

# 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:** 06/14/2022

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" 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 checked="" type="checkbox"/>
<b>Auditor Full Name as Signed:</b> Amanda van Arcken	<b>Date of Signature:</b> 06/14/2022

AUDITOR INFORMATION	
<b>Auditor name:</b>	van Arcken, Amanda
<b>Email:</b>	amanda.vanarcken@doc.oregon.gov
<b>Start Date of On-Site Audit:</b>	03/08/2022
<b>End Date of On-Site Audit:</b>	03/10/2022

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

Primary Contact	
<b>Name:</b>	Steve Ray
<b>Email Address:</b>	SRay2@mt.gov
<b>Telephone Number:</b>	406-233-2290

Warden/Jail Administrator/Sheriff/Director	
<b>Name:</b>	Steve Ray
<b>Email Address:</b>	SRay2@mt.gov
<b>Telephone Number:</b>	406-233-2290

Facility PREA Compliance Manager	
<b>Name:</b>	Matthew Phillips
<b>Email Address:</b>	matt.phillips@mt.gov
<b>Telephone Number:</b>	O: 406-233-2246

Facility Health Service Administrator On-site	
<b>Name:</b>	Heidi Obie
<b>Email Address:</b>	Heidi.Obie@mt.gov
<b>Telephone Number:</b>	406-233-2205

Facility Characteristics	
<b>Designed facility capacity:</b>	120
<b>Current population of facility:</b>	87
<b>Average daily population for the past 12 months:</b>	85
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	Males
<b>Age range of population:</b>	10-75+
<b>Facility security levels/inmate custody levels:</b>	minimum, medium, max 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>	110
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	5
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	10

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>	Michele Morgenroth	<b>Email Address:</b>	mmorgenroth@mt.gov

SUMMARY OF AUDIT FINDINGS	
<p>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.</p> <p>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.</p>	
<b>Number of standards exceeded:</b>	
0	
<b>Number of standards met:</b>	
45	
<b>Number of standards not met:</b>	
0	

# POST-AUDIT REPORTING INFORMATION

## GENERAL AUDIT INFORMATION

### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2022-03-08
2. End date of the onsite portion of the audit:	2022-03-10

### 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?	
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	<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> <ul style="list-style-type: none"><li>· 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.</li><li>· 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.</li></ul>

## AUDITED FACILITY INFORMATION

14. Designated facility capacity:	
15. Average daily population for the past 12 months:	
16. Number of inmate/resident/detainee housing units:	
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	

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

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

36. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:	57
37. 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:	30
38. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	1
39. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	0
40. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	0
41. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	0
42. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	0
43. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	2
44. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	1
45. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	4
46. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	5
47. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
48. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	No text provided.

**Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit**

49. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	110
---	-----

50. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	10
51. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	5
52. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	

## INTERVIEWS

### Inmate/Resident/Detainee Interviews

#### Random Inmate/Resident/Detainee Interviews

53. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	15
54. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	<input type="checkbox"/> Age <input type="checkbox"/> Race <input type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input type="checkbox"/> Length of time in the facility <input type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other <input type="checkbox"/> None
55. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	<p>The PAQ indicated the average daily population for audit period was 85 residents. The resident population on the first day of the onsite review was 87. 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 the fourth youth resident and fifth adult resident until the required number of random interviews had been met. A total of five random youth and ten 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>
56. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	

<p><b>57. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>The Pine Hills Correctional Facility had a limited number of residents who qualified for targeted categories. For the youth population, there were no youth with physical disabilities, with low vision or hearing impairments, limited-English proficiencies, cognitive disabilities, or who identified as gay or bisexual or 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. PHCF does not have restrictive housing units, so there were no youth or adults who had been placed in segregated housing for high risk of sexual victimization. A total of eight targeted youth and five targeted adult interviews were conducted.</p>
---	---

<b>Targeted Inmate/Resident/Detainee Interviews</b>	
---	--

<p><b>58. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	13
--	----

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

<p><b>59. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</b></p>	13
--	----

<p><b>60. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	0
--	---

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
---	---

<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This 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>61. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	0
---	---

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This 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>62. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This 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>63. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This 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>64. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b></p>	<p>0</p>

<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>This 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>65. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>2</p>
<p><b>66. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b></p>	<p>1</p>
<p><b>67. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b></p>	<p>4</p>
<p><b>68. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b></p>	<p>5</p>
<p><b>69. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b></p>	<p>0</p>
<p><b>a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b></p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p><b>b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b></p>	<p>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.</p>

<p>70. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</p>	<p>The Pine Hills Correctional Facility had a limited number of residents who qualified for targeted categories. For the youth population, there were no youth with physical disabilities, with low vision or hearing impairments, limited-English proficiencies, cognitive disabilities, or who identified as gay or bisexual or 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. PHCF does not have restrictive housing units, so there were no youth or adults who had been placed in segregated housing for high risk of sexual victimization. A total of eight targeted youth and five targeted adult interviews were conducted. Interviews were conducted with the following targeted residents:</p> <ul style="list-style-type: none"> <li>· One adult with a physical disability</li> <li>· One adult who identified as transgender</li> <li>· Four youth who reported sexual abuse</li> <li>· Four youth and one adult who reported sexual victimization during risk screening</li> </ul> <p>There were no residents at PHCF who were admitted to the facility prior to August 20, 2012.</p>
---	---

**Staff, Volunteer, and Contractor Interviews**

**Random Staff Interviews**

<p>71. Enter the total number of RANDOM STAFF who were interviewed:</p>	<p>12</p>
---	-----------

<p>72. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</p>	<p><input type="checkbox"/> Length of tenure in the facility</p> <p><input checked="" type="checkbox"/> Shift assignment</p> <p><input type="checkbox"/> Work assignment</p> <p><input type="checkbox"/> Rank (or equivalent)</p> <p><input type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)</p> <p><input type="checkbox"/> None</p>
---	--

<p>73. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>74. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</p>	<p>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. Two staff from first watch, four staff from second watch, and six staff from third watch were interviewed.</p>
--	--

**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.

<p>75. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</p>	<p>30</p>
---	-----------

<p><b>76. Were you able to interview the Agency Head?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>77. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>78. Were you able to interview the PREA Coordinator?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>79. Were you able to interview the PREA Compliance Manager?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)</p>

<p><b>80. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)</b></p>	<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Agency contract administrator</li> <li><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</li> <li><input checked="" type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</li> <li><input checked="" type="checkbox"/> Medical staff</li> <li><input checked="" type="checkbox"/> Mental health staff</li> <li><input type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</li> <li><input checked="" type="checkbox"/> Administrative (human resources) staff</li> <li><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</li> <li><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</li> <li><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</li> <li><input type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</li> <li><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</li> <li><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</li> <li><input checked="" type="checkbox"/> First responders, both security and non-security staff</li> <li><input checked="" type="checkbox"/> Intake staff</li> <li><input checked="" type="checkbox"/> Other</li> </ul>
<p><b>If "Other," provide additional specialized staff roles interviewed:</b></p>	<p>Grievance Coordinator, mailroom staff, maintenance staff, and food services staff.</p>
<p><b>81. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>a. Enter the total number of VOLUNTEERS who were interviewed:</b></p>	<p>1</p>

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

<p><b>84. Did you have access to all areas of the facility?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
---	---

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

<p><b>85. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
--	---

<p>86. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>87. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>88. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p>89. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p>	<p>PHCF houses both youthful and adult residents. Youth are housed in housing units Charlie and Bravo; adults are housed in housing units Alpha, Delta, and Echo. Housing unit Foxtrot was closed in 2021 and did not have any occupants at the time of the onsite review. For PREA purposes, PHCF is an adult prison, as it has primarily housed more adults than youth over the previous years. The Montana Department of Corrections oversees three state-run facilities and 16 contracted facilities throughout Montana, securely incarcerating approximately 2700 offenders. These include secure, assessment, treatment, and prerelease facilities. The mission statement of MDOC is – Creating a safer Montana through accountability, rehabilitation, &amp; empowerment.</p> <p>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), with an operational capacity of 38. 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, with 44 adult treatment beds and 22 adult beds for residents awaiting transfer.</p> <p>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. Housing Unit Foxtrot was closed in 2021 and was unoccupied at the time of the onsite review.</p> <p>Alpha Unit is an adult male assessment unit.</p> <p>Bravo Unit houses youthful males and includes sex offender treatment.</p> <p>Charlie Unit houses youthful males.</p> <p>Delta is a 90-day chemical dependency program unit.</p> <p>Echo houses adult males engaged in education, vocational programs, and chemical dependency overflow.</p>
<p><b>Documentation Sampling</b></p>	
<p>Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.</p>	
<p>90. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>

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

No text provided.

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

### Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	3	1	4	1
<b>Staff-on-inmate sexual abuse</b>	3	2	3	2
<b>Total</b>	6	3	7	3

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	9	0	9	0
<b>Staff-on-inmate sexual harassment</b>	4	0	4	0
<b>Total</b>	13	0	13	0

### Sexual Abuse and Sexual Harassment Investigation Outcomes

#### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	1	0	1	1
Staff-on-inmate sexual abuse	0	0	1	0
<b>Total</b>	1	0	2	1

**Sexual Harassment Investigation Outcomes**

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	0	4	3	2
Staff-on-inmate sexual harassment	0	3	1	0
<b>Total</b>	0	7	4	2

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

**Sexual Abuse Investigation Files Selected for Review**

98. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled: 4

<p>99. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)</p>
<p><b>Inmate-on-inmate sexual abuse investigation files</b></p>	
<p>100. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>3</p>
<p>101. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p>102. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)</p>
<p><b>Staff-on-inmate sexual abuse investigation files</b></p>	
<p>103. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</p>	<p>1</p>
<p>104. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p>105. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)</p>
<p><b>Sexual Harassment Investigation Files Selected for Review</b></p>	
<p>106. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>13</p>

<p>107. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)</p>
--	---

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

<p>108. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>9</p>
--	----------

<p>109. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

<p>110. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)</p>
--	--

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

<p>111. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</p>	<p>4</p>
---	----------

<p>112. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?</p>	<p><input type="radio"/> Yes</p> <p><input checked="" type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>113. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p> <p><input type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)</p>
---	---

<p>114. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.</p>	<p>No text provided.</p>
---	--------------------------

**SUPPORT STAFF INFORMATION**

**DOJ-certified PREA Auditors Support Staff**

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

### Non-certified Support Staff

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

## AUDITING ARRANGEMENTS AND COMPENSATION

121. Who paid you to conduct this audit?

- The audited facility or its parent agency
- My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option)
- A third-party auditing entity (e.g., accreditation body, consulting firm)
- Other

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

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

## Standards

### Auditor Overall Determination Definitions

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

### Auditor Discussion Instructions

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.

115.11	<p><b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b></p> <p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>PHCF Pre-Audit Questionnaire (PAQ) responses  MDOC Policy 1.1.17  PHCF Procedure 1.1.17  MDOC Organizational Chart  PHCF Organizational Chart  Interview with the PREA Coordinator  Interview with the PREA Compliance Manager</p> <p>(a) MDOC Policy 1.1.17 states on page one, <i>“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).”</i> This policy outlines the agency’s comprehensive and coordinated approach to preventing, detecting, and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors.</p> <p>PHCF Procedure 1.1.17 reiterates the same statement on page one and outlines the facility’s comprehensive and coordinated approach to preventing, detecting, and responding to sexual abuse and sexual harassment, including definitions of prohibited behaviors and consequences for those found to have participated in prohibited behaviors.</p> <p>(b) MDOC employs an upper-level, agency-wide PREA Coordinator. The PREA Coordinator reports to the Public Safety Chief. This position is reflected in agency organizational charts. When interviewed, the PREA Coordinator indicated that they have the time, resources, and authority required to manage their responsibilities.</p> <p>(c) A facility PREA Compliance Manager is designated at each of the facilities operated by the Montana Department of Corrections. PHCF has designated a facility PREA Compliance Manager, who reports directly to the facility Superintendent. When interviewed, the facility PCM indicated that they have the time to manage all their PREA-related responsibilities.</p> <p>Conclusion:</p> <p>Based upon the review and analysis of all available evidence, the auditor has determined that the agency and facility are in full compliance with the standard of zero-tolerance of sexual abuse and sexual harassment, and employment of the PREA Coordinator, as it relates to PREA.</p>
--------	---

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<p data-bbox="240 208 451 235"><b>Auditor Discussion</b></p> <p data-bbox="240 271 1163 297">The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p data-bbox="240 329 734 356">PHCF Pre-Audit Questionnaire (PAQ) responses</p> <p data-bbox="240 360 448 387">MDOC Policy 1.1.17</p> <p data-bbox="240 392 793 418">Contracts for the secure and community facilities noted</p> <p data-bbox="240 423 628 450">Interview with agency contract monitor</p> <p data-bbox="240 517 1461 611"><i>(a-b) MDOC Policy 1.1.17 states on page four, "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."</i></p> <p data-bbox="240 642 1477 835">In non-federal audit years, MDOC contract and compliance monitors visit each facility to ensure that they are continuing to comply with the PREA standards. In 2021, Montana MDOC contracted with 18 secure or community facilities. Two facilities have not completed a federal PREA Audit – Dawson County Correctional Facility and Missoula Assessment and Sanction Center (MASC). The agency is working with MASC to determine if they will complete a federal PREA Audit prior to the sunset date in August 2022 for the allowance that facilities be working toward compliance. The agency is aware that the facility must be PREA compliant by that date and is working toward that goal.</p> <p data-bbox="240 866 1461 960">Each facility agreement contains language around the contracted facility's compliance with PREA, timely completion of the <i>Bureau of Justice Statistics Annual Survey on Sexual Victimization</i>, compliance reviews, and MDOC's zero tolerance for incidents of sexual assault/rape or sexual misconduct in its correctional facilities or premises.</p> <ol data-bbox="240 992 1493 2148" style="list-style-type: none"> <li>1. MDOC's contract with Alpha House was originally executed on July 1, 2005 and provides that the parties may extend the expiration date of the contract. Page 27 of the agreement contains the required PREA-related information. Alpha house had a federal audit in October 2019 and a compliance check in April 2021.</li> <li>2. MDOC's contract with Connections Corrections East/West was executed on June 30, 2020 and terminates upon execution of a new contract between MDOC and the successful offeror under Request for Proposal being issued unless terminated earlier as provided in the contract. Page 11 of the contract contains the required PREA-related information. CC East had federal audits in June 2016 and January 2019, and compliance checks in February 2020 and April 2021.</li> <li>3. MDOC's contract with Community, Counseling &amp; Correctional Services, Incorporated was executed on June 2, 2020. The parties may negotiate the terms of the contract every two years. Page 28 of the contract contains the required PREA-related information.</li> <li>4. MDOC's contract with Elkhorn Treatment Center was originally executed on April 9, 2007 and provides that the parties may extend the expiration date of the contract. Page 20 of the contract contains the required PREA-related information. Elkhorn Treatment Center had federal audits in February 2018 and April 2021, and compliance checks in April 2019 and February 2020.</li> <li>5. MDOC's contract with Gallatin County Reentry Program was executed on September 8, 2015 with a provision for renegotiation every two years. Page seven of the contract contains the required PREA-related information. Gallatin County Reentry Program had federal audits in February 2017 and September 2019, and compliance checks in March 2020 and April 2021.</li> <li>6. MDOC's contract with Great Falls Prerelease Center was originally executed on July 1, 2005 and provides that the parties may modify their agreement in writing. Page 85 of the contract contains the required PREA-related information. Great Falls Prerelease Center had a federal audit in October 2019 and a compliance check in August 2021.</li> <li>7. MDOC's contract with Helena Prerelease Center was originally executed on July 1, 2005 with a provision for an extension every two years. Page 31 of the contract contains the required PREA-related information. Helena Prerelease Center had federal audits in February 2018 and March 2021, and compliance checks in April 2019 and August 2020.</li> <li>8. MDOC's contract with Missoula Prerelease Center was originally executed on July 1, 2005 with a provision that the parties may modify their agreement in writing. Page 62 of the contract contains the required PREA-related information. Missoula Prerelease Center had a federal audit in November 2020 and a compliance check in June 2019.</li> <li>9. MDOC's contract with the Nexus Correctional Treatment Center was originally executed on June 1, 2007 with a provision that the parties may negotiate the terms of the contract every two years. Page 16 of the contract contains the</li> </ol>

required PREA-related information. Nexus Correctional Treatment Center had federal audits in September 2016 and October 2019, and compliance checks in May 2019 and April 2021.

10. MDOC's contract with Passages Alcohol & Drug Treatment/Assessment, Sanction & Revocation Center/Prerelease Center was originally executed on January 19, 2007 with a provision that the parties may negotiate the terms of the contract every two years. Page 35 of the contract contains the required PREA-related information. All three entities had federal audits in October 2019 and a compliance check in April 2021.

11. MDOC's contract with START was originally executed on July 29, 2010 with a provision that the parties may negotiate the terms of the contract every two years. Page 14 of the contract contains the required PREA-related information. START had a federal audit in February 2019, and compliance checks in August 2020 and April 2021.

12. MDOC's contract with Watch East/West was executed on July 1, 2020 and terminates upon execution of a new contract between MDOC and the successful offeror under RFP being issued unless terminated earlier. Page 11 of the contract contains the required PREA-related information. Watch East had federal audits in June 2016 and October 2019, and compliance checks in May 2019 and April 2021. Watch West had federal audits in January 2017 and May 2019, and compliance checks in February 2020 and April 2021.

13. MDOC's contract with Women's Transition Center was originally executed on July 1, 2005 with a provision that the parties may negotiate the terms of the contract every two years. Page 28 of the contract contains the required PREA-related information. Women's Transition Center had federal audits in June 2016 and March 2019, and a compliance check in August 2020.

14. MDOC's Memorandum of Agreement with Crossroads Correctional Center was executed on September 3, 2020 and was scheduled to end on July 1, 2021. The parties may agree to renew the contact for an additional two-year period, said period subject to satisfactory evidence of contractual compliance. Pages 381-382 and page 402 of the contract contain the required PREA-related information. Crossroads Correctional Center had federal audits in November 2015, September 2018 and November 2021, and compliance checks in August 2019 and August 2020.

15. MDOC's contract with Five County Treatment & Youth Rehabilitation Center was executed on August 17, 2021 and is scheduled to end on July 1, 2022. The contract may be extended by mutual agreement of the parties for up to seven years. Pages one and two of the contract contain the required PREA-related information. Five County had federal audits in January 2018 and October 2021, with a compliance check in September 2019.

16. MDOC's contract with Dawson County Correctional Facility was executed on July 5, 2018. The contract is scheduled to end on June 30, 2029. Page 17 of the contract contains the required PREA-related information. Dawson County Correctional Facility had a compliance check in July 2019.

17. MDOC's Memorandum of Agreement with Missoula Assessment & Sanction Center was last renewed on December 6, 2016 and is scheduled to end on June 30, 2029. Page 57 of the contract contains the required PREA-related information.

18. MDOC's contract with Cascade County Regional Prison (CCRP) was originally executed in May 2008. CCRP had federal audits in December 2016 and November 2020, with a compliance check in August 2019. Page 17 of the contract contains the required PREA-related information. The contract was terminated on June 30, 2021. Cascade Regional Prison had federal audits in December 2016 and November 2020, and a compliance check in August 2019.

There is a contract monitor assigned to secure facilities, and a contract monitor assigned to community facilities.

An interview with one of the agency contract monitors indicated they conduct site visits annually and checks to ensure signs are posted, residents are receiving required PREA education, and reporting mechanisms are operational.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency is in full compliance with the standard of contracting with other entities for the confinement of residents, as it relates to PREA.

115.13	<b>Supervision and monitoring</b>
	<p data-bbox="240 147 738 174"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="240 210 451 237"><b>Auditor Discussion</b></p> <p data-bbox="240 273 1163 300">The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <ul data-bbox="240 331 780 658" style="list-style-type: none"> <li>PHCF Pre-Audit Questionnaire (PAQ) responses</li> <li>MDOC Policy 1.1.17</li> <li>PHCF Procedure 1.1.17</li> <li>2021 Staffing Plan for PHCF</li> <li>Interview with the facility head</li> <li>Interview with the PREA Coordinator</li> <li>Interview with the PREA Compliance Manager</li> <li>Interview with intermediate or higher-level facility staff</li> <li>Staff duty rosters</li> <li>Observation of facility operations while onsite</li> </ul> <p data-bbox="240 721 1477 846">(a, c) MDOC Policy 1.1.17 states on page four, <i>“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... The facility will review the staffing plan annually, in consultation with the PREA coordinator, to assess and document whether adjustments are needed.”</i></p> <p data-bbox="240 882 1493 1106">PHCF Procedure 1.1.17 states on pages four and five, <i>“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.”</i></p> <p data-bbox="240 1137 1455 1196">PHCF is a minimum-security prison housing a maximum of 136 youthful and/or adult residents. No medium- or maximum-security residents are housed at the facility.</p> <p data-bbox="240 1227 1485 1456">Whenever necessary, but no less than once each year, each facility, in collaboration with the agency PREA Coordinator, will review the staffing plan, the deployment of monitoring technology and the allocation of facility resources to commit to the staffing plan to ensure compliance. Any adjustments are documented. This auditor reviewed documentation from the most recent staffing plan meeting, held in December 2021. The overall staffing plan remained unchanged with the primary method of resident supervision remaining direct staff supervision, augmented using surveillance equipment. The staffing plan was predicated for a capacity of 120 residents; due to intake restrictions during the COVID-19 pandemic, the average daily number of residents for the last 12 months was 70.</p> <p data-bbox="240 1487 1490 1747">To adequately supervise the five housing units and programming, PHCF has 72 full-time positions, including: one chief of security; three, unit shift security supervisors; 12, unit shift supervisors; and 55 correctional officers. PHCF operates three, eight-hour shifts each day for security and supervision personnel: AM Shift is from 0600-1400 hours; PM Shift is from 1400-2200 hours; and Night Shift is from 2200-0600 hours. In the youth units, PHCF keeps a minimum staff-to-youth ration of 1:8 during waking hours. There is one staff per unit and a roaming security officer during sleeping hours. In the adult units, PHCF keeps a minimum staff-to-adult ration of 1:24 during waking hours. There is one staff per unit and a roaming security officer during sleeping hours. To avoid dropping below these staff ratios, PHCF offers voluntary overtime to cover shift. Mandatory overtime has not been required at PHCF for at least 11 years.</p> <p data-bbox="240 1778 1490 1836">PHCF has not had any judicial findings of inadequacy, or findings of inadequacy from Federal investigative agencies, internal or external oversight bodies.</p> <p data-bbox="240 1868 1442 1926">(b) MDOC Policy 1.1.17 states on page four, <i>“In circumstances where the staffing plan is not complied with, facilities will document and justify all deviations from the plan.”</i></p> <p data-bbox="240 1957 1490 2056">PHCF Procedure 1.1.17 states on page four, <i>“In circumstances where the staffing plan is not complied with, Chief of Security (or designee) will immediately document and justify all deviations from the staffing plan in writing and provide this documentation to the facility Superintendent and PREA Compliance Manager.”</i></p> <p data-bbox="240 2087 1471 2145">In the event of a staffing deviation, the unit security supervisor will document the occurrence in the Control Room log. Notification of the deviation will be given to the Superintendent, PREA Compliance Manager, and the Chief of Security. The</p>

PCM will review and initial the log entry for each shift with a deviation. The log entry will include the number of staff below minimum on shift; what programming was canceled; which positions were vacant for each shift; and what efforts were made to avoid deviation. To avoid or minimize the impact of a deviation, the supervisor will consider offering voluntary overtime; mandating staff to work overtime; cancelling programming; and modifying operations in units or the entire facility (lockdown). There were no staffing deviations from November 1, 2020 through October 31, 2021.

While onsite, this auditor observed enough security and support staff in all areas of the facility.

(d) MDOC Policy 1.1.17 states on page four, *“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.”*

PHCF Procedure 1.1.17 states on page five, *“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.”*

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 between November 2020 and October 2021. Unannounced rounds occurred on day, swing, and night 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.

Conclusion:

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

115.14	<b>Youthful inmates</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p> <p><b>Auditor Discussion</b></p> <p>The auditor gathered, analyzed, and retained the following evidence related to this standard:</p> <p>PHCF Pre-Audit Questionnaire (PAQ) responses  PHCF Procedure 1.1.17.001, <i>Sight &amp; Sound Separation of Youth &amp; Adult Residents</i>  PHCF Fire Evacuation Plans  Interview with the PREA Compliance Manager  Interviews with random staff and random residents</p> <p>(a-b) The purpose of PHCF Procedure 1.1.17.001 is “...to separate youth and adults housed within Pine Hills and ensure youth residents are not subject to threats, intimidation, physical assault or other forms of physical or psychological abuse from adult residents.” Page two of the procedure states, “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, staff training, resident education, reporting requirements, investigative protocols, incidents reviews, and sanctions.</p> <p>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. Youth are assigned to Bravo and Charlie housing units; adults are assigned to Alpha, Delta, and Echo housing units. There is no ability for anyone in the corridor to see into any housing unit, nor the ability for anyone in one housing unit to see into another housing unit. There is complete sound separation. 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.</p> <p>Interviews with random staff and random residents indicated that sight or sound interaction between is exceedingly rare and only occurs under direct staff supervision.</p> <p>(c) Page two of 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; and participation in facility services, including but not limited to, education, programs, access to medical services and work opportunities. Facility emergency plans to address fire, disturbances, medical emergencies, suicide prevention and response etc. shall include response preparations to ensure sight and sound separation of youth and adult residents.”</p> <p>PHCF housing units are comprised of single cells, and there is no restricted housing or segregation unit. This auditor reviewed the 2019 and 2021 Fire Evacuation Plans for PHCF. The primary and secondary staging plans ensure that youthful and adult residents are kept separate.</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 the standard of youthful residents, as it relates to PREA.</p>

## 115.15 Limits to cross-gender viewing and searches

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 3.1.17, *Searches & Contraband Control*  
PHCF PREA Procedure 1.1.17  
Post Order SEC-30 *Cross Gender Announcement*  
MDOC Policy 3.1.21, *Inmate Count & Supervision*  
Lesson Plan for *Comprehensive PREA Training 2020*  
Interviews with random staff and random residents  
Observation of facility operations while onsite

(a, c) Frequent, unannounced searches of residents, their living quarters and other areas of the facility are necessary to maintain the safety, security, and orderly operations of prisons. By agency policy, facility procedures must require staff to document all searches, to include routine, clothed body searches. Pages two and three of 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.

PHCF PREA Procedure 1.1.17 states on page four, *"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."*

The PAQ indicated there were no cross-gender strip or cross-gender visual body cavity searches of residents in the past 12 months.

This auditor reviewed the PHCF lesson plan and training curriculum for *Comprehensive PREA Training 2020*. Pages 18 and 19 of the lesson plan and the accompanying PowerPoint slides reiterate the policy directives.

Because PHCF does not house female residents, the requirement to document all cross-gender pat-down searches of female residents are not applicable. Interviews with staff and residents did not indicate that cross-gender unclothed searches have occurred, nor did this auditor observe any cross-gender unclothed searches while onsite at PHCF.

(b) Because PHCF does not house female residents, this provision of the standard is not applicable.

(d) MDOC Policy 3.1.21 states on pages four and five, *"Facility procedures will ensure that inmates are able 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 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."*

PHCF PREA Procedure 1.1.17 states on page four, *"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 the 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."*

The purpose of Post Order SEC-30 is to *"...ensure compliance with PREA Standard 115.15 (d), which requires facilities to implement policies and procedures that enable 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. 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]”*.

During the physical plant review, this auditor looked for potential blind spots in areas accessible to residents, and areas where cross-gender viewing may occur. The following areas of concern were identified for corrective action:

Large magnets had been placed on the interior of the dental and exam room windows to provide privacy during patient exams, however the magnets always remained over the windows. The facility PCM labeled the magnets with the directive to remove them from the windows when not required for an exam prior to the end of the onsite review.

A staff office in the intake area of the facility had blinds on the window, preventing anyone from seeing the interior of the office from the outside. This auditor verified the blinds had been removed from the office window prior to the end of the onsite review.

There were no PREA education postings in the resident break area of the kitchen or Vocational Technology. This auditor verified that postings were added prior to the end of the onsite review.

Staff restrooms in housing units Alpha, Charlie, Echo, and the main corridor were unlabeled. This auditor verified labels had been added prior to the end of the onsite review.

The office in the counseling center had an area in the back that turned towards the left. This auditor recommended adding a security mirror to the back wall to permit viewing into the side area. On April 7, 2022, this auditor reviewed proof the mirror was ordered. This auditor was provided photographic evidence of the mirror placement on April 25, 2022.

A classroom in the school had a secondary room in the back with a solid door. The room contains confidential files. This auditor requested a notice be placed on the door indicated no resident access. This auditor reviewed photographic evidence of sign placement on April 7, 2022.

Housing unit Foxtrot was closed and unused by residents. If Foxtrot is reactivated as a housing unit, it will require shower curtains in the restroom and a security mirror added to the servery hallway. On April 7, 2022, this auditor reviewed photographic evidence that shower curtains had been placed in the unit, and a mirror was ordered for the servery hallway. This auditor was provided photographic evidence of the mirror placement on April 25, 2022.

While onsite, this auditor observed opposite gender announcements consistently taking place. All staff interviewed expressed their knowledge of the requirement to announce. Most female staff interviewed indicated they announced both at the housing unit door upon entry to the unit and when they entered the hallway where cells are located. This was verified by interviews with random residents.

(e) Page three of 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.”*

This auditor reviewed the PHCF lesson plan and training curriculum for *Comprehensive PREA Training 2020*. Pages 18 and 19 of the lesson plan and their accompanying PowerPoint slides remind staff of the prohibition to search or physically examine a transgender or intersex resident for the sole purpose of determining genital status. Interviews with random staff indicated they are aware that searches to determine genital status are prohibited by standard and agency policy. The one transgender resident interviewed did not indicate they had been searched for the sole purpose of determining genital status.

(f) It is the policy of the Montana Department of Corrections to conduct all searches in a professional, respectful, and least intrusive manner as possible, consistent with security needs. Page five of 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.”*

This auditor reviewed the PHCF lesson plan and training curriculum for *Comprehensive PREA Training 2020*. The lesson plan reiterates policy directives about professionalism and respect.

Interviews with random staff indicated they were unclear on when and how clothed body searches should be conducted, and which gender of security staff were to conduct searches of transgender residents. This auditor required the facility PCM to send an email to all staff to clarify search practices. The email was sent while this auditor was still on site, stating, *“This is a reminder that pat searches need to be completed on a regular basis when entering/departing the unit and/or returning from work details. We are to use the back/blade of the hand technique as you have been trained so male and female staff can do pat searches and they are conducted in a uniform fashion. Only male staff should conduct pat searches on youth, but it should be done with back/blade of the hand technique. Transgender inmates do not need to be treated differently or given a*

*choice in who searches them."*

Conclusion:

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

**115.16 Inmates with disabilities and inmates who are limited English proficient**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC Policy 3.3.15, *American With Disabilities Act (ADA) Offender Accommodations*  
Contract No. 16-002-DOC between MDOC and Cyracom International Inc.  
Interview with the PREA Coordinator  
Interview with the PREA Compliance Manager  
Interviews with random staff and random residents  
Interviews with residents with disabilities

(a-b) MDOC Policy 3.3.15 states on page one, *"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."*

MDOC Policy 1.1.17 states on page six, *"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 states on page eight, *"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 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 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."*

MDOC utilizes Cyracom International, Inc., for interpreter services. The contract is renewed and updated annually. Posters with instructions to contact the services are posted in areas available to staff throughout each facility. Braille brochures with PREA reporting information are available at each MDOC facility.

While onsite, the auditor observed PREA postings in both English and Spanish.

Interviews with random staff and random/targeted residents indicated that residents with disabilities would be afforded additional accommodation to ensure their access to all aspects of the agency's PREA program.

(c) MDOC Policy 1.1.17 states on page 13, *"The facility will not rely on offender interpreters for investigations regarding sexual abuse or sexual harassment except in 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."*

PHCF had a limited number of residents who qualified for targeted categories. For the youth population, there were no youth with physical disabilities, with low vision or hearing impairments, limited-English proficiencies, cognitive disabilities, or who identified as gay or bisexual or 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. Relevant to this standard, an interview was conducted with one adult with a physical disability.

All interviews with targeted populations indicated they were able to receive information in a format they were able to understand. No interviews indicated another resident had been used to assist in their comprehension. Interviews with random staff indicated they were aware of translation services and would not use another resident to translate. There were not any residents who required the use of translation services during the onsite review.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is in full compliance with the standard of residents with disabilities and residents who are limited-English proficient, as it relates to PREA.

## 115.17 Hiring and promotion decisions

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
MDOC Policy 1.3.55, *Criminal Conviction in Employment*  
MDOC Policy 3.01.21, *Performance & Conduct*  
MDOC *Acknowledgement & Disclosure* form  
MDOC *Pre-Interview Questionnaire* form  
Employee, contractor, and volunteer file reviews  
Interview with the facility head  
Interview with Human Resource staff  
Interview with agency PREA Coordinator

(a) MDOC Policy 1.3.55 states on page two, *"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:*

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

(b) MDOC Policy 1.3.55 states on page two, *"Prior to hiring, promoting, or enlisting the services of any individual who may have contact with offenders, the Department will consider any incident where the individual engaged in sexual harassment."* Interviews with the facility head and Human Resource staff indicated the policy is implemented in practice. The facility head indicated they would not enlist the services of a contractor who had allegations of sexually harassing residents.

(c) MDOC utilizes a standardized form for reference checks, Pre-Interview Questionnaire. The form guides supervisors to ask about workplace sexual abuse and sexual harassment, as well as if the candidate has ever been found to have engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, other institution or place of detention. Applicants are required to provide information about prior institutional employers.

During the second cycle of federal PREA audits, it was discovered that reference checks for new employees were stored in a file separate from the employee's personnel file. State policy at that time required those records to be destroyed after two years. In 2018, this was corrected to ensure the reference check is kept in the employer's personnel file. This auditor was unable to verify records for employees hired prior to 2018.

During the 12 months preceding the audit, 12 new employees were hired at PHCF. File reviews indicated criminal record checks are completed for all new employees.

(d-e) MDOC Policy 1.3.55 states on page two, *"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 providers who may have contact with youth."*

Human Resource staff utilize the same process for volunteers and contractors as they do for permanent employees. Volunteers and contractors fill out a *PREA Disclosure* form with the same requirements as employees.

Interviews with Human Resource staff and the agency PREA Coordinator indicted these checks take place as required. Criminal background checks for PHCF are conducted in years ending in "0" and "5". They were last completed in 2020 and are scheduled to be completed again 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 the specified year.

This auditor requested and reviewed files of 15 current PHCF employees. All files contained the required information.

(f-g) MDOC Policy 1.3.55 states on page three, *"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."*

MDOC applicants provide information related to misconduct on the *Pre-Interview Questionnaire*. MDOC employees 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.

MDOC Policy 3.01.21 states on pages two and three, *"Performance and conduct behavior unacceptable for Department employees includes, but is not limited to, the following: falsifying any department record; sabotaging, impeding, interfering, or failing to cooperate with any authorized Department or law enforcement investigation; failure to timely report policy violations, or job-related illegal or unethical behavior to the appropriate authority; failure to self-report an arrest, conviction, or professional disciplinary action against a professional license required by the position."*

MDOC Policy 1.3.55 states on page two, *"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 is listed in the discussion for substandard (a) of this standard.

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. An interview with Human Resource staff indicated disciplinary action, including termination, is taken when material omissions are discovered.

Employees of MDOC do not conduct self-evaluations.

(h) MDOC Policy 1.3.55 states on page four, *"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."*

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 the audit documentation period.

Conclusion:

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

## 115.18 Upgrades to facilities and technologies

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

PHCF Procedure 1.1.17

Interview with agency head/designee

Interview with agency PREA Coordinator

Interview with the facility head

Interview with the PREA Compliance Manager

Observation of facility operations while onsite

(a) MDOC Policy 1.1.17 states on page four, *“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.”*

PHCF Procedure 1.1.17 states on page four, *“When planning any substantial expansion or modification of the facility, 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 residents from sexual abuse. The PCM must be notified at the beginning of any planning phase for expansions or modification.”*

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.

Interviews with the agency head/designee, agency PREA Coordinator, facility head, and facility PREA Compliance Manager confirmed the agency has not designed or acquired any new facilities. During the site review, this auditor did not observe any other areas that appeared to be under construction for a substantial expansion or modification.

(b) MDOC Policy 1.1.17 states on page four, *“When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility and department must consider how such technology may enhance the facility’s and department’s ability to protect offenders from sexual abuse.”*

PHCF Procedure 1.1.17 states on page four, *“When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility and department must consider how such technology may enhance the facility’s and department’s ability to protect offenders from sexual abuse. The PCM must be notified at the beginning of any planning phase for installing or updating technology.”*

PHCF had 90 cameras installed and operational at the time of the onsite review. There are an additional 33 cameras still to be installed. Video records are retained for 21 days. Facility managers and investigators have a link on their computer desktop that permits them to view live or retained video. The facility PCM accompanies electricians and camera installers when conducting walk-throughs for upgrades to the camera system and when identifying new camera locations to address blind spots and other areas of concern.

Interviews with the facility head and facility PREA Compliance Manager confirmed that the prevention of sexual abuse and sexual harassment was a factor in determining camera placement and if an upgrade for a specific camera was necessary to aid in detection.

Conclusion:

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

## 115.21 Evidence protocol and forensic medical examinations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC Policy 3.1.19, *Investigations*  
MDOC Policy 3.1.28, *Crime Scene & Physical Evidence Preservation*  
PHCF *PREA Coordinated Facility Response Plan*  
Interview with the PREA Compliance Manager  
Interview with SAFE/SANE  
Interviews with medical staff  
Interview with investigations staff  
Interviews with random staff and random residents

(a) MDOC Policy 1.1.17 states on page 12, "Administrators, or designees, will ensure all staff follow appropriate evidence procedures outlined in DOC Policy 3.1.28 *Crime Scene and Physical Evidence Preservation*." PHCF Procedure 1.1.17 reiterates this information on page 12.

MDOC Policy 3.1.28 states on pages one and two, "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." After ensuring safety and facilitating emergency care, staff are directed to maintain crime scene integrity, safeguard evidence and minimize contamination.

(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.

(c) MDOC Policy 1.1.17 states on page 11, "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."

Page 16 of PHCF Procedure 1.1.17 reiterates agency policy language. With regards to financial obligation, page 16 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...”*

During the audit documentation period, one forensic medical exam was provided by a qualified medical practitioner.

All forensic medical exams are provided offsite by Sexual Assault Nurse Practitioners or qualified medical practitioners, as verified through interview. Interviews with medical staff verified residents are not financially responsible for forensic medical exams.

(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 May 27, 2021. The term of the MOU is through March 31, 2022 but may be renewed for a period not to exceed a total of five 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.

(f) The agency is responsible for investigating allegations of sexual abuse; therefore, this subsection of the standard does not apply to PHCF.

(g) 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 the standard of evidence protocols and forensic medical examinations, as it relates to PREA.

## 115.22 Policies to ensure referrals of allegations for investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

PHCF Procedure 1.1.17

MDOC Policy 3.1.19, *Investigations*

MDOC Webpage

Interview with agency head/designee

Interviews with investigative staff

(a-c) MDOC Policy 1.1.17 states on page 10, *“Potential criminal conduct will be reported to the LEAJ [Law Enforcement Agency of Jurisdiction] 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 Procedure 1.1.17 states on pages 16 and 17, *“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...After receipt of a report of potential sexual abuse or sexual harassment, the Superintendent (or designee) or PREA Compliance Manager (or designee) will promptly send a Request for Investigation (RFI) to the Office of Investigations to Initiate an investigation...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.”*

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.

Interviews with investigative staff indicated they are knowledgeable of the process for case referral. The interview of the agency head/designee indicated the agency is committed to creating a sexually safe environment for all residents and has an established relationship with agency investigators to ensure allegations are investigated and referred properly.

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

(e) 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 the standard of policies to ensure referrals of allegations for investigations, as it relates to PREA.

## 115.31 Employee training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC *Employee Pre-Service PREA Acknowledgement* form  
Lesson Plan for *Comprehensive PREA Training 2020*  
Staff training reports  
Interviews with random staff

(a-c) MDOC Policy 1.1.17 states on page five, *"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."*

PHCF Procedure 1.1.17 states on page six, *"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."*

The subparts referenced in agency policy and facility procedure language are the ten elements required by the standards, as well as relevant laws regarding the applicable age of consent, instruction tailored to male and female offenders, and instruction specific to the unique needs and attributes of juveniles.

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. If an employee is unable to attend in-person training when scheduled, they are required to read the policy and acknowledge understanding of MDOC Policy 1.1.17. 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. They must attend the next scheduled classroom training.

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.

This auditor reviewed training records to ensure all staff have been trained as required. Employees that had not initially completed the training received a letter of instruction with direction to attend remedial training.

(d) MDOC Policy 1.1.17 states on page six, *"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."*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of employee training as it relates to PREA.

## 115.32 Volunteer and contractor training

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
MDOC Policy 1.3.16, *Volunteer Services*  
PHCF Procedure 1.1.17  
*PREA Pamphlet for Contractors, Service Providers & Volunteers*  
Volunteer & Contractor training records  
Interview with facility head  
Interviews with volunteers and contractors

(a-c) MDOC Policy 1.1.17 states on page seven, *"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 Procedure 1.1.17 repeats the agency policy statement on page seven.

MDOC Policy 1.3.16 states of page three, *"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]."*

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 is 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. An interview with the facility head indicated they would immediately discontinue the services of any volunteer that they believed 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 determined that the facility is fully compliant with this standard of volunteer and contractor training as it relates to PREA.

## 115.33 Inmate education

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.147  
PHCF Resident PREA Brochure  
PREA Education Resident Acknowledgement form  
MDOC resident postings within the facility  
*Don't Touch Me: Demanding Safety from Sexual Abuse*  
Resident file reviews  
Interview with intake staff  
Interviews with residents having limited English proficiency or disabilities  
Interviews with random residents

(a-c, e) MDOC Policy 1.1.17 states on page six, *"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.*

*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."*

PHCF Procedure 1.1.17 states on page seven, *"Within 2 hours of facility intake for residents, employees will document receipt and education on the Orientation Check List that they have provided the resident with a copy of the PREA resident pamphlet 'What you should know about sexual abuse and sexual harassment' and communicated to the resident, 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 procedure, DOC 1.3.12 Staff Association and Conduct with Offenders, DOC 3.3.3 Offender Grievance Program, and corresponding procedures for filing grievances.*

*Within 30 days of intake the facility will provide education to residents 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."*

Upon arrival at the facility, each resident will receive 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 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.

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.

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. This auditor checked the education documentation for each resident, as the facility PCM maintains a spreadsheet for all residents. All residents received the education within required timelines.

(d) MDOC Policy 1.1.17 states on page six, *"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 on page eight 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.”*

A publication developed with the National PREA Resource Center, *Don't Touch Me: Demanding Safety from Sexual Abuse*, is available to assist male residents with disabilities, who may have limited comprehension.

(f) Upon arrival at the facility, each resident will receive 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 related to PREA. Key information is also 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, and options for reporting.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of resident education as it relates to PREA.

## 115.34 Specialized training: Investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC *PREA Investigations* training curriculum  
Investigative staff training records  
Interviews with investigative staff

(a-c) MDOC Policy 1.1.17 states on page six, *"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. 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 Procedure 1.1.17 reiterates agency policy language on page seven.

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*.

The agency has developed 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.

Interviews with investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

PHCF has three investigators and MDOC has three 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 six staff to ensure the required training was received.

(d) This provision is not required to be audited.

### Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training for investigations as it relates to PREA.

**115.35 Specialized training: Medical and mental health care**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- PHCF Pre-Audit Questionnaire (PAQ) responses
- MDOC Policy 1.1.17
- PHCF Procedure 1.1.17
- Office of Human Resource *Personnel File Checklist*
- Staff training records
- Interviews with medical and mental health staff

(a, c) MDOC Policy 1.1.17 states on page six, *“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 Procedure 1.1.17 reiterates agency policy language on page seven.

Medical staff are required to complete the National Institute of Corrections 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 training *PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting*. This auditor reviewed the curriculum to ensure a comprehensive training program that provides 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.

The PAQ indicated there were 12 medical and mental health practitioners and five medical/mental health contractors subject to this standard during the audit review period. This auditor reviewed training records for all 17 staff members. Interviews with medical and mental health staff indicated they were knowledgeable of the required elements.

(b) As the agency does not employ medical staff to conduct forensic medical examinations, this subsection of the standard does not apply.

(d) In addition to the PREA training provided to all employees, medical and mental health staff receive additional training specific to their responsibilities with PREA. This auditor reviewed the training curriculum to ensure it 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. The specialized training requirement is noted on the Office of Human Resource Personnel File Checklist to ensure it is not overlooked.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of specialized training, medical and mental health care as it relates to PREA.

## 115.41 Screening for risk of victimization and abusiveness

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
*PREA Risk Assessment Instructions*  
*PREA Risk Assessment* form  
Interview with PREA Coordinator  
Interview with PREA compliance manager  
Interviews with staff responsible for conducting risk screening  
Interviews with randomly selected residents  
Resident file reviews

(a-e) MDOC Policy 1.1.17 states on page seven, *"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."*

PHCF Procedure 1.1.17 states on pages eight and nine, *"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. 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. 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."*

MDOC uses a SharePoint database to track and store PREA risk assessment information. Staff conducting risk assessments are provided with detailed instructions on how to complete the assessment. The resident being screened signs the risk assessment to confirm the assessment was conducted. In the 12 months preceding the onsite review, there were 265 residents who were admitted to the facility whose length of stay was 72 hours or more, per the PAQ.

Interviews with screening staff indicated they are knowledgeable on conducting screenings and obtaining the required information within timelines. All residents interviewed recalled being screened upon admittance to the facility.

(f) MDOC Policy 1.1.17 states on page seven, *"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 Procedure 1.1.17 states on page nine, *"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."*

Staff conducting risk assessments are provided with detailed instructions on how to complete the assessment. At PHCF, there are 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 require 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 the assessment was conducted. In the 12 months preceding the onsite review, there were 238 residents who were admitted to the facility whose length of stay was 72 hours or more, per the PAQ.

The facility PCM maintains a detailed spreadsheet with information for each resident at PHCF. This auditor was able to review the intake date, 72-hour screening date, 30-day screening due date, and the 30-day screening. The facility PCM created this spreadsheet after identifying a concern related to the timeliness of screenings. A column was added to the spreadsheet creating an "artificial" due date at the 21st day after a resident was admitted to the facility to ensure the 30-day screening was completed on time. This auditor reviewed the 30-day screenings for 30 youth and 57 adult residents. Two of the youth screenings were late; nine of the adult screenings were late. As part of corrective action, the facility PCM provided this auditor with the facility intake dates and 30-day screening dates for all residents admitted to PHCF for the months of April and May 2022.

On April 29, this auditor was provided with documentation for ten adult and five youth admits in April 2022 as well as their 72-hour risk screening. All 72-hour risk screenings were conducted in a timely manner. The four 30-day risk screenings due in April were completed in a timely manner.

On May 27, this auditor was provided with documentation for two adult and five youth admits in May 2022 as well as their 72-hour risk screening. All 72-hour risk screenings were conducted in a timely manner. The eleven 30-day risk screenings due in May were completed in a timely manner.

This auditor found that the facility had successfully achieved compliance with this standard, as of June 7, 2022.

An interview with a risk screener indicated they were knowledgeable of the requirements.

(g) MDOC Policy 1.1.17 states on page seven, *"The facility will conduct additional screening assessments when warranted based on any new information, referral, request, or incident of sexual abuse."*

PHCF Procedure 1.1.17 reiterates agency policy language on page nine.

This auditor reviewed documentation of a screening conducted after receipt of an allegation.

(h) MDOC Policy 1.1.17 states on page eight, *"Offenders may not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or reassessment."*

PHCF Procedure 1.1.17 reiterates agency policy language on page ten.

Interviews with staff who conduct risk screening indicated that if a resident refused to answer questions, they would complete the screening with information otherwise available to them. Staff are permitted to review and record a minimum amount of protected health information to determine a resident's risk. There were no interviews of residents that indicated they had been disciplined for refusing to answer screening questions. None of the screenings reviewed indicated the resident refused to answer questions.

(i) MDOC Policy 1.1.17 states on page seven, *"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 agency policy language on page ten. MDOC uses a SharePoint database to track and store PREA risk assessment information. 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 fully compliant with this standard of screening for risk of sexual victimization and abusiveness as it relates to PREA.

## 115.42 Use of screening information

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

Interview with PREA Coordinator

Interview with PREA compliance manager

Interview with staff responsible for risk screening

Interview with residents who identify as transgender, intersex, gay, bisexual

Resident file reviews

Observation of facility operations while onsite

(a) MDOC Policy 1.1.17 states on page seven, *"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 agency language on page ten.

Information from the screening form is considered in the final determination of the resident's housing and program assignments. Those at risk of abusiveness may participate in programming and work assignments with those at risk of victimization if there is adequate staff supervision.

(b) PHCF Procedure 1.1.17 states on page eight, *"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."*

The risk screener may use the bottom of the risk assessment form to document other factors related to aggressive/vulnerability that may be significant, but not otherwise addressed in the scored questions, that warrant an override. There may be 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. An override cannot be completed for a known victim or a known predator.

(c) MDOC Policy 1.1.17 states on pages seven and eight, *"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.*

*a. The review committee will conduct an individual assessment of each transgender and intersex offender based upon their specific areas of expertise, knowledge, and control.*

*b. 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.*

*c. The review committee may request information or participation from other subject matter experts as needed.*

*d. All documentation, information, and recommendations of the review committee are confidential and will be maintained in a secure location.*

*e. The recommendation for facility placement by the review committee will be given to the Director for final approval."*

PHCF Procedure 1.1.17 reiterates agency policy language on page ten.

This auditor reviewed two examples of reviews for housing held by the Transgender & Intersex Inmate Placement Review Committee during the audit documentation period. One example related to a resident with significant concerns for her safety if placed at PHCF. Her concerns were given significant consideration by the Committee, and she was not placed at PHCF.

(d-e) MDOC Policy 1.1.17 states on page eight, *“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 on page ten, *“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 one transgender resident at the time of the on-site review, who had not been at the facility long enough for a six-month review. PHCF had not housed any other transgender 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.

(f) MDOC Policy 1.1.17 states on page four, *“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 Procedure 1.1.17 reiterates agency policy language on page five.

This auditor interviewed one transgender resident, who indicated they can shower separately from other residents. While onsite, this auditor observed that all resident showers are individual with solid doors or shower curtains that prevent both opposite gender viewing by staff and privacy between residents.

(g) MDOC Policy 1.1.17 states on page four, *“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 on page five.

According to the agency PREA Coordinator, 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. No LGBTI residents indicated in their interviews that they had been housed in such a manner. When interviewed, staff were knowledgeable of this prohibition.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of use of screening information as it relates to PREA.

## 115.43 Protective Custody

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
Resident housing records  
Interview with facility head  
Interviews with random residents

(a, c-e) MDOC Policy 1.1.17 states on pages five and six, *"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 on pages five and six, *"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."*

PHCF has not used involuntary segregation as a means of separation or protection for residents at high risk for sexual victimization, as they do not have a restricted housing or segregation unit. No resident interviewed indicated they had been placed in any form of involuntary segregation as a means of separation or protection from being sexually victimized.

(b) MDOC Policy 1.1.17 states on page five, *"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."*

PHCF Procedure 1.1.17 states on page five, *"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."*

All staff interviewed indicated they would utilize a move to a different housing unit or move an alleged perpetrator, prior to utilizing involuntary segregation.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for risk of protective custody as it relates to PREA.

## 115.51 Inmate reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

PHCF Procedure 1.1.17

PHCF PREA Resident Brochure

MDOC resident posters within the facility

Interview with PREA Compliance Manager

Interviews with random staff

Interviews with random contractors and volunteers

Interviews with random residents

(a) MDOC Policy 1.1.17 states on page eight, *“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.”*

PHCF Procedure 1.1.17 states on pages ten and 11, *“1. 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 readily available to residents on the PREA signs (in English and Spanish) posted throughout the facility. Residents are encouraged to tell 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, provided to each resident upon admittance to the facility.

All staff and residents interviewed were able to articulate multiple reporting methods.

(b) MDOC Policy 1.1.17 states on page eight, *“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 on page 11, *“...contact the external agency listed on PREA posters and brochures that are posted and available throughout the facility; 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.”*

PHCF had an agreement with the New Mexico Department of Corrections as an external reporting mechanism. In late 2021, MDOC shifted external reporting through the Nevada Department of Corrections. PHCF is in the process of updating all resident information and policy language to reflect this change. This auditor verified the relationship with Nevada through a signed Memorandum of Understanding. Nevada did not forward any reports to PHCF from November 1, 2020 through October 31, 2021.

Residents are 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.

(c) MDOC Policy 1.1.17 states on page eight, *“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 on page 11.

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, it became clear that upon receiving a verbal report of sexual abuse or sexual harassment from a resident, some staff members would ask the resident if they *“wanted to file a PREA”*. If the

resident indicated they did not want to “file a PREA”, the staff member did not initiate an investigation. As part of corrective action, this auditor required the PCM to send an email to all staff reminding them of the obligation to report regardless of the resident’s willingness to “file a PREA”. The facility PCM sent an email to all staff while this auditor was still onsite with the following information: *Please remember any and all sexual harassment and sexual abuse concerns need to be reported. Staff and inmates/residents have numerous reporting mechanisms but one of them is reporting directly to staff members. No one should be asked if they want to “file a PREA?” Documenting and reporting the information is necessary and required. I often explain to inmates who say “I didn’t file a PREA” that they don’t have to, we will investigate any report of sexual harassment and or sexual abuse. Please contact me with concerns and know that I appreciate the questions and informationals I get when someone isn’t sure about a situation.*

(d) MDOC Policy 1.1.17 states on page nine, *“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 on page 11 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 has established an email address as a reporting mechanism for any individual – staff member or community member. It allows for staff 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 fully compliant with this standard of screening for resident reporting as it relates to PREA.

## 115.52 Exhaustion of administrative remedies

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC Policy 3.3.3, *Offender Grievance Program*  
PHCF Procedure 3.3.3, *Resident Grievance Procedures*  
PHCF PREA Resident Brochure  
Interview with the agency PREA Coordinator  
Interview with grievance coordinator  
Interviews with random residents

(a) MDOC is not exempt from this standard, as 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 at PHCF.

(b-c) MDOC Policy 3.3.3 states on page three, *“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. 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.”*

PHCF Procedure 3.3.3 reiterates agency policy language on pages three and four. There were no grievances alleging sexual abuse received by the facility during the audit review period. PHCF did not deny any grievances of this nature due to a time limitation during the audit review period. An interview with the grievance coordinator indicated they were knowledgeable of how to process grievances related to sexual abuse or sexual harassment. No residents interviewed indicated they had filed a grievance alleging sexual abuse.

(d) MDOC Policy 3.3.3 states of page four, *“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. 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. 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.”*

There were no grievances alleging sexual abuse 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. No residents interviewed indicated they had filed a grievance alleging sexual abuse.

(e) MDOC Policy 3.3.3 states on page four, *“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:*

- a. adult offenders must give permission for the third party to file requests and must personally pursue any subsequent steps in the grievance process;*
- b. 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;*
- c. 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;*
- d. 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 coordinator indicated they were knowledgeable of the ability for third parties to file or assist with filing grievances related to

sexual abuse.

(f) MDOC Policy 3.3.3 states on page 13, *"Procedures must provide clear information and direction to offenders and staff on the use of emergency grievances to include the following:*

- a. the basis of what constitutes emergency grievances;*
- b. the options offenders have for reporting emergency grievances e.g., verbally or in writing to any staff member;*
- c. 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*
- d. 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.

(g) MDOC Policy 1.1.17 states on page eight, *"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 language on page 11.

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 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."*

PHCF did not discipline any residents for filing a PREA-related grievance in bad faith during the audit review period.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of screening for exhaustion of administrative remedies as it relates to PREA.

## 115.53 Inmate access to outside confidential support services

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC Memorandum of Understanding with CNADA  
PHCF PREA Resident brochure  
*Advocates: Your Helping Hand* brochure, by CNADA  
Interview with confidential, community-based advocates  
Interview with PREA Compliance Manager  
Interviews with random residents

(a-c) MDOC Policy 1.1.17 states on page 12, *"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 language on page 16.

MDOC has a written and signed Memorandum of Understanding (MOU) with the Custer Network Against Domestic Abuse (CNADA) that was executed on May 27, 2021. The MOU was scheduled to terminate on March 31, 2022 but may be renewed through mutual agreement for a period not to exceed five 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, or by telephone.

After a reported experience of sexual abuse or upon request, residents are provided with an *Advocates: Your Helping Hand* brochure. The form outlines the assistance available from the community's local sexual assault service provider.

This auditor verified the relationship between PHCF and CNADA in an interview with a confidential, community-based advocate. Interviews with random residents revealed they were aware of CNADA. Most residents said they were intrigued by the similarity between the abbreviation for the advocacy center and the country of Canada, leading them to read more about the advocacy center.

**Conclusion:**

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of resident access to outside confidential support services as it relates to PREA.

## 115.54 Third-party reporting

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
MDOC postings within the facility  
MDOC website

MDOC Policy 1.1.17 states on page eight, *“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 on page eleven.

MDOC has established an email address as a reporting mechanism for any individual – staff member, community member, or resident. It allows for staff 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).

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of third-party reporting as it relates to PREA.

## 115.61 Staff and agency reporting duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

Lesson Plan for Comprehensive PREA Training 2020

Examples of mandatory reports made on behalf of youthful residents

Disclosure & Consent for Services form

Interview with facility head

Interview with PREA Coordinator

Interviews with random staff

Interviews with medical and mental health staff

(a) MDOC Policy 1.1.17 states on page nine, *"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."*

PHCF Procedure 1.1.17 states on page 12, *"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."*

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, it became clear that upon receiving a verbal report of sexual abuse or sexual harassment from a resident, some staff members would ask the resident if they *"wanted to file a PREA"*. If the resident indicated they did not want to *"file a PREA"*, the staff member did not initiate an investigation. As part of corrective action, this auditor required the PCM to send an email to all staff reminding them of the obligation to report regardless of the resident's willingness to *"file a PREA"*. The facility PCM sent an email to all staff while this auditor was still onsite with the following information: *Please remember any and all sexual harassment and sexual abuse concerns need to be reported. Staff and inmates/residents have numerous reporting mechanisms but one of them is reporting directly to staff members. No one should be asked if they want to "file a PREA?" Documenting and reporting the information is necessary and required. I often explain to inmates who say "I didn't file a PREA" that they don't have to, we will investigate any report of sexual harassment and or sexual abuse. Please contact me with concerns and know that I appreciate the questions and informationals I get when someone isn't sure about a situation.*

(b) MDOC Policy 1.1.17 states on pages nine and ten, *"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 decisions."*

PHCF Procedure 1.1.17 states on page 13, *"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 they are aware of their responsibility to keep information related to sexual abuse confidential, as required by agency policy, staff training and the standard.

(c) MDOC Policy 1.1.17 states on page ten, *"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 language on page 13.

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 those staff indicated they are aware of their responsibility.

(d) MDOC Policy 1.1.17 states on page nine, "If the alleged victim is under the age of 18, the administrator, or designee, must report the allegation to: a. the Director or Deputy Director immediately upon receipt of the allegation; and b. 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 on pages 12 and 13, "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: a. the DOC Director or Deputy Director; b. the Department of Public Health and Human Services in accordance with 41-3-201, MCA. c. the Superintendent (or designee, normally the assigned caseworker or designated mental health staff) shall: 1) 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. 2) 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. 3) 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. d. 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 four examples of reports of this nature made on behalf of youthful residents during the audit review period.

(e) MDOC Policy 1.1.17 states on page ten, "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 on page 14, "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 fully compliant with this standard of staff and agency reporting duties as it relates to PREA.

## 115.62 Agency protection duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

Interview with facility PREA Compliance Manager

Interviews with random staff

(a) MDOC Policy 1.1.17 states on page three, *“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.”*

PHCF Procedure 1.1.17 states on page 12 that in accordance with first responder duties, staff will *“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.”*

Interviews with random staff indicated they are aware of their responsibility to take immediate action if they learn a resident is subject to substantial risk of imminent sexual abuse. The facility PREA Compliance manager indicated the facility did not have to take any immediate actions during the audit period due to a resident being at substantial risk of imminent sexual abuse.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection duties as it relates to PREA.

## 115.63 Reporting to other confinement facilities

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

PHCF Procedure 1.1.17

Documentation of one allegation from outside the audit review period

Interview with facility head

Interview with facility PCM

Interviews with investigative staff

(a-d) MDOC Policy 1.1.17 states on page 10, *“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.”*

PHCF Procedure 1.1.17 states on page 13, *“Allegations that a resident was sexually abused while at another facility must be reported by the Superintendent or designee 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 youth facility the administrator will also notify the appropriate investigative agency.*

*a. 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.*

*b. Written documentation of the call and a copy of the written notice will be routed to the PREA Compliance Manager.”*

An interview with the facility head, facility PCM, investigative staff confirmed they are aware of these requirements. At PHCF, the caseworker who receives information about an allegation of abuse in a prior confinement facility will notify the facility PCM, who notifies the facility superintendent. The superintendent notifies the facility head where the allegation is reported to have occurred. The facility did not receive any allegations of this nature during the audit review period. The auditor reviewed one example of an allegation received outside of the audit review period.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of reporting to other confinement facilities as it relates to PREA.

## 115.64 Staff first responder duties

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
PHCF *PREA First Responder Checklist*  
Lesson Plan for *Comprehensive PREA Training 2020*  
Interview with a first responder  
Interviews with random staff

(a) MDOC Policy 1.1.17 states on page nine, *"Upon learning of an allegation that an offender was sexually abused, the first security staff to respond to the report will:*

- a. separate the alleged victim and alleged perpetrator;*
- b. 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;*
- c. 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."*

PHCF Procedure 1.1.17 states on pages 11 and 12, *"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:*

- a. separate the alleged victim and alleged perpetrator;*
- b. intervene on the victim's behalf to ensure prompt medical and psychological assistance including an assessment for potential risk of suicide;*
- c. 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;*
- d. 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."*

Page 12 of the lesson plan for *Comprehensive PREA Training 2020* and their accompanying PowerPoint slides outline the first responder actions for security staff.

PHCF utilizes a *PREA First Responder Checklist* to ensure no steps are missed when responding to a report of sexual abuse and acts as documentation for the event. The checklist reminds staff to *request* the alleged victim and ensure the alleged perpetrator do not take actions that could destroy physical evidence. The policy and checklist indicate the evidence collection period is 72-hours after an incident of sexual abuse. This auditor recommends the agency and/or facility discuss the timeline with local law enforcement and SANE resources, as most agencies have moved towards a 120-hour collection timeline.

During the audit review period there was one allegation of sexual abuse reported within a time frame that allowed for the collection of physical evidence. A security staff was the first responder for the allegation. Interviews with random security staff indicated they understood their responsibilities related to first response.

(b) MDOC Policy 1.1.17 states on page nine, *"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 on page 12, *"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)."*

Pages 11 and 12 of the lesson plans for *Comprehensive PREA Training 2020* and their accompanying PowerPoint slides outline the first responder actions for non-security staff.

During the audit review period there was one allegation of sexual abuse reported within a time frame that allowed for the collection of physical evidence. A non-security staff was not first responders for the allegation, but interviews with random non-security staff indicated they understood their responsibilities.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the agency is fully compliant with this standard of staff first responder duties as it relates to PREA.

**115.65 Coordinated response**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- PHCF Pre-Audit Questionnaire (PAQ) responses
- MDOC Policy 1.1.17
- PHCF Procedure 1.1.17
- PHCF *PREA Coordinated Facility Response Plan*

(a) MDOC Policy 1.1.17 states on page nine, *“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 language on page 12.

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. PHCF last created/revised their facility-specific plan in July 2018, and it outlines the actions taken by facility staff in response to an incident of sexual assault. The response includes when the initial disclosure is within 72 hours of a sexual assault incident, investigative actions, the forensic examination, after action and follow-up care, court referral/presentation and the after-action review.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of coordinated response as it relates to PREA.

**115.66 Preservation of ability to protect inmates from contact with abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- MDOC Policy 1.1.17
- PHCF Procedure 1.1.17
- Administrative Leave Notice* template
- Interview with agency head/designee
- Interview with facility head

(a) MDOC Policy 1.1.17 states on page four, *“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 language on page four.

Non-management staff at PHCF are represented by the Montana Federation of Public Employees. Article Four of the collective bargaining agreement indicates that management has the right to hire, promote, transfer, assign, and retain employees. Article 15 states, *“Letters of caution, consultation, warning, admonishment and reprimand shall be considered temporary contents of the personnel file of an employee and shall be destroyed no later than one year after they have been placed in the file unless: they relate to client abuse, mistreatment, or neglect in which case they become permanent contents of the employee’s personnel file, which can be used only in support of new disciplinary actions related to client abuse, mistreatment, or neglect.”* There is nothing in the contract that prevents the agency’s ability to removed alleged staff sexual abusers from contact with any resident.

This auditor was provided with a copy of the *Administrative Leave Notice* template provided to employees who are restricted from reporting to work in person during an investigation.

(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 fully compliant with this standard of coordinated response as it relates to PREA.

## 115.67 Agency protection against retaliation

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
Interview with agency head designee  
Interview with PREA Compliance Manager  
Interview with retaliation monitor  
Review of retaliation monitoring spreadsheet  
Review of investigative files

(a-e) MDOC Policy 1.1.17 states on pages ten, *"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. 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. Facilities will employ multiple protective measures, such as transfers or removals to separate victims from abusers, and emotional support services. 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. 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."*

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. For staff, it could include a change of job assignment, shift, or transfer to another facility. For residents, it could include a move to unit, change in programming or work assignment, or transfer to another facility.

Human Resources (for staff members) and caseworkers (for residents) monitor retaliation for at least 90 days or beyond when there is an ongoing need. Any status checks and follow-up action steps are documented.

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. An interview with a retaliation monitor indicated they are knowledgeable of the requirements associated with retaliation monitoring.

(f) MDOC Policy 1.1.17 states on page eleven, *"The facility's obligation to monitor retaliation may be terminated if the allegation is determined to be unfounded."*

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of agency protection against retaliation as it relates to PREA.

## 115.68 Post-allegation protective custody

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
Interview with PREA Compliance Manager  
Interviews with residents who reported sexual abuse

(a) MDOC Policy 1.1.17 states on page four and five, "*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, "*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.*"

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 four youthful residents who reported sexual abuse; none of them indicated they had been placed in isolation due to their report.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of post-allegation protective custody as it relates to PREA.

**115.71 Criminal and administrative agency investigations**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- PHCF Pre-Audit Questionnaire (PAQ) responses
- MDOC Policy 1.1.17
- PHCF Procedure 1.1.17
- MDOC Policy 3.1.19, *Investigations*
- PHCF Procedure 1.1.17
- Interview with PREA Compliance Manager
- Interviews with investigative staff
- Review of administrative and criminal investigations

(a) MDOC Policy 1.1.17 states on page 12, *“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.”*

MDOC Policy 3.1.19 states on page three, *“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 (OI)...”*

PHCF Procedure 1.1.17 reiterates agency policy language on page 16.

This auditor selected and reviewed five investigations for the audit review period.

	Substantiated	Unsubstantiated	Unfounded	Pending	Total
Resident/Resident Sexual Abuse	1	1	0	1	3
Resident/Resident Sexual Harassment	2	3	4	0	9
Staff/Resident Sexual Abuse	0	1	0	0	1
Staff/Resident Sexual Harassment	0	1	3	0	4
Total	3	6	7	1	17

(b) MDOC Policy 1.1.17 states on page 12, *“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.”*

MDOC Policy 1.1.17 states on page six, *“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. 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 Procedure 1.1.17 states on page 17, *“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, sexual abuse and interviewing youth.”*

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*.

The agency has developed 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.

Interviews with investigative staff indicated they were knowledgeable in each aspect of sexual abuse and sexual harassment investigations.

PHCF has three investigators and MDOC has three 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 six staff to ensure the required training was received.

(c) MDOC Policy 1.1.17 states on page 12, *"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 language on page 17.

An interview 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.

(d) MDOC Policy 1.1.17 states on page 12, *"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 language on page 17.

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

(e) MDOC Policy 1.1.17 states on page 12, *"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 language on page 17.

An interview with investigative staff indicated they are conducting credibility assessments properly, and do not require incarcerated survivors to submit to a polygraph or other truth-telling device as a condition for investigation.

(f-g) MDOC Policy 1.1.17 states on pages 13 and 14, *"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 on page 17, *"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."*

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

(h) MDOC Policy 1.1.17 states on page 14, *"Conduct that appears to be criminal will be referred by the Office of Investigations for prosecution."*

PHCF Procedure 1.1.17 reiterates agency policy language on page 19.

The substantiated report of resident-on-resident sexual abuse was referred for prosecution, but the district attorney declined to proceed.

(i) MDOC Policy 1.1.17 states on page 14, *"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."*

(j) MDOC Policy 1.1.17 states on page 14, *"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.”*

(k) Auditor is not required to audit this provision.

(l) MDOC Policy 1.1.17 states on page 14, *“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.”*

*Conclusion:*

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of criminal and administrative agency investigations as it relates to PREA.

## 115.72 Evidentiary standard for administrative investigations

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
Interview with the facility head  
Interview with investigative staff  
Review of administrative and criminal investigations

(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 investigations.”*

PHCF Procedure 1.1.17 reiterates agency policy language on page 18.

Interviews with the facility head and investigative staff indicated they are aware of this standard in determining if allegations of sexual abuse or sexual harassment are substantiated, unsubstantiated, or unfounded. This auditor’s review of investigations indicated determinations are appropriately made.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of evidentiary standard for administrative investigations as it relates to PREA.

## 115.73 Reporting to inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
*PREA Investigation Finding* template letter  
*PREA Allegation Status* template letter  
Review of administrative and criminal investigations  
Interview with PREA Compliance Manager  
Interview with investigative staff  
Interviews with residents who reported sexual abuse

(a-b) MDOC Policy 1.1.17 states on page 14, *“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. If the investigation is conducted by a LEAJ, the Department will request relevant information from the LEAJ in order to inform the offender.”*

PHCF Procedure 1.1.17 states on page 19, *“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. 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.”*

MDOC and PHCF utilize a form letter to make notifications to residents. The information on the form includes the victim’s name and identification number, identification numbers assigned to the case, the type of allegation, and the outcome of each allegation. Interviews with the agency PREA Coordinator, facility PCM, and investigative staff indicated they would obtain the appropriate information from investigative agencies to inform residents if necessary. MDOC investigative staff from central office conduct criminal investigations. During the audit review period, PHCF made three notifications to residents about investigational outcomes. This auditor verified documentation of one such notification.

Interviews with three of four residents who reported sexual abuse acknowledged being informed of investigational outcomes; the fourth resident had not been notified because their case was not yet closed.

(c, e) MDOC Policy 1.1.17 states on pages 14 and 15, *“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: a. The employee or service provider is no longer posted within the offender’s unit, b. The employee or service provider is no longer employed at the facility, c. The department learns that the employee or service provider has been indicted on a charge related to sexual abuse within the facility, or d. The department learns that the employee or service provider has been convicted on a charge related to sexual abuse within the facility. All such notifications or attempted notifications will be documented.”*

PHCF Procedure 1.1.17 reiterates agency policy language on page 19.

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 committed within the facility; has been convicted on a charge related to sexual abuse within the facility; and, a space to note if the resident victim has been released from MDOC custody. This auditor verified documentation of one such notification.

(d) MDOC Policy 1.1.17 states on pages 14 and 15, *“Following an offender’s allegation that he or she has been sexually abused by another offender, the facility will inform the alleged victim whenever: a. The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility, or b. 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 resident was indicted on a charge related to sexual abuse within the facility; the alleged resident was convicted on a charge related to sexual abuse within the facility; and, a space to note if the resident victim has been released from MDOC custody. PHCF did not have to make any such notifications during the audit review period.

(f) 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 fully compliant with this standard of reporting to residents as it relates to PREA.

**115.76 Disciplinary sanctions for staff**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- PHCF Pre-Audit Questionnaire (PAQ) responses
- MDOC Policy 1.1.17
- PHCF Procedure 1.1.17
- Review of criminal and administrative investigations

(a) MDOC Policy 1.1.17 states on page 16, *“Employees will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.”*

PHCF Procedure 1.1.17 reiterates agency policy language on page 21.

PHCF had did not have any substantiated cases of staff/resident sexual abuse during the audit period.

(b, d) MDOC Policy 1.1.17 states on page 16, *“Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse. 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.”*

PHCF Procedure 1.1.17 reiterates agency policy language on page 21.

PHCF had did not have any substantiated cases of staff/resident sexual abuse during the audit period.

(c) MDOC Policy 1.1.17 states on page 16, *“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 language on page 21.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary sanctions for staff as it relates to PREA.

**115.77 Corrective action for contractors and volunteers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

PHCF Procedure 1.1.17

Interview with the facility head

Interview with Agency PREA Coordinator

Interview with PREA Compliance Manager

Interviews with contractors and volunteers

(a) MDOC Policy 1.1.17 states on page 16, *“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.”*

PHCF Procedure 1.1.17 reiterates agency policy language on page 21.

The PAQ indicated that PHCF did not have any contractors or volunteers who engaged in the sexual abuse of a resident during the audit period.

(b) MDOC Policy 1.1.17 states on page 16, *“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.”*

PHCF Procedure 1.1.17 reiterates agency policy language on page 21.

The PAQ indicated during interview that PHCF did not have any instances of remedial measures with contractors or volunteers during the audit period.

Interviews with the facility head, agency PREA Coordinator, and facility PCM indicated that any contractor suspected of engaging in any prohibited activity is immediately removed from the facility and prohibited from contact with residents. Interviews with contractors and volunteers indicated they are aware of the agency's zero-tolerance policy and action the agency will take if they engage in prohibited conduct.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of corrective action for contractors and volunteers as it relates to PREA.

## 115.78 Disciplinary sanctions for inmates

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

MDOC Policy 3.4.2, *Prohibited Acts*

PHCF Procedure 1.1.17

Interviews with medical and mental health staff

Interview with resident disciplinary officer

(a) MDOC Policy 1.1.17 states on page 16, *"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."*

PHCF Procedure 1.1.17 reiterates agency policy language on page 21.

There was one administrative finding of resident-on-resident sexual abuse at PHCF during the audit review period. There were no criminal findings of resident-on-resident sexual abuse at PHCF during the audit review period.

(b) MDOC Policy 1.1.17 states on page 16, *"Sanctions 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."*

PHCF Procedure 1.1.17 reiterates agency policy language on page 22.

(c) MDOC Policy 1.1.17 states on page 17, *"The disciplinary process will consider whether an offender's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed."*

PHCF Procedure 1.1.17 reiterates agency policy language on page 22.

If there are concerns about the resident's mental health, the resident disciplinary officer may request psychological input as appropriate regarding the mental health status of seriously mentally ill residents at the time of the behavior.

(d) MDOC Policy 1.1.17 states on page 17, *"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, but they participate in therapy as a court-mandated condition and not due to conduct while incarcerated.

(e) MDOC Policy 1.1.17 states on page 17, *"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 language on page 22.

The PAQ indicated that no instances of sexual contact with a staff member occurred during the audit period. PHCF residents who are victim of staff sexual misconduct are not disciplined.

(f) MDOC Policy 1.1.17 states on page 17, *"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 language on page 22.

PHCF did not discipline any residents for a report of sexual abuse made in good faith during the audit period. Interviews with the agency PREA Coordinator and facility PCM indicated allegations are determined to be in bad faith only when there is conclusive evidence the allegation did not occur, such as through video surveillance records.

(g) MDOC Policy 1.1.17 states on page 17, *"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 language on page 22.

The facility PCM indicated upon interview that while sexual conduct/contact are prohibited, they are not treated as sexual abuse as defined by the PREA standards.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of disciplinary sanctions for residents as it relates to PREA.

## 115.81 Medical and mental health screenings; history of sexual abuse

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

Interviews with staff responsible for risk screening

Interviews with medical and mental health staff

Interviews with residents who disclosed sexual victimization at risk screening

Review of resident files

(a-c) MDOC Policy 1.1.17 states on page seven, *"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."*

PHCF Procedure 1.1.17 reiterates agency policy language on page nine.

If the screening indicates the resident has experienced prior sexual victimization or perpetrated sexual abuse, the resident is asked if they would like a follow up meeting. Their answer is documented on the screening form and the resident is required to initial the screening tool. This auditor interviewed five residents who disclosed sexual victimization at risk screening. This auditor reviewed screening records to ensure referrals are taking place as required.

(d) PHCF Procedure 1.1.17 states on page ten, *"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 residents at high risk of being sexually victimized from those at high risk of being sexually abusive."*

Interviews with staff indicated they are aware of and adhere to the requirements around confidentiality.

(e) MDOC Policy 1.1.17 states on page ten, *"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 language on page 13.

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 those staff indicated they are aware of their responsibility.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of medical and mental care as it relates to PREA.

**115.82 Access to emergency medical and mental health services**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
Interviews with medical and mental health staff

(a-c) MDOC Policy 1.1.17 states on page 11, *“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 language on pages 15 and 16.

The PAQ indicated one report of sexual abuse were received within timelines for a forensic medical exam. Interviews with medical staff indicated incarcerated survivors are offered sexually transmitted infection prophylaxis medication and treatment during the forensic medical exam and upon their return to the facility. Medical and mental health referrals are documented in the investigation reports for each incident.

(d) MDOC Policy 1.1.17 states on page 11, *“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 language on page 15.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of access to emergency medical and mental health services as it relates to PREA.

**115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

- PHCF Pre-Audit Questionnaire (PAQ) responses
- MDOC Policy 1.1.17
- Review of resident files
- Interviews with medical and mental health staff

(a-c, f-g) MDOC Policy 1.1.17 states on page 11, *“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.”*

Files for each resident selected for a targeted or random interview were reviewed. Referrals to mental health were completed as required when a resident indicated they wished to speak with someone. Interviews with residents who reported previously perpetrating sexual abuse or experiencing prior victimization of sexual abuse indicated they had been offered the opportunity to meet with mental health providers.

Interviews with medical and mental health services staff members indicated ongoing treatment is provided to victims of sexual abuse, as well as to known resident-on-resident abusers. When asked about the comparison with a community-level of care, they indicated they believed the facility's standard of care to be higher, as residents are scheduled for appointments and do not have to seek these services out on their own.

Interviews with medical staff indicated initial testing for sexually transmitted infections would occur at the hospital during the forensic medical examination, but any follow up testing would occur at the facility. Incarcerated survivors who declined to receive a forensic medical examination would have any testing conducted at the facility, upon their request.

(d-e) PHCF does not have any female residents or transgender residents who may require pregnancy-related services.

(h) MDOC Policy 1.1.17 states on page 12, *“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.”*

Mental health staff are generally informed of resident-on-resident abusers through risk screenings or after a current investigation has substantiated sexual abuse. Treatment is offered when deemed appropriate.

**Conclusion:**

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of ongoing medical and mental health care for sexual abuse victims and abusers as it relates to PREA.

## 115.86 Sexual abuse incident reviews

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
Interview with the facility head  
Interview with the PREA Compliance Manager  
Documentation of one incident review  
Interview with two incident review team members

(a-c) MDOC Policy 1.1.17 states on page 15, *"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. 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."*

PHCF Procedure 1.1.17 states on page 20, *"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 30 days of the conclusion of the investigation. 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."*

This auditor reviewed documentation from an incident review that occurred in 2021. The review took place within required timelines. The appropriate parties were noted as participating in the incident review.

(d) MDOC Policy 1.1.17 states on page 15, *"The review team will: 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 PREA compliance manager."*

PHCF Procedure 1.1.17 reiterates agency policy language on page 20.

This auditor reviewed documentation from an incident review that occurred in 2021. The incident review team considered all the required elements.

(e) MDOC Policy 1.1.17 states on page 15, *"The facility will implement the recommendations for improvement, or document its reasons for not doing so."*

PHCF Procedure 1.1.17 states on page 20, *"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."*

Recommendations for improvement or reasons improvements cannot be made are noted on the reverse of the incident review form. There is also space to indicate once the recommendations or why they were not implemented.

PHCF conducted one sexual abuse incident review during the audit documentation period. This auditor reviewed one sexual abuse incident review. Interviews with the facility head, facility PCM and other potential members of the incident review team indicated they were aware of the required considerations.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with and exceeds this standard of sexual abuse incident reviews as it relates to PREA.

## 115.87 Data collection

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC website  
MDOC PREA Annual Reports

(a-f) MDOC Policy 1.1.17 states on pages 15 and 16, *"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 on pages 20 and 21, *"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."*

The annual reports for 2016 through 2020 are available on the agency website at PREA (mt.gov). The 2021 Annual Report will be authored when the Bureau of Justice Statistics information is submitted by the facility.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data collection as it relates to PREA.

## 115.88 Data review for corrective action

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses  
MDOC Policy 1.1.17  
PHCF Procedure 1.1.17  
MDOC website  
MDOC *PREA Annual Reports*

(a-d) MDOC Policy 1.1.17 states on page 16, *"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 on pages 20 and 21, *"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 collects and reviews data to access and improve the effectiveness of its sexual abuse prevention, detection and response policies, practices and training to identify problem areas, take corrective action on an ongoing basis, compare the current year's data/corrective action with data/corrective action from previous years, and assess the agency's progress in addressing sexual abuse within its facilities. The report is prepared by the agency PREA Coordinator and signed by the MDOC Director.

The annual reports for 2016 through 2020 are available on the agency website at PREA (mt.gov). The 2021 Annual Report will be authored when the Bureau of Justice Statistics information is submitted by the facility.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data review for corrective action as it relates to PREA.

## 115.89 Data storage, publication, and destruction

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC Policy 1.1.17

PHCF Procedure 1.1.17

MDOC website

MDOC PREA Annual Reports

Interview with Agency PREA Coordinator

Interview with Facility PREA Compliance Manager

(a, d) MDOC Policy 1.1.17 states on page 15, *“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.”*

PHCF Procedure 1.1.17 states on page 20, *“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 agency and facility utilize an electronic database to collect and secure data, and includes all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.

(b-c) MDOC Policy 1.1.17 states on page 17, *“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.”*

PHCF Procedure 1.1.17 states on pages 20 and 21, *“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. 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.”*

Data from the agency’s public and privately-operated facilities is maintained in an electronic database. The annual reports for 2016 through 2020 are available on the agency website at PREA (mt.gov). The 2021 Annual Report will be authored when the Bureau of Justice Statistics information is submitted by the facility. The reports on the website do not contain any personal identifiers.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard of data storage, publication, and destruction as it relates to PREA.

## 115.401 Frequency and scope of audits

**Auditor Overall Determination:** Meets Standard

### Auditor Discussion

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC website

Interview with Agency PREA Coordinator

(a) 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).

During the prior three-year audit period, Cycle Two, the agency ensured that each facility under their control was audited at least once.

(b) This is the third year of Cycle Three.

(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.

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.

**115.403 Audit contents and findings**

**Auditor Overall Determination:** Meets Standard

**Auditor Discussion**

The auditor gathered, analyzed, and retained the following evidence related to this standard:

PHCF Pre-Audit Questionnaire (PAQ) responses

MDOC website

Interview with Agency PREA Coordinator

(f) The Montana Department of Corrections oversees three 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).

Conclusion:

Based upon the review and analysis of all available evidence, the auditor has determined that the facility is fully compliant with this standard.

**Appendix: Provision Findings**

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

**115.13 (a)****Supervision and monitoring**

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

**115.13 (b)****Supervision and monitoring**

In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	yes
--	-----

**115.13 (c)****Supervision and monitoring**

In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section?	yes
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies?	yes
In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan?	yes

<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
<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 facility does not have female inmates.)	na
<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

**115.15 (d)**

**Limits to cross-gender viewing and searches**

Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? yes

Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? yes

**115.15 (e)**

**Limits to cross-gender viewing and searches**

Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? yes

If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? yes

**115.15 (f)**

**Limits to cross-gender viewing and searches**

Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? yes

**115.16 (a)**

**Inmates with disabilities and inmates who are limited English proficient**

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

**115.16 (b)**

**Inmates with disabilities and inmates who are limited English proficient**

Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

<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 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
		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)</b>	<b>Hiring and promotion decisions</b>	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with 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)</b>	<b>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)</b>	<b>Hiring and promotion decisions</b>	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
<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.)	yes
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the 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
	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.)	yes
<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)</b>	<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)</b>	<b>Policies to ensure referrals of allegations for investigations</b>	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
<b>115.31 (a)</b>	<b>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
	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 Garrity warnings? (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 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 suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
<b>115.35 (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.)	yes
<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 screening instrument?	yes

**115.41 (d)****Screening for risk of victimization and abusiveness**

Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes?	yes

**115.41 (e)****Screening for risk of victimization and abusiveness**

In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes

**115.41 (f)****Screening for risk of victimization and abusiveness**

Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
---	-----

<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 information is not exploited to the inmate's detriment by staff or other inmates?	yes
<b>115.42 (a)</b>	<b>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)</b>	<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)</b>	<b>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 present management or security problems?	yes

<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 solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
<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)</b>	<b>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)</b>	<b>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)</b>	<b>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)</b>	<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 anonymous upon request?	yes
		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? 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.	yes
<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 this standard.)	yes
		Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes

<b>115.52 (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>	
	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, 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.)	na
	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 abuse or sexual harassment or retaliation?	yes
<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
<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 response to an incident of sexual abuse?	yes
<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

**115.67 (c)**

**Agency protection against retaliation**

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff? yes

Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff? yes

Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? yes

**115.67 (d)**

**Agency protection against retaliation**

In the case of inmates, does such monitoring also include periodic status checks? yes

**115.67 (e)**

**Agency protection against retaliation**

If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation? yes

**115.68 (a)**

**Post-allegation protective custody**

Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43? yes

**115.71 (a)**

**Criminal and administrative agency investigations**

When the agency conducts its own investigations into allegations 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).) yes

Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(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
		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).)	yes

<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
<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 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?	yes
<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
		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 evidence sufficient to substantiate the allegation?	yes
<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).	na
<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 sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
<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 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
<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 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?	yes
<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.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is not the third year of the current audit cycle.)	yes
<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 (f)</b>	<b>Audit contents and findings</b>	
	The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)	yes