp; Non-Union</li> <li>6. Interviews with Agency Head, Facility Superintendent</li> </ol> |
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| <b>115.67</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|               | <p>115.67(a-e) - MDOC Policy 1.1.17 states, "The Department will not tolerate retaliation against offenders, employees, or other parties for reporting sexual abuse or sexual harassment or cooperating with an investigation. Individuals that retaliate against any offender or witness are subject to disciplinary action."</p> <p>"Employees who report sexual abuse or sexual harassment of an offender will not be subjected to retaliation by anyone within or outside of their chain of command in accordance with DOC Policy 1.3.2 Employee Performance and Conduct."</p> <p>"Facilities will employ multiple protective measures, such as transfers or removals to separate victims from abusers, and emotional support services."</p> <p>"The facility will monitor, for at least 90 days, the conduct and treatment of offenders and employees who reported sexual abuse or sexual harassment and offenders who were reported to have suffered sexual abuse or sexual harassment to prevent retaliation. Monitoring will continue beyond 90 days if there is a continuing need."</p> <p>"Monitoring will include reviewing any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of employees. For offenders, monitoring will also include periodic status checks."</p> <p>"If the offender is transferred from on Department facility to another Department facility during his or her monitoring, the transferring facility will notify the receiving facility of the offender's monitoring status and the receiving facility will continue the monitoring for the remainder of the 90 days, or beyond if there is a continuing need."</p> <p>PHCF PCM reported that monitoring for retaliation is assigned to (3) specific caseworkers (residents), two for adult and one for youth, another staff member from human resources also is an assigned staff member that conducts monitoring (staff). The PCM reviews all reports for validity and forwards the allegation to the investigations manager for review, the assignment for monitoring is then sent to the respective caseworker of the victim/witness and continues for the minimum 90 days unless the investigation is determined to be unfounded. MDOC utilizes a computer generated system for investigations and the PCM generates a spreadsheet to ensure that all monitoring is being conducted and on track.</p> |

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|  | <p>Interviews with the monitors indicated that they were knowledgeable on their responsibilities and duties to monitor and report any changes to the PCM. Interviews with the agency head's designee and the facility PCM indicated there are multiple protective measures that can be taken for staff or residents who express fear of retaliation. Change in job assignment, shift, or transfer to another facility can be done for staff. They can conduct a unit move, change in programming or work assignment, to include a possible transfer to another facility for residents. Interviews also affirmed the zero-tolerance for retaliation and staff are knowledgeable on the responsibilities and duties to monitor for retaliation.</p> <p>The facility PCM stated that PHCF did not receive any allegations of retaliation during the audit period. documents in investigative files did not reveal any allegations of retaliation.</p> <p>115.67(f) - MDOC Policy 1.1.17 states, "The facility's obligation to monitor retaliation may be terminated if the allegation is determined to be unfounded."</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Retaliation Monitoring Tracking Log</li> <li>5. Retaliation Monitoring Instructions</li> <li>6. Retaliation Monitoring Samples</li> <li>7. Review of Investigative Files</li> <li>8. Interview with Agency Head, Facility Superintendent, PREA Compliance Manager, Staff charged with Monitoring Retaliation</li> </ol> |
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| <b>115.68</b> | <b>Post-allegation protective custody</b>                                                                                                                                                                                                                                                                                                                                                                                                  |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                       |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                  |
|               | <p>115.68(a) - MDOC Policy 1.1.17 states, "Victims of sexual abuse and offenders at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment of all available alternatives has been made and a determination is made that there is no alternative means of separation. If a facility cannot conduct such an assessment immediately, the facility may hold the offender</p> |

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|  | <p>in segregated housing for up to 24 hours while completing the assessment. The facility will clearly document the basis for the facility's concern for the offender's safety and the reason no alternative means of separation could be arranged. The facility will review each offender placed in segregated housing for protective purposes every 30 days."</p> <p>"Offenders placed in segregated housing for protective purposes will have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted the facility will document what opportunities have been limited, the duration of the limitation and the reasons for such limitations."</p> <p>PHCF Procedure 1.1.17 states, "Victims of sexual abuse and residents at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment completed by the Mental Health Services Manager (or designee) in consultation with the Chief of Security (or designee) that all available alternatives has been considered, and a determination is made that there is no alternative means of separation. If the facility cannot conduct such an assessment immediately, the facility may hold the resident in segregated housing for up to 24 hours while completing the assessment. The Mental Health Services Manager (or designee) will document in writing the basis for the facility's concern for the resident's safety and the reason no alternative means of separation could be arranged. This document will be routed to the PREA Compliance Manager."</p> <p>PHCF does not have restrictive or segregated housing. The facility PREA Compliance Manager reported that PHCF did not use any form of isolated housing to protect a resident who was alleged to have suffered sexual abuse during the audit period. This auditor interviewed one youthful residents who reported sexual abuse; none of them indicated they had been placed in isolation due to their report.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Restrictive Housing Policy 3.5.1</li> <li>5. Interviews with facility Superintendent, PREA Compliance Manager, Residents who Reported Sexual Abuse</li> </ol> |
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| <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <p>115.71(a) - MDOC Policy 1.1.17 states, "All reported incidents of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. Criminal investigations will be conducted by either the LEAJ or by the Department's Office of Investigations in accordance with DOC Policy 3.1.19 Investigations."</p> <p>MDOC Policy 3.1.19 General Requirements states, "Department employees must: a. report immediately, in writing, any received information or personal knowledge regarding sexual abuse or sexual harassment of an offender or any crime to their supervisor or the Office of Investigations."</p> <p>Further, the policy states, "Investigators must: a. conduct prompt, thorough, fair and objective criminal investigations and exercise professionalism during an investigation."</p> <p>PHCF Procedure 1.1.17 states, "Reported incidents of sexual abuse and sexual harassment will be investigated. Criminal investigations will be conducted by the Law Enforcement Agency of Jurisdiction or Department's Office of Investigations in accordance with DOC Policy 3.1.19 Investigations."</p> <p>Interviews with investigative staff confirmed that an investigation is immediately started when there is an allegation of sexual abuse or sexual harassment. When there is an anonymous or third-party report, investigative staff handles appropriately.</p> <p>115.71(b) - MDOC Policy 1.1.17 states, "Investigations of offender sexual abuse or sexual harassment will be conducted by Department employees who have received specialized training in conducting sexual abuse and sexual harassment investigations in a confinement setting."</p> <p>"Employees who conduct sexual abuse investigations will receive additional training in conducting such investigations in confinement settings, to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral."</p> <p>"All training will be documented, through signature or electronic verification, showing acknowledgement that the employee, volunteer, or service provider received and understood the training. For comprehensive training, staff will use the Comprehensive PREA Training Acknowledgment."</p> <p>PHCF Procedure 1.1.17 states, "Investigations of resident sexual abuse or sexual harassment will be conducted by Department employees who have received specialized training in conducting sexual abuse and sexual harassment investigations in a confinement setting. a. Individuals assigned to conduct administrative investigations of employees will work in cooperation with Human Resources and be trained in all specialized investigative training topics relevant to confined settings,</p> |

sexual abuse and interviewing youth."

MDOC Policy 3.1.19 states, "Investigators must: d. employ sound investigative techniques in accordance with state and federal law, Department rules, policies and procedures."

Facility and agency investigators may conduct administrative investigations. Investigations involving potentially criminal behavior are referred to one of three agency investigators. Agency investigators complete National Institute of Corrections training in PREA: Investigating Sexual Abuse in a Confinement Setting and PREA: Investigating Sexual Abuse in a Confinement Setting: Advanced Investigations. MDOC created a third training for investigators that is regularly updated. The training includes instruction on interviewing sexual abuse victims, the proper use of Miranda and Garrity warnings, evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral.

Review of training records confirmed that investigators received specialized training in sexual abuse investigations in all required subject matters. Interviews with investigative staff affirmed that they received specialized training and are highly knowledgeable in completing PREA related investigations.

115.71(c) - MDOC Policy 1.1.17 states, "Investigators will gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data. Investigators will interview alleged victims, suspected perpetrators, and witnesses and will review prior complaints and reports of sexual abuse involving the suspected perpetrator." PHCF Procedure 1.1.17 reiterates agency policy.

Interviews with investigative staff indicated they are knowledgeable on evidence collection, interviewing and interrogation techniques and the requirement to review prior reports of sexual abuse involving the alleged perpetrator.

115.71(d) - MDOC Policy 1.1.17 states, "When the quality of evidence appears to support criminal prosecution, compelled interviews will only be conducted after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution." PHCF Procedure 1.1.17 reiterates agency policy.

Interviews with investigative staff indicated they do not conduct compelled interviews unless they have consulted with the local prosecutor.

115.71(e) - MDOC Policy 1.1.17 states, "The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and will not be determined by the person's status as an inmate or employee." PHCF Procedure 1.1.17 reiterates agency policy.

Interviews with investigative staff indicated that they treat any alleged victims fairly and do not discriminate or have a bias based on the resident or staff's status during

an investigation. additionally, they do not require alleged victims to submit to a polygraph or other truth-telling device as a condition for investigation.

115.71(f-g) - MDOC Policy 1.1.17 states, "Administrative investigations will include an effort to determine whether employee actions or failures to act contributed to abuse."

"All investigations will be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings."

"Investigative materials including, but not limited to incident reports, statements, and investigative reports will be stored in a criminal or administrative investigative case file. Criminal investigative case files must be submitted to the Investigations Manager. Administrative investigative case files must be submitted to the PREA compliance manager and the PREA coordinator."

PHCF Procedure 1.1.17 states, "The Office of Investigations will forward reports that do not rise to the level of a criminal investigation to the PREA Compliance Manager and/or the appropriate administrator, or designee, to open and administrative investigation. For cases involving employees, the Office of Investigations will also notify the Human Resources."

"All allegations of sexual abuse or sexual harassment that are criminally investigated will also be administratively investigated. The administrative investigation will begin when the Office of Investigations determines that the administrative investigation will not interfere with the criminal investigation."

Interviews with investigative staff indicated they are knowledgeable on report writing requirements and conducting credibility assessments.

115.71(h) - MDOC Policy 1.1.17 states, "Conduct that appears to be criminal will be referred by the Office of Investigations for prosecution." PHCF Procedure 1.1.17 reiterates agency policy.

Interviews indicated that all investigations are documented in writing and that all cases that appear to be criminal are referred for prosecution. In the past 12 months, PHCF did not have a substantiated case of sexual abuse. Investigation files were reviewed and confirmed that investigations include an effort to determine whether staff actions or failures to act may have contributed to the abuse, description of physical and testimonial evidence, reasoning behind credibility of statements, and investigative facts and findings.

115.71(i) - MDOC Policy 1.1.17 states, "All administrative and criminal investigation written reports will be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years."

PHCF Policy 1.1.17 reiterates agency policy to include, "Investigative materials including, but not limited to incident reports, statements, and investigative reports will be stored in a criminal or administrative designated investigative case file. Investigative case files must be submitted to the Investigations Manager or

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|  | <p>designee, the PREA Compliance Manager, and the PREA Coordinator.</p> <p>115.71(j) - MDOC Policy 1.1.17 states, "The departure of the alleged abuser or victim from the employment or control of the facility or department will not provide a basis for terminating an investigation."</p> <p>PHCF Policy 1.1.17 reiterates agency policy to include, "Regardless of the source, reports of potential sexual abuse and sexual harassment will be investigated in complete accordance with PREA standards and investigation shall not be terminated because the source of the allegation recants, or because the focus of the investigation is released from custody or leaves employment with the facility or Department."</p> <p>115.71(k) - Auditor is not required to audit this provision.</p> <p>115.71(l) - MDOC Policy 1.1.17 states, "If an outside agency investigates sexual abuse, the facility will cooperate with outside investigators and will endeavor to remain informed about the progress of the investigation." PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Investigations Policy 3.1.19</li> <li>5. Review of Investigative Files</li> <li>6. Review of Investigator training certifications</li> <li>7. Interviews with Investigative Staff, PREA Coordinator, PREA Compliance Manager, Facility Superintendent, Residents who Reported Sexual Abuse</li> </ol> |
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| <b>115.72</b> | <b>Evidentiary standard for administrative investigations</b>                                                                                                                                                                                  |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                           |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                      |
|               | 115.72(a) - MDOC Policy 1.1.17 states on page 13, "Investigators will not use a standard higher than preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative |

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|  | <p>investigations.” PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>Auditor review of documentation of standard of proof used in investigative findings followed the standard. PREA investigative file reviews and interviews with investigative staff and the facility Superintendent verified that the same level of standard is used in substantiating a sexual harassment or sexual abuse allegation.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Review of Investigative files</li> <li>5. Interviews with facility Superintendent, Investigative Staff</li> </ol> |
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| 115.73 | Reporting to inmates                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
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|        | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|        | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|        | <p>115.73(a-b) - MDOC Policy 1.1.17 states, “Following an investigation into an offender’s allegation of sexual abuse or sexual harassment in a facility, the facility will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p>“If the investigation is conducted by a LEAJ, the Department will request relevant information from the LEAJ in order to inform the offender.”</p> <p>PHCF Procedure 1.1.17 states, “Following an investigation into a resident’s allegation of sexual abuse or sexual harassment in the facility, the PREA Compliance Manager (or designee) will inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <p>“If the investigation is conducted by a LEAJ, the PREA Compliance Manager (or designee) will request relevant information from the LEAJ in order to inform the resident.”</p> <p>MDOC and PHCF notify residents in a form of a letter. The information on the form includes the victim’s name, DOC identification number, case number, the type of</p> |

allegation, incident date, and the outcome of the allegation.

Interviews with the PREA Coordinator, PCM, and investigative staff indicated they would obtain the appropriate information from investigative agencies to inform residents when necessary. MDOC investigative staff from central office conduct criminal investigations while facility investigators conduct administrative investigations. This auditor verified documentation of such notification. Interviews with two residents who reported sexual abuse acknowledged being informed of investigational outcomes.

115.73(c-d) - MDOC Policy 1.1.17 states, "Following an offender's allegation that an employee or service provider has committed sexual abuse against the offender, the facility will inform the offender, unless the allegation is unfounded, whenever:

- The employee or service provider is no longer posted within the offender's unit;
- The employee or service provider is no longer employed at the facility;
- The department learns that the employee or service provider has been indicted on a charge related to sexual abuse within the facility; or
- The department learns that the employee or service provider has been convicted on a charge related to sexual abuse within the facility."

"Following an offender's allegation that he or she has been sexually abused by another offender, the facility will inform the alleged victim whenever:

- The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within a facility."

MDOC and PHCF utilize a form letter to make notifications to residents. The letter includes checkboxes to indicate if the alleged staff member is no longer posted in the resident's assigned living unit; is no longer employed at the facility; has been indicted on a charge related to sexual abuse within the facility; has been convicted on a charge related to sexual abuse within the facility; the alleged inmate was indicted on a charge related to sexual abuse within the facility; if the inmate was convicted on a charge related to sexual abuse within the facility; and if the inmate victim was released from the Department's custody. The form require signatures from the resident that is being served the notice and the staff conducting the notification. PHCF did not have to make any such notifications during the audit review period.

115.73(e) - MDOC Policy 1.1.17 states, "All such notifications or attempted notifications will be documented."

PHCF Procedure 1.1.17 reiterates agency policy, and requires the notification be documented by the PREA Compliance Manager.

115.73(f) - Auditor is not required to audit this provision.

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|  | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. PREA Findings Letter</li> <li>5. PREA Status Letter</li> <li>6. Review of Investigative files</li> <li>7. Interviews with PREA Compliance Manager, Investigative Staff, Residents who Reported Sexual Abuse</li> </ol> |
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| <b>115.76</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|               | <p><b>Auditor Discussion</b></p> <p>115.76(a-b, d) - MDOC Policy 1.1.17 states, "Employees will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse."</p> <p>"All terminations for violations of department sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies."</p> <p>PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>PHCF did not have any substantiated cases of staff/resident sexual abuse during the audit period.</p> <p>115.76(c) - MDOC Policy 1.1.17 states, "Disciplinary sanctions for violations of Department policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) will be commensurate with the nature and circumstances of the acts committed, the employee's disciplinary history, and the sanctions imposed for comparable offenses by other employees with similar histories." PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>Interviews with MDOC and PHCF leadership verified procedure and process which</p> |

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|  | <p>affirms compliance with this standard.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Review of Investigative files</li> <li>5. interviews with Agency Head/Designee, PREA Coordinator, Facility Superintendent, PREA Compliance Manager, Investigative Staff</li> </ol> |
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| 115.77 | Corrective action for contractors and volunteers                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
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|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|        | <p><b>Auditor Discussion</b></p> <p>115.77(a-b) - MDOC Policy 1.1.17 states, "Employees will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse."</p> <p>It further states, "Service providers or volunteers who engage in sexual abuse will be prohibited from contact with offenders and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Department will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or sexual harassment policies by a service provider."</p> <p>PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>PHCF reported that there were no substantiated PREA incidents involving a contractor or volunteer within the past 12 months. Interviews with the Superintendent, PREA Coordinator, and PREA Compliance Manager and review of investigative files affirmed that appropriate and immediate measures would be taken to assure contact with inmates would cease, investigation conducted to include reporting to relevant licensing body and referral to law enforcement agencies. Interviews with volunteers and contractors indicated that they are aware of the agency and facility's zero-tolerance policy and are prohibited to engage in any inappropriate behaviors with residents.</p> |

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|  | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Review Investigation Files</li> <li>5. Interviews with Agency Head, PREA Coordinator, Facility Superintendent, PREA Compliance Manager, Investigative Staff, Volunteers and Contractors.</li> </ol> |
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| <b>115.78</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
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|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|               | <p><b>Auditor Discussion</b></p> <p>115.78(a-b) - MDOC Policy 1.1.17 states, "Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse."</p> <p>Policy further states, "will be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories."</p> <p>PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>MDOC Policy 3.4.2, Prohibited Acts, lists assault and engaging in sexual acts, making sexual proposals or threats; indecent exposure. Facilities may list prohibited acts into major and minor offense categories where major offenses must be resolved formerly by disciplinary proceedings. Residents are given advisement and must acknowledge that they received and understood the information upon reception and orientation.</p> <p>MDOC Policy 3.4.1, Offender Discipline, ensures that penalties imposed on offenders are fair, reasonable, and consistent with the severity of the violation.</p> <p>PHCF reports no administrative finding of resident-on-resident sexual abuse to include criminal findings of resident-on-resident sexual abuse during the audit review period.</p> <p>115.78(c) - MDOC Policy 1.1.17 states, "The disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to his or her behavior</p> |

when determining what type of sanction, if any, should be imposed.” PHCF Procedure 1.1.17 reiterates agency policy.

MDOC Policy 3.4.1 states, "Staff assistance will be provided when a charged offender is illiterate, does not understand English, or where the complexity of the issue makes it unlikely that the offender will be able to collect and present evidence. Staff assistance is assigned only to help offenders understand the charges against them, the disciplinary hearings process, the process for presenting their version of the charges, and the process to appeal."

The disciplinary officer may request psychological input as appropriate regarding the mental health status of seriously mentally ill residents at the time of the behavior.

115.78(d) - MDOC Policy 1.1.17 states, “If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility will consider whether to require the offender to participate in such interventions as a condition of access to programming or other benefits.”

PHCF offers sex offender therapy for youthful residents based on a court mandated condition and not due to their conduct while incarcerated.

115.78(e) - MDOC Policy 1.1.17 states, “The agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.” PHCF Procedure 1.1.17 reiterates agency policy.

PHCF reported that there were no incidents of sexual contact with staff only upon a finding that the staff member did not consent.

115.78(f) - MDOC Policy 1.1.17 states, “For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred will not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.” PHCF Procedure 1.1.17 reiterates agency policy.

PHCF reported no discipline for any resident concerning reports of sexual abuse made in good faith during the audit period. Interviews with the PREA Compliance Manager indicated if allegations are determined to be in bad faith only when there is conclusive evidence the allegation did not occur and purposefully reported in bad faith.

115.78(g) - MDOC Policy 1.1.17 states, “An offender may not engage in sexual acts, make sexual proposals or threats or engage in indecent exposure pursuant to DOC 3.4.2 Prohibited Acts, and is subject to disciplinary action for violations. The facility may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.” PHCF Procedure 1.1.17 reiterates agency policy.

The interview with the PREA Compliance Manager indicated that while sexual conduct/contact are prohibited, they are not treated as sexual abuse as defined by the PREA standards.

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|  | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. MDOC Offender Discipline Policy 3.4.1</li> <li>4. MDOC Prohibited Acts Policy 3.4.2</li> <li>5. PHCF PREA Procedure 1.1.17</li> <li>6. Interviews with Facility Superintendent, Medical and Mental Health Staff</li> </ol> |
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| <b>115.81</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|               | <p><b>Auditor Discussion</b></p> <p>115.81(a-c) - MDOC Policy 1.1.17 states, "When the risk assessment indicates an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in the community or in an institutional setting, the facility will ensure the offender is offered a follow-up meeting with a qualified mental health professional within 14 days of the assessment."</p> <p>PHCF Procedure 1.1.17 reiterates agency policy to include, "This meeting will be documented in case notes in addition a copy of the note will be provided to the Facility PREA Compliance Manager."</p> <p>Should the screening indicate that the resident experienced prior sexual victimization or perpetrated sexual abuse, the resident is asked if they would like a follow up meeting. Their response is documented on the screening form and the resident is required to initial the screening tool. PHCF had five (5) total combined adult and youth residents that reported during screening, though all but one (1) resident agreed to be interviewed. This auditor interviewed the one (1) resident who disclosed sexual victimization at risk screening and indicated that they were seen by a mental health practitioner within a few days of arriving at PHCF. This auditor reviewed screening records to ensure referrals and follow-up meetings are taking place as required by the standards.</p> <p>115.81(d) - MDOC Policy 1.1.17 states, "Information from the risk assessment for victimization or abusiveness will be provided on a need to know basis to individuals who make housing, bed, work, education, and program assignments and used with the goal of keeping separate those offenders at high risk of being sexually victimized</p> |

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|  | <p>from those at high risk of being sexually abusive." PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>Interviews with staff screening, medical and mental health staff indicated that they are aware of and adhere to the requirements of confidentiality.</p> <p>115.81(e) - MDOC Policy 1.1.17 states, "Unless otherwise precluded by law, medical and mental health practitioners will report sexual abuse according to facility procedures and will inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services." PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>MDOC medical and mental health staff are required to report information regarding sexual abuse and sexual harassment and will inform the resident concerning their limitations of confidentiality. Residents sign a Disclosure &amp; Consent for Services form at the initiation of services that states medical and mental health staff will report if residents disclose that they have been sexually assaulted or harassed by other residents or staff.</p> <p>The form states, "Health Services staff are obligated to break confidentiality and report any threat of harm to yourself or others, child abuse, elder abuse, sexual abuse, or threat of escape."</p> <p>Interviews with medical and mental health staff indicated they are aware of the requirement.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Review of Resident files</li> <li>5. Interviews with Residents Who Disclosed Sexual Victimization at Risk Screening, Medical and Mental Health Staff, Staff Responsible for Risk Screening</li> </ol> |
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| <b>115.82</b> | <b>Access to emergency medical and mental health services</b> |
|               | <b>Auditor Overall Determination:</b> Meets Standard          |
|               | <b>Auditor Discussion</b>                                     |

115.82(a-c) -

(a-c) MDOC Policy 1.1.17 states, "Medical and mental health services for victims will be consistent with the community level of care. The administrator, or designee, will develop procedures for providing services to offenders alleged to be victims of sexual abuse or sexual

harassment within a confinement setting. Services must be made available without financial cost to the victim and must include, at minimum:

a. access to medical examination and treatment to include follow up care and referrals;

b. mental health crisis intervention and treatment;

c. timely access to emergency contraception, STD prophylaxis, and all pregnancy-related tests and services; and

d. access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider.

Department employees and service providers will adhere to the following standards for examination of victims of sexual abuse or sexual harassment:

a. if the victim refuses medical or mental health attention, document the refusal on the Medical Treatment Refusal form;

b. if reported within a time period which allows for collection of physical evidence, typically within 72 hours of the incident, and with the victim's permission, immediately transport the victim to a medical facility equipped with medical personnel certified as Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs), or if none are available, to a medical facility with other qualified medical practitioners, to evaluate and treat sexual assault/rape victims; and

c. if reported more than 72 hours after the incident, and with the victim's permission, adhere to the following:

i. refers the victim to appropriate health care providers responsible for treatment and follow up care for sexually transmitted or other communicable diseases who will complete a patient history, conduct an examination to document the extent of physical injury and determine whether referral to another medical facility is required; and

ii. upon request from law enforcement, transport the victim to a community medical facility for evidence collection."

PHCF Procedure 1.1.17 reiterates agency policy.

MDOC Policy 4.5.3, Health Care Autonomy states, "The Department of Corrections will ensure clinical decisions and actions regarding the health care provided to offenders

meet their serious medical, dental, and mental health needs are solely the responsibility of the qualified health care professional." Additionally, the policy goes to state, "The Department will not place restrictions on any physician, dentist, or psychiatrist with respect to the practice of their medical specialties.", to include "Qualified health care professionals will have complete responsibility and authority for offender health care and treatment."

115.82(d) -

(d) MDOC Policy 1.1.17 states, "The administrator, or designee, will develop procedures for providing services to offenders alleged to be victims of sexual abuse or sexual harassment within a confinement setting. Services must be made available without financial cost to the victim and must include, at minimum:

a. access to medical examination and treatment to include follow up care and referrals.

b. mental health crisis intervention and treatment.

c. timely access to emergency contraception, STD prophylaxis, and all pregnancy-related tests and services; and

d. access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider." PHCF Procedure 1.1.17 reiterates agency policy.

PHCF indicated that there were no sexual abuse cases requiring forensic medical examinations. Interviews with medical staff affirmed victims are offered sexually transmitted infection prophylaxis and treatment during medical examinations and upon their return to the facility. Interviews with residents who reported sexual abuse confirms that staff offers medical and mental health services during initial contact.

Interviews with first responders indicates that they are aware of their responsibility to take steps in protecting the victim and notify the appropriate medical and mental health practitioners. Referrals for medical and mental health services are documented in investigative reports.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.

Interviews, Policy, Documentation and Other Evidence Reviewed:

1. PHCF Pre-Audit Questionnaire (PAQ)
2. MDOC PREA Policy 1.1.17
3. MDOC Health Care Autonomy Policy 4.5.3
4. PHCF PREA Procedure 1.1.17

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|  | 5. Interviews with Medical and Mental Health Staff, Staff First Responders, Residents who Reported Sexual Abuse |
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| <b>115.83</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | <p>115.83(a-c, f-g) - MDOC Policy 1.1.17 states, "Medical and mental health services for victims will be consistent with the community level of care."</p> <p>"The administrator, or designee, will develop procedures for providing services to offenders alleged to be victims of sexual abuse or sexual harassment within a confinement setting. Services must be made available without financial cost to the victim and must include, at minimum:</p> <ul style="list-style-type: none"> <li>a. access to medical examination and treatment to include follow up care and referrals.</li> <li>b. mental health crisis intervention and treatment.</li> <li>c. timely access to emergency contraception, STD prophylaxis, and all pregnancy-related tests and services; and</li> <li>d. access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider." <p>"Department employees and service providers will adhere to the following standards for examination of victims of sexual abuse or sexual harassment:</p> <ul style="list-style-type: none"> <li>c. i. Refer the victim to appropriate health care providers responsible for treatment and follow up care for sexually transmitted or other communicable diseases who will complete a patient history, conduct an examination to document the extent of physical injury and determine whether referral to another medical facility is required; and..."</li> </ul> <p>"Qualified mental health professionals will provide crisis intervention and ongoing services for victims of sexual abuse and sexual harassment and for other offenders affected."</p> <p>"MDOC Policy 4.5.22 states, "The Department of Corrections facility health unit will facilitate offender health care continuity from admission to discharge, including referral to community practitioners when indicated."</p> </li></ul> |

"Discharge Orders and Planning:

1. Health care providers will write discharge orders when offenders are released and require prescription medication for the continuing treatment of chronic illness.
2. Offenders will receive a minimum 30-day supply of medication.
3. Offenders with serious medical, dental, or mental health needs, arrangement or referrals are made for follow-up services with community prescribers, including exchange of clinically relevant information.
4. The facility has a process to assist offenders with health insurance application prior to release from the facility.
5. All aspects of discharge planning are documented in the offender's health record in a timely manner.
6. For planned discharges, mental health staff will:

- a. arrange for a reasonable supply of current medications;
- b. provide the offender with a list of resources and support commensurate with the offender's level of functioning; and
- c. for offenders with critical mental health needs, make appointments with community providers, including exchange of clinically relevant information and arranging for psychiatric hospitalization as needed."

PHCF Procedure reiterates agency policy.

This auditor reviewed files of targeted and random residents that were interviewed. It was confirmed through documentation that referrals to mental health and medical were conducted as required. Interviews with those who have reported previously perpetrating sexual abuse or prior victimization of sexual abuse confirmed that they were offered services whether they accepted or not.

Medical staff interviews indicated that all testing for sexually transmitted infections occurs at the hospital during an examination and follow-up testing can be conducted at the facility. Additionally, the interviews affirmed that ongoing treatment is provided to victims of sexual abuse, as well as to resident-on-resident abusers. The medical staff believe that their standard of care and services are higher when compared to community level of care.

115.83(d-e) - PHCF is an all male facility and does not house female residents or transgender residents.

115.83(h) - MDOC Policy 1.1.17 states, "Facilities will attempt to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by qualified mental health professionals." PHCF Procedure 1.1.17 reiterates agency policy.

Mental Health staff are informed of resident follow-up referrals through risk screenings or allegation notifications.

Conclusion:

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|  | <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. MDOC Health Care Continuity, Coordination, and Quality of Care During Incarceration Policy 4.5.22</li> <li>4. PHCF PREA Procedure 1.1.17</li> <li>5. Interviews with Medical and Mental Health Staff, Inmates who Reported Sexual Abuse</li> </ol> |
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| 115.86 | Sexual abuse incident reviews                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
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|        | <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>115.86(a-c) - MDOC Policy 1.1.17 states, "The facility will 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. Such review will occur within thirty (30) days of the conclusion of the investigation."</p> <p>"The review team will include upper-management from the facility, the facility's PREA compliance manager, line supervisors, investigators, qualified medical or mental health professionals, and other employees with direct involvement."</p> <p>PHCF Procedure 1.1.17 reiterates agency policy to include, "The review team will include the Superintendent (or designee), facility PREA Compliance Manager (or designee), the investigator(s), Medical Services Manager (or designee), the Mental Health Services Manager (or designee), and other staff or supervisors with direct involvement as warranted."</p> <p>This auditor reviewed sexual abuse incident review reports which indicated that the reviews were conducted within the required timelines. The appropriate staff required were notated within the documentation.</p> <p>115.86(d) - MDOC Policy 1.1.17 states, "The review team shall: a. consider whether the allegation or investigation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse; b. consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, STG affiliation or was motivated or cause by other group dynamics at the facility; c. examine the area where the incident allegedly occurred to assess</p> |

|  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
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|  | <p>whether the physical barriers in the area may enable abuse; d. assess the adequacy of staffing levels in that area during different shifts; e. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and f. prepare a report of its findings and any recommendations for improvement and submit the report to the facility administrator, the Department PREA coordinator and facility REA compliance manager." PHCF Procedure 1.1.17 reiterates agency policy.</p> <p>This auditor reviewed documentation from investigations completed in January 2024, the reviews were conducted in February 2024, within the required 30 day timeline. The report considered all the required elements.</p> <p>115.86(e) - MDOC Policy 1.1.17 states, "The facility will implement the recommendations for improvement, or document its reasons for not doing so."</p> <p>PHCF Procedure 1.1.17 states, "Within 90 days after receiving the final report, the facility will implement the recommendations for improvement or document its reasons for not doing so in a corrective action report. This report will be submitted to the Superintendent, the Department PREA Coordinator and facility PREA Compliance Manager."</p> <p>The sexual abuse review documents detail the recommendations for improvement or reasons improvements cannot be made.</p> <p>Interviews with the facility Superintendent, facility PCM and other members of the incident review team indicated they were aware of the required considerations.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Sexual Abuse Incident Review Reports</li> <li>5. PHCF Schedule of SAIR Meetings (email)</li> <li>6. Interviews with Facility Superintendent, PREA Compliance Manager, Incident Review Committee Staff Member</li> </ol> |
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| <b>115.87</b> | <b>Data collection</b>                               |
|               | <b>Auditor Overall Determination:</b> Meets Standard |
|               | <b>Auditor Discussion</b>                            |

115.87(a-f) - MDOC Policy 1.1.17 states, "The Department will collect accurate, uniform data for every allegation of sexual abuse at facilities and programs under its direct control using a standardized instrument and definitions set forth in this policy."

"The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice."

The Department will aggregate the incident-based sexual abuse data at least annually. The Department will maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews."

"Each facility PREA compliance manager will maintain records of all allegations, investigations, and Incident Reviews and report such information to the PREA coordinator. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice."

"The Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection."

PHCF Procedure 1.1.17 states, "The PREA Compliance Manager will maintain records and collect data from all sexual abuse or sexual harassment allegations, incidents, investigations, and incident reviews within the facility. Data will be analyzed to determine possible corrective action or improvement. The PREA Compliance Manager will report collected data to the Department PREA Coordinator."

"The PREA Compliance Manager will collect accurate, uniform data for every allegation of sexual abuse and sexual harassment in the facility using a standardized instrument and the definitions set forth in this procedure."

"This incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice."

"The facility will maintain records of all administrative investigations of sexual abuse and sexual harassment at that facility. Records will include information on the outcome of any criminal or disciplinary charges."

"The facility PREA Compliance Manager will maintain records of all allegations, investigations, and Incident Reviews and report such information to the PREA Coordinator. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice."

MDOC annual PREA reports are available on the agency website; <https://cor.mt.gov/DataStatsContractsPoliciesProcedures/DataandStatistics>. This auditor reviewed annual PREA reports from 2019-2022.

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|  | <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. Survey of Sexual Victimization Forms</li> <li>5. MDOC Annual PREA Reports 2019-2022</li> <li>6. Interview with PREA Coordinator, PREA Compliance Manager</li> </ol> |
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| <b>115.88</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|               | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|               | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|               | <p>115.88(a-d) - MDOC Policy 1.1.17 states, "There will be a system in place to collect data on incidents of sexual abuse or sexual harassment. Such data will be analyzed to determine possible corrective action or improvement."</p> <p>"The Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection."</p> <p>PHCF Procedure 1.1.17 states, "The PREA Compliance Manager will maintain records and collect data from all sexual abuse or sexual harassment allegations, incidents, investigations, and incident reviews within the facility. Data will be analyzed to determine possible corrective action or improvement. The PREA Compliance Manager will report collected data to the Department PREA Coordinator."</p> <p>"The PREA Compliance Manager will collect accurate, uniform data for every allegation of sexual abuse and sexual harassment in the facility using a standardized instrument and the definitions set forth in this procedure."</p> <p>"This incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice."</p> <p>"The facility will maintain records of all administrative investigations of sexual abuse</p> |

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|  | <p>and sexual harassment at that facility. Records will include information on the outcome of any criminal or disciplinary charges."</p> <p>"The facility PREA Compliance Manager will maintain records of all allegations, investigations, and Incident Reviews and report such information to the PREA Coordinator. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice."</p> <p>The agency collects and reviews data to assess and improve the effectiveness of its sexual abuse and sexual harassment prevention, detection and response policies, practices and training to identify problem areas, and take corrective action. The reports reviewed shows comparison of current years to previous years data, the corrective action and assessment of the agency's progress. The report is prepared by the agency PREA Coordinator and signed by the Agency Head. MDOC PREA annual reports (2016-2022) is available on their agency website.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC Annual PREA Reports 2019-2022</li> <li>5. Interviews with Agency Head, PREA Coordinator, PREA Compliance Manager</li> </ol> |
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| <b>115.89</b> | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
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|               | <p><b>Auditor Overall Determination:</b> Meets Standard</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|               | <p><b>Auditor Discussion</b></p> <p>115.89(a, d) - MDOC Policy 1.1.17 states, "There will be a system in place to collect data on incidents of sexual abuse or sexual harassment. Such data will be analyzed to determine possible corrective action or improvement."</p> <p>"The Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection."</p> |

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|  | <p>PHCF Procedure 1.1.17 states, “The PREA Compliance Manager will maintain records and collect data from all sexual abuse or sexual harassment allegations, incidents, investigations, and incident reviews within the facility. Data will be analyzed to determine possible corrective action or improvement. The PREA Compliance Manager will report collected data to the Department PREA Coordinator.”</p> <p>115.89(b-c) MDOC Policy 1.1.17 states, “The Department will collect accurate, uniform data for every allegation of sexual abuse at facilities and programs under its direct control using a standardized instrument and definitions set forth in this policy.”</p> <p>The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.”</p> <p>PHCF Procedure 1.1.17 states, “The PREA Compliance Manager will maintain records and collect data from all sexual abuse or sexual harassment allegations, incidents, investigations, and incident reviews within the facility. Data will be analyzed to determine possible corrective action or improvement. The PREA Compliance Manager will report collected data to the Department PREA Coordinator.”</p> <p>"This incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.”</p> <p>The agency and facility utilize a database (IRIS) to collect and secure data, and includes all available incident-based documents, reports, investigation files, and sexual abuse incident reviews. Access is limited to those who need to know and is securely maintained. MDOC annual PREA reports which are located on the agency website does not contain any personal identifying information.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard as it relates to PREA.</p> <p>Interviews, Policy, Documentation and Other Evidence Reviewed:</p> <ol style="list-style-type: none"> <li>1. PHCF Pre-Audit Questionnaire (PAQ)</li> <li>2. MDOC PREA Policy 1.1.17</li> <li>3. PHCF PREA Procedure 1.1.17</li> <li>4. MDOC website</li> <li>5. Interviews with Agency Head, PREA Coordinator, PREA Compliance Manager</li> </ol> |
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| <b>115.401</b> | <b>Frequency and scope of audits</b>                 |
|                | <b>Auditor Overall Determination:</b> Meets Standard |

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|  | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|  | <p>115.401(a) - The Montana Department of Corrections oversees four state-owned facilities. During the prior three-year audit period, Cycle three, the agency ensured that each of their state-owned facilities were audited at least once by DOJ-certified auditors, and all final audit reports have been posted on MDOC's website, available to the public at PREA (mt.gov).</p> <p>115.401(b) - This is the third year of Cycle Four, August 20, 2024 to August 19, 2025.</p> <p>115.401(h, l, m, n) - While onsite at PHCF, this auditor was provided with access to, and the ability to observe, all areas of the facility. The auditor received copies of all requested documents and was permitted to conduct private interviews with staff and residents. Residents were permitted to send confidential correspondence to the auditor, prior to the onsite review. There were no barriers to conducting the audit.</p> <p>Resident interviews indicated that they had access to the posted auditors address and were able to send confidential mail to the auditor at any time during the pre, on-site and post audits. It should be noted that this auditor did not receive any correspondence from residents and staff at Pine Hills Correctional Facility.</p> <p>Conclusion:<br/>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.</p> |

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| <b>115.403</b> | <b>Audit contents and findings</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|                | <b>Auditor Overall Determination:</b> Meets Standard                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|                | <b>Auditor Discussion</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                | <p>115.403(f) - The Montana Department of Corrections oversees four state-run facilities. The agency began receiving audits in the first year of the first cycle. All audits were completed by DOJ-certified auditors, and all final audit reports have been posted on MDOC's website, available to the public at PREA (mt.gov).</p> <p>Conclusion:<br/>Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with this standard.</p> |

**Appendix: Provision Findings****115.11 (a) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

|                                                                                                                        |     |
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| Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? | yes |
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| Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? | yes |
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**115.11 (b) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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| Has the agency employed or designated an agency-wide PREA Coordinator? | yes |
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| Is the PREA Coordinator position in the upper-level of the agency hierarchy? | yes |
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| 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 |
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**115.11 (c) Zero tolerance of sexual abuse and sexual harassment; PREA coordinator**

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| 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 |
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| 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 |
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**115.12 (a) Contracting with other entities for the confinement of inmates**

|                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |
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| 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.) | yes |
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**115.12 (b) Contracting with other entities for the confinement of inmates**

|                                                                                                                               |     |
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| Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure | yes |
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|                   | 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.)                                                                                           |     |
| <b>115.13 (a)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                                 |     |
|                   | Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect 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 |

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|                   | 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 |
| <b>115.13 (b)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                               |     |
|                   | In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)                                                                                  | na  |
| <b>115.13 (c)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                               |     |
|                   | 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 |
| <b>115.13 (d)</b> | <b>Supervision and monitoring</b>                                                                                                                                                                                                                               |     |
|                   | 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 |

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| <b>115.14 (a)</b> | <b>Youthful inmates</b>                                                                                                                                                                                                                                                                                             |     |
|                   | 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).) | yes |
| <b>115.14 (b)</b> | <b>Youthful inmates</b>                                                                                                                                                                                                                                                                                             |     |
|                   | 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).)                                                                                                         | yes |
|                   | 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).)                                                                        | yes |
| <b>115.14 (c)</b> | <b>Youthful inmates</b>                                                                                                                                                                                                                                                                                             |     |
|                   | 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).)                                                                                                                       | yes |
|                   | 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).)                                                | yes |
|                   | 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).)                                                                                                                                          | yes |
| <b>115.15 (a)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                  |     |
|                   | 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 |
| <b>115.15 (b)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                                  |     |
|                   | Does the facility always refrain from conducting cross-gender pat-down searches of female 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.)                                                                                                                                                                                                                                                                   |     |
| <b>115.15 (c)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                        |     |
|                   | Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?                                                                                                                                                                                                  | yes |
|                   | Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?                                                                                                                                                                       | na  |
| <b>115.15 (d)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                        |     |
|                   | 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 |
| <b>115.15 (e)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                        |     |
|                   | 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 |
| <b>115.15 (f)</b> | <b>Limits to cross-gender viewing and searches</b>                                                                                                                                                                                                                                                        |     |
|                   | Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?                                                                                       | yes |
|                   | Does the facility/agency train security staff in how to conduct searches of transgender and intersex 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 |

|                   |                                                                                                                                                                                                                                                                                                                                                                       |     |
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|                   | 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 |
| <b>115.16 (b)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>                                                                                                                                                                                                                                                                                       |     |
|                   | Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to 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 |
| <b>115.16 (c)</b> | <b>Inmates with disabilities and inmates who are limited English proficient</b>                                                                                                                                                                                                                                                                                       |     |
|                   | 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 |
| <b>115.17 (a)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                 |     |
|                   | 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 |

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|                                                  | 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 |
| <b>115.17 (b) Hiring and promotion decisions</b> |                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                  | Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with 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 |
| <b>115.17 (c) Hiring and promotion decisions</b> |                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                  | 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 |
| <b>115.17 (d) Hiring and promotion decisions</b> |                                                                                                                                                                                                                                                                                                                                                    |     |
|                                                  | Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?                                                                                                                                                                                                     | yes |

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| <b>115.17 (e)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
|                   | Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?                                                                                                                                                                                                                        | yes |
| <b>115.17 (f)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
|                   | 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 |
| <b>115.17 (g)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
|                   | Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?                                                                                                                                                                                                                                                                                                                                   | yes |
| <b>115.17 (h)</b> | <b>Hiring and promotion decisions</b>                                                                                                                                                                                                                                                                                                                                                                                                                                               |     |
|                   | Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)                                                                                            | yes |
| <b>115.18 (a)</b> | <b>Upgrades to facilities and technologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                   | If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect 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  |
| <b>115.18 (b)</b> | <b>Upgrades to facilities and technologies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |

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|                   | 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.)                  | yes |
| <b>115.21 (a)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                   | If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)                                                                                            | yes |
| <b>115.21 (b)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                   | Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)                                                                                                                                                                                                                                                                                | 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 |
| <b>115.21 (c)</b> | <b>Evidence protocol and forensic medical examinations</b>                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                   | Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?                                                                                                                                                                                                                                                                                | yes |
|                   | Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?                                                                                                                                                                                                                                                                                                                                                     | yes |
|                   | If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?                                                                                                                                                                                                                                                                                     | yes |

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

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

|                   |                                                                                                                                                                                                                                    |     |
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|                   | 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 |
| <b>115.31 (b)</b> | <b>Employee training</b>                                                                                                                                                                                                           |     |
|                   | 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 |
| <b>115.31 (c)</b> | <b>Employee training</b>                                                                                                                                                                                                           |     |
|                   | 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 |
| <b>115.31 (d)</b> | <b>Employee training</b>                                                                                                                                                                                                           |     |
|                   | Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?                                                                                        | yes |
| <b>115.32 (a)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                           |     |

|                   |                                                                                                                                                                                                                                                                                                                                                                               |     |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                   | 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 |
| <b>115.32 (b)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                   | 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 |
| <b>115.32 (c)</b> | <b>Volunteer and contractor training</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                   | Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?                                                                                                                                                                                                                                                 | yes |
| <b>115.33 (a)</b> | <b>Inmate education</b>                                                                                                                                                                                                                                                                                                                                                       |     |
|                   | 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 |
| <b>115.33 (b)</b> | <b>Inmate education</b>                                                                                                                                                                                                                                                                                                                                                       |     |
|                   | 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 |
| <b>115.33 (c)</b> | <b>Inmate education</b>                                                                                                                                                                                                                                                                                                                                                       |     |
|                   | 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 |
| <b>115.33 (d)</b> | <b>Inmate education</b>                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                   | 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 |
| <b>115.33 (e)</b> | <b>Inmate education</b>                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                   | Does the agency maintain documentation of inmate participation in these education sessions?                                                                                                                                                                                                                                                                                                                 | yes |
| <b>115.33 (f)</b> | <b>Inmate education</b>                                                                                                                                                                                                                                                                                                                                                                                     |     |
|                   | 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 |
| <b>115.34 (a)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                 |     |
|                   | 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 |
| <b>115.34 (b)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                                 |     |
|                   | Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)                                                                                                                                                                                            | yes |
|                   | Does this specialized training include proper use of Miranda and                                                                                                                                                                                                                                                                                                                                            | yes |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                       |     |
|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                   | Garrrity 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 |
| <b>115.34 (c)</b> | <b>Specialized training: Investigations</b>                                                                                                                                                                                                                                                                                                                                                           |     |
|                   | Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)                                                                                                                  | yes |
| <b>115.35 (a)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                                                                                           |     |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                           | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)                                              | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
|                   | Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or                                                                                                                                                                                                   | 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.)                                                                                                                               |     |
| <b>115.35 (b)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                |     |
|                   | If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)                                           | na  |
| <b>115.35 (c)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                |     |
|                   | Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) | yes |
| <b>115.35 (d)</b> | <b>Specialized training: Medical and mental health care</b>                                                                                                                                                                                                                                                                |     |
|                   | Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (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 |
| <b>115.41 (a)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                                                                 |     |
|                   | 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 |
| <b>115.41 (b)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                                                                 |     |
|                   | Do intake screenings ordinarily take place within 72 hours of arrival at the facility?                                                                                                                                                                                                                                     | yes |
| <b>115.41 (c)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                                                                 |     |
|                   | Are all PREA screening assessments conducted using an objective                                                                                                                                                                                                                                                            | yes |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|-------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                   | screening instrument?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>115.41 (d)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|                   | 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 |

|                   |                                                                                                                                                                                                                                                                             |     |
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|                   | Whether the inmate is detained solely for civil immigration purposes?                                                                                                                                                                                                       |     |
| <b>115.41 (e)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                  |     |
|                   | 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 |
| <b>115.41 (f)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                  |     |
|                   | 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 |
| <b>115.41 (g)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                  |     |
|                   | 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 |
| <b>115.41 (h)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                  |     |
|                   | 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 |
| <b>115.41 (i)</b> | <b>Screening for risk of victimization and abusiveness</b>                                                                                                                                                                                                                  |     |
|                   | Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive                                                                                        | yes |

|                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
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|                                                | information is not exploited to the inmate's detriment by staff or other inmates?                                                                                                                                                                                                                                                                                                                                                                                                |     |
| <b>115.42 (a) Use of screening information</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                                                | 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 |
| <b>115.42 (b) Use of screening information</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                                                | Does the agency make individualized determinations about how to ensure the safety of each inmate?                                                                                                                                                                                                                                                                                                                                                                                | yes |
| <b>115.42 (c) Use of screening information</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                                                | 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 |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
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|                   | present management or security problems?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
| <b>115.42 (d)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | 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 |
| <b>115.42 (e)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | 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 |
| <b>115.42 (f)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | Are transgender and intersex inmates given the opportunity to shower separately from other inmates?                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | yes |
| <b>115.42 (g)</b> | <b>Use of screening information</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex 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 |

|                   |                                                                                                                                                                                                                                                                                                                   |     |
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|                   | solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)                                                                                                                                                                                                |     |
| <b>115.43 (a)</b> | <b>Protective Custody</b>                                                                                                                                                                                                                                                                                         |     |
|                   | 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 |
| <b>115.43 (b)</b> | <b>Protective Custody</b>                                                                                                                                                                                                                                                                                         |     |
|                   | 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 |
| <b>115.43 (c)</b> | <b>Protective Custody</b>                                                                                                                                                                                                                                                                                         |     |

|                                      |                                                                                                                                                                                                                                                                         |     |
|--------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                                      | 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 |
| <b>115.43 (d) Protective Custody</b> |                                                                                                                                                                                                                                                                         |     |
|                                      | 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 |
| <b>115.43 (e) Protective Custody</b> |                                                                                                                                                                                                                                                                         |     |
|                                      | 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 |
| <b>115.51 (a) Inmate reporting</b>   |                                                                                                                                                                                                                                                                         |     |
|                                      | 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 |
| <b>115.51 (b) Inmate reporting</b>   |                                                                                                                                                                                                                                                                         |     |
|                                      | 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 |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |     |
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|                   | 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  |
| <b>115.51 (c)</b> | <b>Inmate reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|                   | 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 |
| <b>115.51 (d)</b> | <b>Inmate reporting</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                           |     |
|                   | Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?                                                                                                                                                                                                                                                                                                                                                                     | yes |
| <b>115.52 (a)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                   | Is the agency exempt from this standard?<br>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  |
| <b>115.52 (b)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                   | 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 |
| <b>115.52 (c)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |     |
|                   | 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 |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
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|                   | 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 |
| <b>115.52 (d)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|                   | Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by 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 |
| <b>115.52 (e)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
|                   | 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 |
| <b>115.52 (f)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |     |

|                   |                                                                                                                                                                                                                                                                                                                                                                                   |     |
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|                   | 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 |
| <b>115.52 (g)</b> | <b>Exhaustion of administrative remedies</b>                                                                                                                                                                                                                                                                                                                                      |     |
|                   | 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 |
| <b>115.53 (a)</b> | <b>Inmate access to outside confidential support services</b>                                                                                                                                                                                                                                                                                                                     |     |
|                   | 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  |

|                   |                                                                                                                                                                                                                                                                  |     |
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|                   | 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 |
| <b>115.53 (b)</b> | <b>Inmate access to outside confidential support services</b>                                                                                                                                                                                                    |     |
|                   | 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 |
| <b>115.53 (c)</b> | <b>Inmate access to outside confidential support services</b>                                                                                                                                                                                                    |     |
|                   | Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide 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 |
| <b>115.54 (a)</b> | <b>Third-party reporting</b>                                                                                                                                                                                                                                     |     |
|                   | Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?                                                                                                                                                        | yes |
|                   | Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?                                                                                                                                      | yes |
| <b>115.61 (a)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                         |     |
|                   | Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or 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 |

|                   |                                                                                                                                                                                                                                                                                                                    |     |
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|                   | abuse or sexual harassment or retaliation?                                                                                                                                                                                                                                                                         |     |
| <b>115.61 (b)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                           |     |
|                   | 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 |
| <b>115.61 (c)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                           |     |
|                   | Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?                                                                                                                                 | yes |
|                   | Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?                                                                                                                                | yes |
| <b>115.61 (d)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                           |     |
|                   | If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?                                                 | yes |
| <b>115.61 (e)</b> | <b>Staff and agency reporting duties</b>                                                                                                                                                                                                                                                                           |     |
|                   | Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?                                                                                                                                           | yes |
| <b>115.62 (a)</b> | <b>Agency protection duties</b>                                                                                                                                                                                                                                                                                    |     |
|                   | 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 |
| <b>115.63 (a)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                                                                   |     |
|                   | 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 |
| <b>115.63 (b)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                                                                   |     |
|                   | Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?                                                                                                                                                                                                      | yes |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |     |
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| <b>115.63 (c)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                   | Does the agency document that it has provided such notification?                                                                                                                                                                                                                                                                                                                                                                                                            | yes |
| <b>115.63 (d)</b> | <b>Reporting to other confinement facilities</b>                                                                                                                                                                                                                                                                                                                                                                                                                            |     |
|                   | Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?                                                                                                                                                                                                                                                                                                                      | yes |
| <b>115.64 (a)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                   | 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 |
| <b>115.64 (b)</b> | <b>Staff first responder duties</b>                                                                                                                                                                                                                                                                                                                                                                                                                                         |     |
|                   | If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?                                                                                                                                                                                                                                                        | yes |
| <b>115.65 (a)</b> | <b>Coordinated response</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
|                   | Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in                                                                                                                                                                                                                                                                        | yes |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |     |
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|                   | response to an incident of sexual abuse?                                                                                                                                                                                                                                                                                                                                                                                                        |     |
| <b>115.66 (a)</b> | <b>Preservation of ability to protect inmates from contact with abusers</b>                                                                                                                                                                                                                                                                                                                                                                     |     |
|                   | Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that 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 |
| <b>115.67 (a)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                   | 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 |
| <b>115.67 (b)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                   | 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 |
| <b>115.67 (c)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                   | Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of 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 |

|                   |                                                                                                                                                                                                                      |     |
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|                   | 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 |
| <b>115.67 (d)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                         |     |
|                   | In the case of inmates, does such monitoring also include periodic status checks?                                                                                                                                    | yes |
| <b>115.67 (e)</b> | <b>Agency protection against retaliation</b>                                                                                                                                                                         |     |
|                   | If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?                              | yes |
| <b>115.68 (a)</b> | <b>Post-allegation protective custody</b>                                                                                                                                                                            |     |
|                   | 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 |
| <b>115.71 (a)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                             |     |
|                   | When the agency conducts its own investigations into allegations                                                                                                                                                     | yes |

|                   |                                                                                                                                                                                                                                                                 |     |
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|                   | 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 |
| <b>115.71 (b)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                        |     |
|                   | Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?                                                                                                   | yes |
| <b>115.71 (c)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                        |     |
|                   | 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 |
| <b>115.71 (d)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                        |     |
|                   | When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?            | yes |
| <b>115.71 (e)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                        |     |
|                   | Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as 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 |
| <b>115.71 (f)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                        |     |
|                   | Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?                                                                                                                              | yes |

|                   |                                                                                                                                                                                                                                                                                                      |     |
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|                   | Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?                                                                    | yes |
| <b>115.71 (g)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                             |     |
|                   | Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?                                                                               | yes |
| <b>115.71 (h)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                             |     |
|                   | Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?                                                                                                                                                                                                   | yes |
| <b>115.71 (i)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                             |     |
|                   | 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 |
| <b>115.71 (j)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                             |     |
|                   | Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?                                                                                                                     | yes |
| <b>115.71 (l)</b> | <b>Criminal and administrative agency investigations</b>                                                                                                                                                                                                                                             |     |
|                   | When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).) | na  |
| <b>115.72 (a)</b> | <b>Evidentiary standard for administrative investigations</b>                                                                                                                                                                                                                                        |     |
|                   | Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?                                                                                                         | yes |
| <b>115.73 (a)</b> | <b>Reporting to inmates</b>                                                                                                                                                                                                                                                                          |     |
|                   | 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 |

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                |     |
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| <b>115.73 (b)</b> | <b>Reporting to inmates</b>                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                   | 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.)                                                                        | na  |
| <b>115.73 (c)</b> | <b>Reporting to inmates</b>                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                   | 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 |
| <b>115.73 (d)</b> | <b>Reporting to inmates</b>                                                                                                                                                                                                                                                                                                                                                                                    |     |
|                   | 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 |

|                   |                                                                                                                                                                                                                                                                                                                                                                   |     |
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|                   | 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?                                                                                                                                                  |     |
| <b>115.73 (e)</b> | <b>Reporting to inmates</b>                                                                                                                                                                                                                                                                                                                                       |     |
|                   | Does the agency document all such notifications or attempted notifications?                                                                                                                                                                                                                                                                                       | yes |
| <b>115.76 (a)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                   | Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?                                                                                                                                                                                                                      | yes |
| <b>115.76 (b)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                   | Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?                                                                                                                                                                                                                                                                  | yes |
| <b>115.76 (c)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                   | Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? | yes |
| <b>115.76 (d)</b> | <b>Disciplinary sanctions for staff</b>                                                                                                                                                                                                                                                                                                                           |     |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?                                                                                              | yes |
|                   | Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?                                                                                                                                           | yes |
| <b>115.77 (a)</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                                                                                                           |     |
|                   | 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 |

|                   |                                                                                                                                                                                                                                                                                                                         |     |
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|                   | Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?                                                                                                                                                                                                                      | yes |
| <b>115.77 (b)</b> | <b>Corrective action for contractors and volunteers</b>                                                                                                                                                                                                                                                                 |     |
|                   | In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?                                                                              | yes |
| <b>115.78 (a)</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                               |     |
|                   | 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 |
| <b>115.78 (b)</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                               |     |
|                   | 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 |
| <b>115.78 (c)</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                               |     |
|                   | 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 |
| <b>115.78 (d)</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                               |     |
|                   | If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits? | yes |
| <b>115.78 (e)</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                               |     |
|                   | 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 |
| <b>115.78 (f)</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                               |     |
|                   | For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish                                                             | yes |

|                   |                                                                                                                                                                                                                                                                                                                                                                                               |     |
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|                   | evidence sufficient to substantiate the allegation?                                                                                                                                                                                                                                                                                                                                           |     |
| <b>115.78 (g)</b> | <b>Disciplinary sanctions for inmates</b>                                                                                                                                                                                                                                                                                                                                                     |     |
|                   | 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 |
| <b>115.81 (a)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                          |     |
|                   | 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 |
| <b>115.81 (b)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                          |     |
|                   | 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 |
| <b>115.81 (c)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                          |     |
|                   | 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).                  | yes |
| <b>115.81 (d)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                          |     |
|                   | 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 |
| <b>115.81 (e)</b> | <b>Medical and mental health screenings; history of sexual abuse</b>                                                                                                                                                                                                                                                                                                                          |     |
|                   | Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior                                                                                                                                                                                                                                                                      | yes |

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

|                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |     |
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|                   | <b>victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |     |
|                   | Does the facility provide such victims with medical and mental health services consistent with the community level of care?                                                                                                                                                                                                                                                                                                                                                                                         | yes |
| <b>115.83 (d)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | 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  |
| <b>115.83 (e)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | If pregnancy results from the conduct described in paragraph § 115.83(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  |
| <b>115.83 (f)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?                                                                                                                                                                                                                                                                                                                                                                                   | yes |
| <b>115.83 (g)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?                                                                                                                                                                                                                                                                                                                        | yes |
| <b>115.83 (h)</b> | <b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>                                                                                                                                                                                                                                                                                                                                                                                                                                  |     |
|                   | 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 |

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

|                   |                                                                                                                                                                                                                                                                                   |     |
|-------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| <b>115.87 (a)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                            |     |
|                   | Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?                                                                                                | yes |
| <b>115.87 (b)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                            |     |
|                   | Does the agency aggregate the incident-based sexual abuse data at least annually?                                                                                                                                                                                                 | yes |
| <b>115.87 (c)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                            |     |
|                   | Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?                                                                              | yes |
| <b>115.87 (d)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                            |     |
|                   | Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?                                                                                              | yes |
| <b>115.87 (e)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                            |     |
|                   | Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)                                                      | yes |
| <b>115.87 (f)</b> | <b>Data collection</b>                                                                                                                                                                                                                                                            |     |
|                   | Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)                                                                                              | yes |
| <b>115.88 (a)</b> | <b>Data review for corrective action</b>                                                                                                                                                                                                                                          |     |
|                   | 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? |     |
| <b>115.88 (b)</b>  | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?                                                                            | yes |
| <b>115.88 (c)</b>  | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                     |     |
|                    | Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?                                                                                                                     | yes |
| <b>115.88 (d)</b>  | <b>Data review for corrective action</b>                                                                                                                                                                                                                                                     |     |
|                    | Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?                                                                        | yes |
| <b>115.89 (a)</b>  | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                            |     |
|                    | Does the agency ensure that data collected pursuant to § 115.87 are securely retained?                                                                                                                                                                                                       | yes |
| <b>115.89 (b)</b>  | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                            |     |
|                    | Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?                      | yes |
| <b>115.89 (c)</b>  | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                            |     |
|                    | Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?                                                                                                                                                                               | yes |
| <b>115.89 (d)</b>  | <b>Data storage, publication, and destruction</b>                                                                                                                                                                                                                                            |     |
|                    | 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 |
| <b>115.401 (a)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                         |     |

|                    |                                                                                                                                                                                                                                                                                                                                              |     |
|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
|                    | During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)                        | yes |
| <b>115.401 (b)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                    | Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)                                                                                                                                                                                                            | 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.)      | no  |
|                    | 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 |
| <b>115.401 (h)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                    | Did the auditor have access to, and the ability to observe, all areas of the audited facility?                                                                                                                                                                                                                                               | yes |
| <b>115.401 (i)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                    | Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?                                                                                                                                                                                                             | yes |
| <b>115.401 (m)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                    | Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?                                                                                                                                                                                                                                              | yes |
| <b>115.401 (n)</b> | <b>Frequency and scope of audits</b>                                                                                                                                                                                                                                                                                                         |     |
|                    | 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 |
| <b>115.403</b>     | <b>Audit contents and findings</b>                                                                                                                                                                                                                                                                                                           |     |

| (f) |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|     | <div data-bbox="322 185 1273 555"> <p>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.)</p> </div> <div data-bbox="1302 185 1356 219">yes</div> |