

PREA Facility Audit Report: Final

Name of Facility: Montana State Prison

Facility Type: Prison / Jail

Date Interim Report Submitted: 07/20/2021

Date Final Report Submitted: 08/19/2021

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"/>
Auditor Full Name as Signed: Deborah Striplin	Date of Signature: 08/19/2021

AUDITOR INFORMATION	
Auditor name:	Striplin, Deborah
Email:	dstriplin@doc.nv.gov
Start Date of On-Site Audit:	06/07/2021
End Date of On-Site Audit:	06/11/2021

FACILITY INFORMATION	
Facility name:	Montana State Prison
Facility physical address:	400 Conley Lake Road, Deer Lodge, Montana - 59722
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	Jim Salmonsens
Email Address:	jisalmonsens@mt.gov
Telephone Number:	406-415-6200

Warden/Jail Administrator/Sheriff/Director	
Name:	Jim Salmonsens
Email Address:	jisalmonsens@mt.gov
Telephone Number:	406-415-6200

Facility PREA Compliance Manager	
Name:	Bill Weddington
Email Address:	bill.weddington@mt.gov
Telephone Number:	O: (406) 415-6572

Facility Health Service Administrator On-site	
Name:	Cindy McGillis-Hiner
Email Address:	CMcGillis@mt.gov
Telephone Number:	406-415-6448

Facility Characteristics	
Designed facility capacity:	1607
Current population of facility:	1367
Average daily population for the past 12 months:	1377
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	Males
Age range of population:	18-91
Facility security levels/inmate custody levels:	6 levels, See attached memo
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	723
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	111
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	108

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

Agency Chief Executive Officer Information:	
Name:	Brian Gootkin
Email Address:	Brian.Gootkin@mt.gov
Telephone Number:	(406) 444-4913

Agency-Wide PREA Coordinator Information			
Name:	Michele Morgenroth	Email Address:	mmorgenroth@mt.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

As part of the Western States, Prison Rape Elimination Act (PREA) Consortium for circular audits, Deborah Striplin, Nevada Department of Corrections (NDOC), U.S. Department of Justice (USDOJ) Certified PREA Auditor for Adult facilities, conducted a PREA audit of the Montana State Prison (MSP), operated by the Montana Department of Corrections.

Communication between the auditor and the Agency PREA Coordinator for the Montana Department of Corrections (MDOC) began in April 2020 in preparation for an on-site audit to be conducted in August 2020. Due to COVID-19 stay-at-home orders and travel restrictions, this audit was postponed. The PREA Auditor communicated with the Agency PREA Coordinator between August 2020 and February 2021 monitoring the trajectory of trends nationwide, the release of inoculations, and States announcements of phases in lifting state restrictions. February 2021, the PREA auditor and PREA Coordinator identified and planned for the on-site audit to be conducted June 7 – June 11, 2021.

March 15, 2021, the PREA Resource Center emailed to inform this auditor that MSP initiated the audit via the Online Automated System (OAS). This auditor confirmed the MSP OAS audit the same day.

March 22, 2021, this auditor received an email notification that a new audit was created.

April 23, 2021, the auditor received an email notification that the Pre-Audit Questionnaire was submitted for Montana State Prison. Additionally, PCM emailed a sampling of the posted audit notification pictures and included them within the OAS. The facility posted approximately 250 audit notices throughout the facility in English and Spanish. Due to the amount of posting the PCM included a sample from multiple offender housing units, work, and program areas.

April 26, 2021, this auditor initiated the audit of Montana State Prison.

The Memorandum of Understanding (MOU) and Statement of Work (SOW) between the Nevada Department of Corrections (NDOC) and PSD were signed by executive staff from both agencies in May 2021.

The audit team was comprised of Deborah Striplin, DOJ certified PREA auditor (lead auditor), Kimberley McCoy, NDOC PREA Compliance Manager (support staff), Nethanjah Childers, NDOC Associate Warden (support staff), and Frances Oakman, NDOC Mental Health Supervisor (support staff). The lead auditor was responsible for pre and post-audit requirements. The on-site review was a collaborative effort between the lead auditor and support staff conducting physical plant review, interviewing staff and offenders, and reviewing any additional supporting documents that were not included within the OAS pre-audit phase.

Phase I – Pre-Onsite Audit

April 15, 2021, the lead auditor emailed audit notification contact information to the agency PREA Coordinator.

April 23, 2021, this auditor received electronic confirmation from the facility PCM that notifications were posted and included a sampling of notification pictures. Additionally, audit notification pictures were uploaded into the OAS. Each photo indicated the various housing units and common areas notifications were posted. Audit notifications were posted within the required 6-week time frame.

The PREA audit notification posting read as follows:

Notice of PREA Audit

During the following dates:

June 7-11, 2021

This facility will be undergoing an audit for compliance with the U.S. Department of Justice's National PREA Standards to Prevent, Detect and Respond to Prison Rape under the Prison Rape Elimination Act (PREA) Standards for Prisons and Jails:

Any person with information relevant to this compliance audit may confidentially* correspond with the auditor by writing to:

Ms. Deborah Striplin

NDOC - Office of the Inspector General

PREA Management Division

P.O. Box 7011

Carson City, NV 89702

*CONFIDENTIALITY: All written and verbal correspondence and disclosures provided to the auditor are confidential and will not be disclosed unless required by law. There are exceptions when confidentiality must legally be breached. Exceptions include, but are not limited to:

- If the person is an immediate danger to her/himself or others (e.g., suicide, homicide)
- Allegations of suspected child abuse, neglect, or mistreatment;
- In legal procedures where information has been subpoenaed by a court of appropriate jurisdiction.

Any correspondence should be clearly identified as "LEGAL MAIL" and handled per DOC Policy 3.3.6 Offender Mail.

Please note that correspondence with the auditor is limited to the course of the audit, which is within 45 days of the completion of the on-site visit noted above.

cc: Facility Mailroom

After the OAS audit was initiated on April 23, 2021, this auditor began reviewing agency policies, operational procedures, and supporting documentation that was imported into the system. Information was reviewed before the on-site review with frequent communication with the PREA Compliance Manager and PREA Coordinator. Communication was conducted telephonically, virtually via Teams Meeting or ZOOM and email. Any additional information or documents that were needed during this time frame were provided to the auditor.

April 24, 2021 auditor began preparing an on-site review schedule and emailed a list of information to the PCM for documentation needed upon arrival for the on-site review. The information requested included, but was not limited to:

- Security staff roster for each shift
- Non-security/civilian staff
- A current roster of inmates/offenders categorized by housing unit, intake date, and ethnicity
- A current roster for inmates/offenders that fall into one or more of the categories below - housing location/intake date
- Transgender-Intersex offenders
- L/G/B Offenders
- Blind/limited sight
- Deaf/hearing impaired
- Physical disability
- Cognitive disability
- Limited English Proficient (LEP)
- Housed in segregation for high risk of victimization
- Reported sexual abuse in confinement
- Reported sexual victimization during risk screening (out of confinement)

April 26, 2021, this auditor reviewed the agency website <https://cor.mt.gov> and the Prison Rape Elimination Act (PREA) link <https://cor.mt.gov/PREA>. The website included previous PREA audit reports and agency annual audit reports. The previous final PREA audit report for Montana State Prison was completed November 8, 2018, and conducted by the State of New Mexico, Department of Corrections DOJ certified PREA Auditor.

April 28, 2021, the auditor emailed the PREA Coordinator and PCM to start arranging and scheduling specialized interviews with staff to be conducted virtually, before the on-site audit. The majority of specialized interviews were conducted virtually and those that could not be conducted virtually were telephonic, this included telephonic interviews with the community victim advocate and Sexual Assault Forensic Examiners.

Pre-on-site specialized staff telephonic or virtual interviews

- 5/04/2021 Virtual interview - PREA Coordinator
- 5/11/2021 Virtual interview - Contracts Administrator of Secure Facilities
- 5/13/2021 Telephonic interview - YWCA Community Victim Advocate
- 5/12/2021 Telephonic interview - First Step Sexual Assault Forensic Nurse
- 5/13/2021 Virtual interview - Administrative Investigator
- 5/13/2021 Virtual interview - Criminal Investigator
- 5/14/2021 Telephonic interview – Contracts Administrator for Community Confinement Facilities

- 5/14/2021 Virtual interview - Facility PCM
- 5/14/2021 Virtual interview - Facility Warden
- 5/27/2021 Virtual interview - Human Resources Manager
- 5/25/2021 Virtual interview –Agency PREA Victim Advocates
- 5/28/2021 Telephonic interview - St. Peters In Helena Hospital Sexual Assault Nurse Examiner
- 6/03/2021 Virtual interview with Director Brian Gootkin (Agency Head): Director Gootkin was appointed the Director of MDOC in January 2021.

5/4/2021 MSP tentative five-day schedule was emailed to the facility PCM and PREA Coordinator with the cover sheet summarizing the daily agenda listed below.

“Schedule is a guide and flexible for modifications during the on-site review.

Offenders and staff have the option to decline random and targeted interviews. Staff or offenders will need to decline to the auditor or audit support staff. Should staff or offender decline interview the auditor/ audit support staff will select another offender or staff member.

Montana State Prison

DOJ PREA Audit

June 7 – 11, 2021

Day 1: Morning briefing and Facility tour

The audit team will split into teams of two for the physical plant review

Day 2: Staff / Offender interviews and file review

Day 3: Audit team will split

- 2 will return to MSP and continue Staff/Offender interviews
- 2 will be on-site at Riverside in the morning and join others at MSP in the afternoon

Day 4: Staff / Offender interviews and file review

Day 5: Staff / Offender interviews and file review and out brief”

On 5/13/2021 the auditor scheduled a virtual meeting with MSP Warden, PCM, Agency PREA Coordinator, and facility staff designated by the Warden to attend. This was a pre-on-site meeting to discuss the logistics of the site review and provide information for the facility to coordinate the facility tour, locations to conduct private interviews, the primary location for staging the audit team to work from, etc.

Virtual pre-onsite attendees:

- Deborah Striplin, PREA auditor
- Kimberley McCoy, Support audit staff
- Michele Morgenroth, PREA Coordinator
- Kurt Aughney, Quality Assurance Director
- Jim Salmonsens, Warden
- Bill Weddington, PREA Compliance Manager
- Kristy Cobban, Administrative Services Bureau Chief
- Billie Reich, Technical Correctional Services Bureau Chief
- Connie Winner, Clinical Services Division Administrator
- Nicole Chandler, MCE Administrative Assistant
- Melissa Scharf, Director of Nursing
- Cindy McGillis-Hiner, Clinical Services Division Medical Bureau Chief

6/4/2021 PCM emailed a copy of the physical compound map for audit team review.

Sunday, June 6, 2021 audit team arrived in Helena, Montana to begin the audit on Monday, June 7, 2021. Each day of the on-site review the audit team drove from Helena to Deer Lodge. Wednesday two of the team members drove from Helena to Boulder (day 3) to conduct an onsite review of the Riverside Special Needs Unit joining the other team members later in the day.

The audit team spent four and half days on-site and completed COVID screening each morning and were required to wear masks in all locations except for the primary working location.

Day: Monday, June 7, 2021 – Physical plant review

The audit team arrived on-site at 7:00 a.m. and proceeded to the Wallace Building which is MSP main administrative office building. The audit team was greeted in the lobby by the Warden, PCM, Bureau Chief of Administrative Services, and Agency PREA Coordinator. Staff was escorted to the small training room for the in-brief with this room designated as the primary staging/work area for the audit team. Staff attending the morning in-brief were:

- Deborah Striplin, PREA Auditor
- Kimberley McCoy, Support Audit Team
- Nethanjah Childers, Support Audit Team
- Frances Oakman, Support Audit Team
- Jim Salmonsens, Warden
- Kristy Cobban, Bureau Chief
- Bill Weddington, PCM
- Michele Morgenroth, PREA Coordinator
- Kurt Aughney, Quality Assurance Director
- Gayle Butler, MCE Administrator
- Lisa Hunter, MCE Training Development Director
- Scott McNeil, Associate Warden Housing
- Jessica Sosa, MWP PCM
- Matt Phillips, PHCF PCM
- DJ Godfrey, Associate Warden Security

Upon completion of the morning in-brief and before starting the physical plant site review, the PREA Coordinator provided an inmate test pin number to the audit team for the PREA hotline number from inmate phones during site review. The auditor and team members were verbally notified during the site review that email notifications of test calls had been received. June 8, 2021, the PCM sent an email to the auditor with the PREA hotline messages attached.

Due to the physical plant size of the facility compound and the physical plant map review, the team split into two groups. Physical plant review started at 8:00 a.m., met back in the training room around 11:30 for a short break, and provided an opportunity for the team to discuss observations and any concerns that may have been identified. At 12:15 p.m. the audit teams departed the training room to continue site review.

During the physical site review, all housing units, work, and program areas were toured to include, but not limited to; observing all areas for possible blind spots, privacy from cross-gender viewing, PREA information on how to report and victim advocacy contact information, posted audit notifications, reviewed available video surveillance and unit staff logs books for unannounced tours. Audit team members spoke to random offenders and staff during the tour and observed interactions between offenders and staff. Before females entered each housing unit MSP staff completed the cross-gender announcement.

Physical plant review locations separated by team one and team two:

*Team one (1): PREA auditor and one support audit team member, Warden, PCM, Bureau Chief, MCE Administrator, Quality Assurance Director, and MWP PCM.

- High side and Low side Infirmary
- Low side visiting (secure area)
- Rothe low support administration building
- Wallace Building
- Low side gym
- Low side yard
- Change house
- Units A-C: Three levels (tiers), each level has 12 cubes, each cube has nine cells and a day room. All inmates have keys to their doors (3 units)
- Unit D: Two levels (tiers), 19 cells on each tier with staff control in the center. (1 unit)
- Industry compound:
- Motor Vehicle Maintenance (MVM),
- Furniture shop, Print, sign, and sewing shop,
- Religious activities center (RAC)
- Armory Building
- Industry dining/cafeteria
- Small engine repair building
- Machine shop which included welding, paint shop, and electrical shop
- Plumbing building which included refrigeration room
- Carpenter shop
- Lumber storage

- Montana Correctional Enterprises (MCE) Administration building
- MCE finance and accounting building
- Correcting Adults and Minors through Positive Parenting (CAMPP) building

*Team two (2): Two support audit team members, PREA Coordinator, MCE Training Development Director, Associate Warden of Housing and Security, and, PHCF PCM.

- Restricted Housing Unit (RHU)
- Housing is comprised of two sides. Each side has 3 blocks and two tiers on each block
- Side 1: A, B, C (3 units)
- Side 2: D, E, F (3 units)
- Visiting
- Multi-purpose room
- West yard
- Laundry Room
- Secure Adjustment Unit (SAU):
- Housing blocks: A, B, C, D, E, F, G, and H (8 units)
- High side unit 1 and unit 2:
- Each has two tiers, 4 blocks per tier (2 units)
- Education
- Laundry
- High support building
- Library
- High side visiting
- High side gym
- High side culinary
- Canteen
- Green building (no inmate access)
- Red roof building (no inmate access)
- Lumber processing building
- Old saw shop
- Low side laundry (outside secure area)
- MDIU:
- Housing blocks: A and B both have two tiers (2 units)
- Outside recreation
- Food service
- Food factory
- Warehouse
- F-unit
- Open dorm in one bay (1 unit)
- Laundry/property
- Work and Re-Entry Center (WRC)
- The unit has four wings – 100, 200, 300, and 400. Wing 400 has a second level which is wing 500. (1 unit)
- Dining/chow hall
- Library/gym
- Medical/infirmary
- MCE Dairy – Has three cells and will be counted as a housing unit (1unit)

During the site review both audit teams identified some concerns with blind spots and reviewing unit log books it was difficult to identify the supervisor's unannounced tours.

Upon the completion of the physical plant review, the audit team met with MSP staff to provide a summary of concerns identified. The audit team departed the facility at 5:30 p.m.

Day 2: Tuesday, June 8, 2021

The audit team arrived on-site at 7:30 a.m. Day two was scheduled for random and targeted interviews with security staff, non-security staff, and volunteers. MSP had a few staff from the 3rd watch working overtime on the 1st watch who were selected for the first staff interviews. Security staff was selected from different work locations and units and non-security staff were selected from work and program areas. At the time of this audit, COVID precautions were still in the infancy phase of volunteers and contractors be allowed back into the facility. The audit team was able to interview one (1) religious volunteer and (1) medical contractor on-site and one (1) volunteer was interviewed telephonically. All staff interviews were conducted in designated offices which allowed for privacy.

Day 3: Wednesday, June 9, 2021

The audit team split into teams of two on the morning of day 3. Team one (1) Deborah Striplin and Frances Oakman, traveled to Boulder for RSNU physical plant review and staff and inmate interviews. On this date, RSNU current inmate population was 26 inmates. Team two (2) Kimberley McCoy and Nethanjah Childers traveled back to MSP for the continuation of staff interviews and the beginning of inmate interviews (inmate population 1,452). In addition to interviewing staff and inmates, audit support staff observed the facility intake inmate risk assessments, inmate education, and 30-day risk assessment follow-up process.

7:30 a.m. Team one (1) arrived at RSNU and greeted by Lieutenant (Lt.) Shane Biltoft, PREA Coordinator, and Tonya Dempster, Interim Assistant Director of Nursing. The team entered the Administration building and conducted a brief introduction in the conference room before the physical plant review. RSNU houses male offenders over the age of 60 with severe medical limitations i.e. dementia, immobility, hospice, or required rehabilitation after a medical procedure. RSNU has a capacity of 25, however, on the day of the on-site review they had 26 inmates housed at the facility. RSNU had three (3) security staff and three (3), clinical staff, on the day of the on-site visit. The facility has five buildings and only four of the buildings are in use.

- Administration Building
- Building 14 (1 unit): This unit has 17 cells and one (1) ward. The unit had video surveillance throughout this area and privacy screens that inmates used to provide privacy when in a state of undress changing clothes.
- Building 12: Inmate library (enter under direct supervision)
- Gym – Open and has camera coverage

7:30 a.m. Team two (2) Kimberley McCoy and Nethanjah Childers arrived at MSP. When they arrived they interviewed random security staff on 1st. After the staff interviews, they went to the MDIU (intake) to observe the intake process for completing the intake risk assessment screening process, inmate education and met with a separate case manager to observe the follow-up risk screening process. In addition to observing the entire process, the support staff completed the targeted interviews with the staff conducting the risk assessment screenings and inmate education.

Audit team one (1) arrived back at MSP around noon.

The audit team started conducting random and targeted interviews with inmates. Random inmates were selected from the housing unit roster provided to the audit team on day one. Inmates were selected from each unit and included a diverse selection of the population. Inmates selected for targeted interviews were selected at random and from different housing units. The lead auditor conducted interviews with inmates who wrote letters to the auditor before the site review. Additionally, before the on-site review, the auditor selected an inmate to interview who filed a grievance. All staff and the majority of inmate interviews were conducted in designated offices which allowed for a level of privacy. Inmates who were housed in restrictive or secured housing were interviewed in the unit behind glass for safety and security.

At approximately 4:30 p.m. the audit team departed the facility.

Day 4: Thursday, June 10, 2021

The audit team arrived on-site at 7:30 a.m. The audit team completed targeted and random inmate and staff interviews and, completed document reviews to include but not limited to:

(21) Employee files and training records reviewed

(20) Inmate files and (18) Transgender inmate 6-month wellness checks reviewed

(17) Investigation case file reviewed

Retaliation tracking

Tracking log related to standard 115.41 and 115.81 for offers of medical and mental health

Prior to the on-site review, the lead auditor reviewed the MSP incident/investigation tracking log. MSP had a total of 147 reported incidents and of those, 79 had been closed prior to the on-site review. Some of the reported incidents included both sexual abuse and sexual harassment and included reports against both staff and/or other offenders within one incident. Due to some of the investigations having more than one finding, resolution totals are higher than number of investigations reviewed. The lead auditor initially selected sixteen (16) investigations to review during on-site visit and added one (1) additional investigation case file to the list after reviewing the grievance log. The lead auditor sent the requested case numbers to the PCM to have ready for the on-site review. The lead auditor reviewed a total of seventeen (17) investigations.

- All eight (8) investigations closed substantiated were reviewed
- Thirty (30) closed unsubstantiated - seven (7) reviewed
- Fifty-eight (58) closed unfounded - six (6) reviewed

- Fifty-one (51) cases were still open at the time of the on-site audit.

At approximately 4:30 p.m. the audit team departed the facility.

Day 5: Friday, June 10, 2021, On-site audit Out-brief

The audit team arrived on-site at 7:30 a.m. The audit team compiled interview forms, notes, and supporting documentation provided on-site. The audit team discussed the areas the facility did well in meeting standards and areas of concern that needed to be addressed. The out brief was scheduled for 9:00 a.m. and included the following staff.

Staff attending out brief:

- Deborah Striplin, Lead auditor
- Kimberley McCoy, audit support staff
- Frances Oakman, audit support staff
- Nethanjah Childers, audit support staff
- Brian Gootkin, Director
- Jim Salmonsens, Warden,
- Kurt Aughney, Quality Assurance Director
- Michele Morgenroth, PREA Coordinator
- Bill Weddington, PCM
- Kristy Cobban, Bureau Chief Administrative Services
- Chris Lamb, Associate Warden of Operations
- Stephany Pasha, MSP Chronic Care Nurse
- Staff participating virtually via TEAMS:
- Jessica Sosa, MWP PCM
- Steffani Turner, Bureau Chief Mental Health
- Cindy Hiner, Bureau Chief Medical
- Connie Winner, Clinical Services Administrator
- DJ Godfrey, Associate Warden Security
- Scott McNeil, Associate Warden Housing
- Matt Phillips, PCM Pine Hills

During the out brief the auditor and audit support staff thanked the facility staff for their hospitality. The facility leadership and PCM coordinated and executed a plan in advance for the physical plant review and arranged areas for the audit team to conduct interviews. The PCM arranged to have escorting staff available for the duration of the site review, this allowed the audit team to interview staff and inmates without long delays. The staff were professional, answered questions, and provided clarification for the audit team. The auditor was able to discuss specific standards identified before the on-site review and those identified while on-site. This was accomplished through open communication allowing for questions and clarification from both auditor and facility staff in attendance. The auditor communicated the time frame for the issuance of the interim report would be within 45 days as of the last day of the on-site review. Any items corrected during that time frame would be noted in the report as to the deficiency, the action taken and would reflect corrective action as completed during the interim report time frame.

The audit team departed the facility at approximately 10:30 a.m.

On-site Review Interviews Completed:

Population: 1452 – 13 housing units, 2 of 13 are segregation units

- Target Numbers Required 40 - (20 Random) - (20 Specialized)
- **Total completed: 43**
- Physical disability: 4
- Cognitive disability: 2
- Limited English proficient: 3
- Gay or Bi-sexual: 3
- Transgender/Intersex: 4
- Inmates who reported sexual abuse: 4
- Inmates whor report abuse during risk screening: 3
- One (1) inmate requested to speak to auditor during on-site review
- Four (4) of the five (5) inmates who wrote PREA related letters were interviewed. One of the five was in litigation and was not

The audit team selected a number of inmates from each unit. MSP does not house youthful inmates and did not have any inmates housed in segregation for high risk of victimization. Those required interview numbers were added to other specialized interview categories.

Staff Interviews:

Security staff shift times:

Security Line Staff Lieutenants and Captains

1st shift: 0600 – 1400 1st shift: 0500-1500

2nd shift: 1400-2200 2nd shift: 1200-2200

3rd shift: 2200-0600 3rd shift: 2000-0600

Completed staff interview: Random: 23 Specialized:31 723 staff / 202 hired within 12 month audit time frame

Security staff(17)

- 1st shift: 6
- 2nd shift: 8
- 3rd shift: 3

Non-security staff(6)

Specialized:>

Agency Head : 6/3/21 conducted a virtual specialized interview

Warden/Appointing Authority: 5/14/21 conducted a virtual specialized interview

Agency PREA Coordinator:5/4/2021 conducted a virtual specialized interview

Facility PCM:5/14/21 conducted a virtual specialized interview

Intermediate or higher level staff: 3 (MSP-one from each watch) - 1(RNSU)

Staff who work in Restrictive Housing: (2)

Investigation Staff: (2)

Medical staff: 1(MSP) 1(RSNU)

Mental Health: (1)

HR Administrator/designee

Retaliation Monitor: (1)

Staff who are a part of sexual abuse incident reviews: (1)

Staff who perform Screenings: Interviewed one staff who conducted a 72-hour assessment and one who conducted 30 day follow up: (2)

Intake Staff: (1)

First Responders: (1) Security staff - (1) Non-security staff

Agency Contract Administrator: Secure confinement contract supervisor and Community Confinement Contract Supervisor: (2)

Volunteer: (1) volunteer on-site and (1) telephonic (MSP was just beginning to allow volunteers back after COVID stay at home orders)

SAFE/SANE: (1) The First Step and St. Peters of Helena (telephonic)

Community Victim Advocate: 5/12/21 YWCA telephonic

Agency Vcitim Advocates: 5/25/21 virtual interview: (2)

Contractor: MSP was just beginning to allow contractors back after COVID stay at home: (1)

Post-on-site:n>

Following the on-site audit review, the lead auditor gathered written information and feedback from the audit support team members and took responsibility for completing the report.

The lead auditor maintained telephonic and email communication and, virtual meetings with the PCM and PREA Coordinator. The facility was very proactive and initiated a plan of action for some of the items discussed during the out brief on day five (5). The auditor and the PCM discussed issuing the corrective action plan before the issuance of the interim report. This would allow the PCM and facility to start working on addressing some of the noted deficiencies that could be completed during the interim report time frame. It was understood that should any additional items be found after the on-site and before the issuance of the interim report, the PCM would be contacted and an amended corrective action plan be sent.

June 21, 2021, this auditor provided the corrective action plan to the PCM and PREA Coordinator, any items completed before the interim report will be noted in this report under the applicable standard and will include the identified or observed deficiency, action taken by the facility to correct the deficiency and what the PCM and/or PREA coordinator provided the auditor to meet compliance.

Interim Audit Report was issued on 7/20/21: The interim report identified which policies were reviewed, interviews conducted and information received pre-onsite review. Observations were made, interviews conducted and documentation received during the on-site review. Post-on-site audit review of documentation and communication between the lead auditor, facility PCM, and agency PREA coordinator.

This lead auditor maintained consistent communication with the PREA Coordinator and facility PCM after the on-site during the CAP time frame which included virtual follow up meetings for clarification of action and/or the status of corrective action items. During the CAP time frame the PCM emailed documentation and pictures for the applicable areas.

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

The Montana State Prison (MSP) is located in the Deer Lodge valley. The facility houses approximately 1,600 male offenders ranging in age from eighteen (18) to 91. The facility houses offenders from minimum to maximum custody levels and offers work, programs, and education opportunities.

The Riverside Special Needs Unit (RSNU) falls under MSP administration and is located in Boulder, Montana which is located in Jefferson County. RSNU houses male inmates with serious, long-term medical needs and has a capacity level of twenty-five (25) offenders.

Custody Levels:

Minimum II/Unrestricted Custody

Minimum I/Restricted Custody

Medium II/Unrestricted Custody

Medium I/Restricted Custody

Close Custody

Administrative Segregation

Housing Units:

Restrictive Housing Unit (RHU): This housing unit has a total of 6 different housing blocks and 2 security management cells

Secure Adjustment Unit (SAU): This housing unit has a total of 8 different housing blocks and 1 security management cell

High Side Unit 2: This housing unit has a total of 8 housing blocks

High Side Unit 1: This housing unit has a total of 8 housing blocks

Lower Units A, B, and C: This housing unit has a total of 3 dorm-style buildings with 3 tiers to each building.

Lower Unit D: This housing unit has two tiers of rooms- and 1 bathroom on each tier (locker room style).

Martz Diagnostic and Intake Unit (MDIU): This unit is considered the intake unit, it has two large blocks with 2 tiers on each block.

WRC: This housing unit is like an apartment building with wings and one wing has a second tier.

The Montana State Prison oversees the Riverside Special Needs Unit (RSNU) which is located in the county of Boulder approximately two hours from Deer Lodge Valley, MT. MSP Warden is the appointing authority and RSNU staff falls under the MSP organizational chart. RSNU follows MSP operational procedures and chain of command. The on-site review of RSNU was included in the schedule and will be detailed within this audit report.

AUDIT FINDINGS

Summary of Audit Findings:

The OAS will automatically calculate the number of standards exceeded, number of standards met, and the number of standards not met based on the auditor's compliance determinations. If relevant, the auditor should provide the list of standards exceeded and/or the list of standards not met (e.g. Standards Exceeded: 115.xx, 115.xx..., Standards Not Met: 115.yy, 115.yy). Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.

Number of standards exceeded:	1
Number of standards met:	44
Number of standards not met:	0

In the on-site portion of the audit, the audit team was able to review all areas of the facility. The facility staff was very helpful and responsive to the questions and concerns. The facility staff who assisted the audit team during the on-site review were attentive to the needs of the audit team and were very hospitable.

Overall the auditor believes that MSP staff have worked hard after their last PREA audit. While there were some areas identified that needed to be addressed, they have been working towards maintaining compliance with the PREA standards and inmate sexual safety within their facility.

Some of the positives observed by the audit team:

- The Warden and PCM appear to be very proactive and committed to inmate and staff safety and the prevention, detection and responding to sexual abuse and sexual harassment of inmates.
- The agency has two victim advocates who provide ongoing emotional support to inmate victims of sexual abuse and incarcerated survivors of sexual abuse. These staff can support victims through written correspondence, on-site and telephonic client meetings and were able to maintain services virtually and/or telephonically during COVID-19 stay-at-home orders.
- Any questions asked or documentation requested by the audit team were answered and provided without delay.
- PREA posters were posted in housing units, programs and, work areas
- Supervisory and management staff ensured the audit team had staff available to escort them to areas for staff and inmate interviews.
- The facility was well maintained and clean.
- On the last day of the on-site audit, the Director attended in person for the audit out-brief. This was the first time this lead auditor had a Director attend an audit out-brief and reflected his commitment to the agency and facility for meeting PREA Compliance.
- Post on-site and during the Corrective Action time frame the PCM was responsive and timely in providing proof of practice documentation and responsive to follow up questions.

The pre-onsite and onsite review identified the following standards not meeting substantial compliance or required minor policy and/or procedure revision. Corrective action was initiated for the following standards and completed on August 17, 2021. Measures taken during the corrective action time frame to meet full compliance are notated within the applicable standards identified below within this audit report.

115.13:

- Several physical plant issues were identified during the tour.

115.15:

- A few cells within the infirmary, RHU, SAU, and MDIU had cross-gender viewing concerns.
- While staff conducts cross-gender announcements, this requirement was not in procedures and needed to be added. This standard provision item was corrected and added to the policy before the issuance of the interim report.
- The facility had two styles of pat searches one (1) for male inmates and one (1) for Transgender – Intersex inmates. The training video for staff was not good practice and the training lesson plan did not include security staff conducting practicals to show knowledge of instruction provided. Having two styles of pat searches was confusing for staff and Transgender inmates to include a Transgender inmate receiving the wrong style of pat search if they did not know they were able to request a Transgender pat search.

115.16:

- The facility did not have an inmate education brochure in Spanish. The facility needed to have PREA education information available for inmates whose primary language is Spanish.

115.41/115.81:

- It was identified that inmates who reported experiencing prior sexual victimization or previously perpetrated sexual abuse were not consistently offered and/or referred and/or followed up with by Mental Health as required.

115.63:

- This standard provision (c), was not referenced in policy. This standard provision item was corrected and added to the policy before the issuance of the interim report

116.67:

- This standard provision (e), was not referenced in policy. This standard provision item was corrected and added to the policy before the issuance of the interim report

115.73:

- Reviewing investigation files on-site it was identified that inmate notifications had not been completed for eight of seventeen closed investigations reviewed. Six of the eight missing notifications were completed and copies were sent to the auditor before the issuance of the interim report. One of the remaining two had been completed but had not been added to the case file and the last one could not be delivered due to the inmate discharging his sentence. The auditor request a sampling of additional notifications for cases closed after on-site review.

Recommendation: A memo reminding staff to be security-minded ensuring doors are secured in the culinary and food service.

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	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 208 451 235">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 394 740 421"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 472 1334 701" style="list-style-type: none"> • The Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • The State of Montana job description for the Prison Rape Elimination Act (PREA) Program Manager • The State of Montana job description for PREA Compliance Manager, Department of Corrections • MDOC Director’s Office organizational chart • MDOC organizational chart • MSP organizational chart <p data-bbox="240 730 1489 857">(a) Agency policy 1.1.17 and MSP OP 1.1.17 both require agency and facility have a zero-tolerance related to all forms of sexual abuse and sexual harassment following the standards outlined in the Prison Rape Elimination Act of 2003. This auditor reviewed and verified that the directive is posted on the agency website DOC Policies (mt.gov), Montana Department of Corrections Policies.</p> <p data-bbox="240 887 1437 949">On-site review random and specialized interviews conducted with offenders and staff indicated they had knowledge and understanding of the agency’s zero-tolerance policy and how to report allegations.</p> <p data-bbox="240 978 1461 1072">(b) Agency policy 1.1.17 defines the responsibilities of the PREA Coordinator. Additionally, the state of Montana job description for the Prison Rape Elimination Act (PREA) Program Manager and MDOC organizational charts were provided and further supports compliance with this provision.</p> <p data-bbox="240 1102 976 1128">The PREA resource center FAQ dated December 18, 2015, reads in part:</p> <ul data-bbox="280 1180 1458 1411" style="list-style-type: none"> • In terms of authority, PREA Coordinators at the agency level must, at a minimum, have: • Direct access to the agency’s most senior leader or chief executive officer (e.g., Director, Secretary, Commissioner, Administrator, etc.); • Direct access to the agency’s executive or senior leadership team; and • Influence necessary to create and implement agency-wide policies, procedures, and practices, without any interference from other levels of bureaucracy or supervision, and in accordance with the PREA standards and interpretative guidance issued by DOJ. <p data-bbox="240 1440 1485 1935">5/4/2021 virtual interview was conducted with the Agency PREA Coordinator. The PREA Coordinator stated that she has direct access to the Director and the agency’s executive leadership team and her primary job is the PREA Coordinator. The PREA Coordinator has the time to manage her PREA responsibilities and has frequent contact with the PREA Compliance Managers via telephonic, email, or virtual meetings. The PREA Coordinator sends monthly emails to the PCMs related to specific topics for them to review and determine if an internal facility corrective action is needed.[M1] Additionally, the PREA Coordinator conducts on-site visits, and has annual in-person PCM meetings and training on specific standards. The on-site facility visits, in-person meetings, and training were put on hold during COVID-19 stay-at-home orders. During the stay-at-home orders communication with the PCMs included virtual meetings. The PREA Coordinator explained the process and step taken for preparing staffing and annual reports to include attending meetings on-site at facilities. Additionally, she described the Transgender Intersex Placement Review Committee process and how case by case reviews are conducted. The PREA Coordinator has extensive knowledge and understanding of the PREA standards and is committed to the agency and facility compliance with the PREA standards and inmate sexual safety. During the on-site review, the lead auditor was able to observe that she had the authority to inform facility staff on the changes for staff training in compliance with standard 115.15 (f). While discussing some missing verbiage within the agency policy, she immediately sent an email to request some minor revisions to the agency policy.</p> <p data-bbox="240 1964 1452 2159">(c) The State of Montana job description for PREA Compliance Manager, Department of Corrections was reviewed. The PREA Program Coordination states; “This position acts on behalf of the Bureau Chief and the Warden to ensure MSP complies at all times. Further, this position coordinates efforts with the Department of Corrections PREA Coordinator for ongoing training or changes related to feedback received in mock audits and Federal audits.” The job description further outlines the required PCM tasks. The PCM reports to the Bureau Chief which supports the job description and MSP organizational chart level of authority.</p>

5/14/2021 the lead auditor conducted a virtual interview with Bill Weddington, PREA Compliance Manager (PCM): The PCM has worked at MSP for three years, 6 months as a correctional officer and PCM for approximately two and half years. The MSP PCM is a full-time position and he has enough time to manage PREA related responsibilities. The PCM has a part-time assistant who helps maintain tracking logs to include retaliation monitoring, risk assessment screening time frames, and referrals to medical and mental health. The PCM works with the facility leadership and has direct access to MSP senior leadership staff and Agency PREA Coordinator. The PCM has the influence to implement change to policy and procedures and is included in meetings for staffing plan review, investigatory process, sexual abuse incident reviews and communicates with staff and inmates. The PCM has conducted internal audits within the facility to maintain compliance and identify areas of concern to include making corrections or changes as necessary.

During the on-site review, the lead auditor observed that the PCM has direct access to facility leadership and the Agency PREA Coordinator. The PCM provided information to the lead auditor in a timely fashion during the pre-onsite audit, on-site audit, and post-on-site audit.

Auditor triangulated policy, supporting documentation, and specialized staff interviews in determining a finding of compliance for the agency and facility with this standard and standard provisions. The agency and facility meet compliance with this standard.

115.12 Contracting with other entities for the confinement of inmates

Auditor Overall Determination: Meets Standard

Auditor Discussion

**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.

Policy, Procedures, and Documents Reviewed

- Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination
- Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act
- Contract PREA Compliance Check Tracker
- Memo Regarding 115.12.
 - 1.1.7 Quality Assurance 2020 memo
 - Quality Assurance Office Audit Procedure (QAO) Manual Procedure DOC 1.1.7
 - PREA Community Confinement Contract Compliance Tool
 - PREA Prison and Jail Contract Compliance Tool
 - PREA Juvenile Facility Contract Compliance Tool
 - Form Letter for Juvenile Contract Facilities
 - Form Letter for Prison and Jail Contract Facilities
 - Form Letter for Community Confinement Contract Facilities
 - PREA Compliance Checks at Contract Facilities
 - HPRC PREA Compliance Check Follow Up Letter
 - WATCH East PREA Compliance Check Follow Up letter
 - ETC Follow up PREA spot check letter
 - NEXUS Follow up PREA spot check letter
 - MPRC PREA Spot-Check Follow Up Letter
 - HPRC Follow up letter 8.19.20
 - Butte PRC 08.19.20
 - CCP East PREA Compliance Check Response Letter
 - START 08.20.20
 - GCRP 03.04.20
 - ETC 03.04.20.pdf
 - WATCH W CCP W Follow Up Letter 2.27.20
 - PREA Compliance Check
 - 2019 Dawson Co. Regional Prison compliance check letter
 - 2019 Cascade Co. compliance check letter
 - 2019 5C's PREA Check

(a) (b) Agency policy 1.1.17 states, “Any new contract or contract renewal for the confinement of offenders will include the contract entity’s obligation to adopt and comply with the PREA standards and a provision for the department to monitor the contract to ensure the contractor is complying with the PREA standards. To further support the agency PREA policy, the QAO procedure 1.1.7 states:

Contract Reviews

1. Contract review audits may be conducted on any contract held by the Department. The contract review audit instrument will include standards or requirements outlined in the contract. The contract for Crossroads Correctional Center in Shelby, MT will be reviewed annually by the QAO.
2. Contracts for other secure facilities, prerelease centers, and treatment facilities will be reviewed by the QAO every three years with site visits by Department employees in the intervening years intended to monitor contract requirements and progress toward compliance with audit recommendations.
3. Unannounced site visits may be conducted to audit specific standards at any time.
4. For planned contract reviews, the QAO will notify the facility administrator of the audit date(s) and request any applicable supporting documentation

- During the COVID-19 pandemic stay at home orders the agency maintained communication with the contract facilities and conducted remote checks. On-site compliance checks are scheduled to resume late summer/early fall 2021.

All contract facilities are required to provide a copy of their final PREA audit reports to the MDOC Quality Assurance Office.

The agency has multiple contracts for housing MDOC offenders. The contracted facilities are listed on the agency public website Facilities Map (mt.gov), facilities tab. The agency provided the contracts and a random sample of MDOC contract monitor compliance spot check letters. The contracts were reviewed and met compliance with the agency policy and this standard.

Contracted facilities fall under one of four categories:

1. Contracted secure facilities
2. Assessment/sanction centers
3. Residential substance use disorder treatment centers, and
4. Prerelease centers.

On 5/11/2021 the lead auditor reviewed the contracted facilities that had a public website for final PREA audit reports. All the facilities audited except for two had final PREA audit reports posted. Great Falls Prerelease Center had received a final report but did not have it posted, this was corrected. The Missoula Prerelease Center does not have a public website and has posted notices in control center windows that PREA audit reports, annual reports, and investigation policy will be provided upon request. Two facilities have not completed Federal PREA audits as of this audit report. Dawson County Correctional Facility is currently attempting to engage with and contract with a private PREA auditor. The agency is working with and in communication with Missoula Assessment and Sanction Center (MASC) to determine whether a PREA audit will be completed before the sunset date of 2022.

On 5/11/2021 the lead auditor conducted a virtual specialized interview with the Bureau Chief over the contracted secure facilities, Contract Placement Bureau Chief Patrick Smith. The secure facilities have a contract monitor on-site who is responsible for monitoring compliance and communicating with the Bureau Chief. There is also off-site review monitoring in collaboration with the on-site contract monitor. Annual PREA reports are completed and reviewed by the agency before reports being posted.

On 5/14/2021 the lead auditor conducted a telephonic interview with the Bureau Chief over the Community Confinement Facilities, Programs and Facilities Bureau Chief, Megan Coy. On-site spot checks are conducted regularly to monitor compliance with the contract to include PREA requirements.

Final audit reports are provided to the agency and reviewed to ensure they are meeting full compliance. During this conversation, Ms. Coy explained the process and clarified the posting of the final PREA audit report for the Great Falls Prerelease Center. I was also provided with a copy of the signage posted at the Missoula Prerelease Center. It should be noted that during COVID-19 stay at home orders on-site contract monitoring was put on hold. As of this audit, the on-site contract reviews have resumed.

In determining compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, reviewing the contract facilities that had a public website, and specialized staff interviews. The lead auditor finds that they meet compliance with this standard

Auditor Overall Determination: Meets Standard

Auditor Discussion

**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.

Policy, Procedures, and Documents Reviewed

- The Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination
- Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act
- Annual Staffing Plan Review Form
- COVID Unannounced Rounds Change
- Memo regarding 115.13 corrective actions (internal audit)
- Revised unannounced rounds procedure email
- 2019 and 2020 MSP staffing information and memo
- MSP organizational chart
- 2019 MSP Collective Bargaining Agreement
- 2020 Purchase order for cameras

(a)(b) Agency policy 1.1.17 states, “Administrators are required to develop, document, and make best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect offenders against abuse.” It also requires facilities to document and justify all deviation from the plan.

MSP OP 1.1.17 follows the agency policy and defines the facility requirements, documentation, and retention of the staffing plans.

MSP provided information on posts that may be closed should the facility fall to a level that required such action to maintain minimum staffing in exigent circumstances. Additional, information was provided to address the staffing for the Work and Reentry Center (WRC) which houses minimum custody inmates outside the fenced perimeter.

MSP has a limited amount of camera or video surveillance to include some of the cameras being out of date or not functioning. Throughout 2019 the agency and MSP PREA department identified blind spots that would benefit from the installation of video surveillance to further support the sexual safety of offenders. 2020 MSP received CARES Act money to help purchase new cameras within areas with significant blind spots. MSP provided a copy of the facility purchase order request and attached quote. This was also noted on the facility staffing plan which included collaboration and input from the facility PCM.

(c) Agency policy 1.1.17 requires the facility to review the staffing plan annually, in consultation with the PREA Coordinator. MSP OP supports the agency policy, reflecting that the Warden, or designee, will review the staffing plan in consultation with the PREA Coordinator.

(d) Agency policy 1.1.17 states, “Administrators will require intermediate-level and higher-level staff to conduct random unannounced rounds to identify and deter employee or service provider sexual abuse and sexual harassment.” The policy also requires these rounds to be documented for all shifts and areas of the facility and, the facility must prohibit staff from alerting others of the conduct of such rounds.

MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. The policy further defined the positions responsible for conducting unannounced rounds.

- o Warden
- o Associate Warden
- o Captains
- o Lieutenants

5/14/2021 pre-on-site virtual specialized interview was conducted with Jim Salmonsens, Warden. The lead auditor utilized a standardized interview form as a guide that addressed multiple standards with a discussion between the auditor and the Warden for just over an hour. Mr. Salmonsens has worked for MDOC for 33 years and MSP Warden for approximately three years. The Warden reviews all staffing plans annually, however, staffing plans are reviewed continually throughout the year as necessary. The Associate Warden of Security oversees the staff of security staff and maintains copies within his office.

Specialized interviews with Warden, PREA Coordinator, and PCM supported agency and facility policy to include the PREA Coordinator attending annual staffing plan meetings with the Warden, PCM, and facility executive leadership.

MSP was able to acquire some new video monitoring and surveillance. This afforded the facility to upgrade outdated systems or install new video in areas that did not have surveillance monitoring. The PCM and agency PREA Coordinator were involved in the process which included taking into consideration those areas with blind spots or identified during sexual abuse incident reviews that video surveillance would support investigations.

During the COVID-19 pandemic, the facility implemented movement restrictions. Beginning October 1, 2020, thru February 1, 2021 supervisor rounds were limited within living quarters to enter only as necessary in common areas when inmates were not present to limit possible exposure between staff and inmates. Supervisors were still required to conduct rounds and document within the restriction guidelines.

Agency and facility policy require supervisory rounds to include documenting the rounds within unit log books. During the on-site review, the lead auditor and audit support staff made observations while conducting the on-site physical plant review and reviewed unit log books for supervisor tours. The audit team conducted specialized interviews with three (3) MSP supervisors, one (1) from each watch and one (1) from RSNU. Supervisors interviewed stated they conduct unannounced tours in housing units and program and work areas. Supervisor tours were supported by random staff and inmate interviews when asked if they see supervisors touring the units. Additionally, supervisors understood the intent of these tours and the reason for unannounced rounds to include how they document supervisor rounds. Supervisors stated it is against policy for staff to alert other staff when they are conducting unannounced rounds and would address staff if they became aware of them alerting other staff. Housing units have a Supervisor sign-in log book and supervisors provide a monthly report to the PCM.

Female supervisors conduct the cross-gender announcement when entering inmate housing units in compliance with standard 115.15.

Corrective action:

(a)(5) During the on-site review of the physical plant there were some blind spots observed and/or areas where inmates and staff could be isolated. These areas were discussed and addressed within the corrective action plan to include but not limited: Staff bathroom doors had slide locks preventing entry, some staff office sin work areas did not have windows and solid doors. Inmate swamper/porter closets were open and allowed for inmates and/or staff to enter and shut the solid door. One unit had an area inmates and/or staff could hide that was out of view of staff. Corrective action required all slide locks be removed, some swamper/porter closet doors removed, doors that locked from the inside needed to be changed out to allow a key to open.

The facility submitted purchase orders for new locks, mirror and lables for doors. While the facility was able to complete some of the physical plant items during the corrective action time frame, some of the product ordered was placed on back order due to shipping delays. Due to the unknown time frame for the facility to receive these supplies as a result of COVID-19 shipping delays and back log of items, this auditor finds that the facility meets compliance.

(d) During the site review at MSP the audit team had a difficult time differentiating between unit staff and supervisor signatures in the unit log books. When asked some of the unit staff could not point out the signature of the supervisor who has signed the log. This standard provision was placed into corrective action and was required to provide the auditor with a sampling of the supervisor sign-in log and a copy of the monthly report supported each other. During the corrective action time frame, the PCM provided the auditor with copies of the random supervisor tour monthly report form for May, July, and July and included copies from the associated unit logbooks. Documentation was provided from multiple inmate housing units for staff on different shifts.

In determining compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, specialized and random staff interviews, and on-site review for proof of practice. This auditor finds the facility meets full compliance with this standard and standard provisions.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	The Montana State Prison does not house youthful offenders. As such, this standard and standard provisions do not apply to this facility audit.

115.15	Limits to cross-gender viewing and searches
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy, Procedures, and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana State Prison (MSP) Operational Procedure (OP) 3.1.17 B Contraband Control • Montana State Prison (MSP) Operational Procedure (OP) 3.1.17 A Searches • Montana Department of Corrections (MDOC) Policy Directive DOC 3.1.17 Searches and Contraband Control • Montana Department of Corrections (MDOC) Policy Directive DOC 3.1.21 Inmate Count and Supervision • Sample of new employee orientation (NEO) training log • Sample NEO acknowledgment form • Memo for internal audit corrective action • MSP memo regarding cross-gender strip searches <p>(a) MSP OP 3.1.17A states that “Cross-gender unclothed body searches shall not be conducted except in exigent circumstances”</p> <ul style="list-style-type: none"> • MSP has not had any incidents of cross-gender unclothed (strip) searches. <p>(b) This provision is not applicable. MSP does not house female inmates.</p> <p>(c) Agency policy 3.1.17 states, “Cross-gender clothed body searches of all residents in juvenile facilities, juveniles, and adult females will be documented.” While the agency does have a policy addressing this standard provision, MSP does not house juvenile or adult female offenders.</p> <p>(d) Agency policy 3.1.21 inmate count and supervision requires that the “Facility procedures will ensure that inmates are able to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when viewing is incidental to routine cell checks.” The policy also requires that procedures will require the staff of the opposite gender to announce their presence when entering an inmate housing unit.</p> <ul style="list-style-type: none"> • While the agency policy met this standard, the policy required a facility procedure. Pre on-site review the auditor reviewed facility procedure and was not able to find the facility requirement for staff of the opposite gender to announce their presence when entering a housing unit. During the on-site review, it was clear that cross-gender announcements are completed by staff. Each housing unit has signage for cross-gender announcements, cross-gender announcements were completed for the audit team, and escorting staff and interviews with staff and inmates supported cross-gender announcements are completed. Based on the agency requiring that the facility have cross-gender announcements within-facility procedure, the facility operational procedure required an update. On 7/1/2021 the lead auditor received an updated copy of OP 3.1.100 Supervision of inmates with the addition of the cross-gender announcement requirement. This was completed before the issuance of the interim report. <p>(e) Agency policy directive 3.1.17 states that “Staff are prohibited from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender’s genital status.” MSP OP reflects the same requirement as the agency policy.</p> <p>(f) Agency policy directive 3.1.17 states that “Trained staff will conduct unclothed body searches and do so in a respectful and dignified manner and 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.”</p> <ul style="list-style-type: none"> • MSP OP 3.1.17(A) Searches states that “Transgender inmates will announce to staff that they are transgender before the start of the search.” <p><u>Corrective Action:</u></p> <p>(d) During on-site physical plant review it was observed that some of the cells in the Infirmary North and South and MDIU had long windows that provided a direct view of toilets when walking by. The Infirmary suicide watch and inpatient acute cell and</p>

RHU special management cell had or could have cross-gender staff assigned and viewing the camera feed monitor. On 7/1/2021 the facility provided the lead auditor with an action plan and had a follow-up virtual meeting on 7/7/2021 to discuss further. After reviewing these cells and safety and security the facility will be updating policy that in the event a male staff is not available to monitor inmates and for exigent circumstances, female security staff will document the exigent circumstance and possible cross-gender view in a cross-gender log book.

(d) SMC had a shower curtain missing. - The facility provided a picture to support corrective action was addressed.

(f) Pre-on-site review: The PAQ reflects that 100% of staff have completed PREA training and the memo from the facility indicated that Transgender pat search training is part of the New Employee Orientation (NEO) courses required for all new hires. This course includes showing a video of how to conduct a pat search of inmates and Transgender inmates. Attendees are required to sign a roster which is indicated on each employee training record. The Auditor reviewed the youtube video staff training and had some concerns regarding the appearance/perception that training staff were "gripping/squeezing" around the upper legs, buttocks area, and front pockets.

The training lesson plan did not reference that security staff conducts a practical for the class training. Staff training included information that Transgender inmates can request a Transgender Pat search, this is also related in part to 115.33 inmate education. Pre-on-site review of policy, procedures, and inmate orientation information, the lead auditor was not able to find how a Transgender inmate is informed that they can request a Transgender pat search.

During the on-site review, the auditor asked the PCM to show the audit support staff the pat search youtube video to understand the training when interviewing staff and Transgender inmates. Audit support shared the same concerns regarding the pat search training.

On-site interviews with random staff and Transgender inmates were conducted. During interviews with security staff, the audit team asked them to describe or show on the training manikin how they conduct a pat search of a Transgender inmate. The process described or shown was slightly different than the training video related to the "gripping" around the upper leg, buttock, and front pocket area. Staff described the appropriate way to search (not "gripping/squeezing") and went around the breast area with the back of the hand and never over or touching the nipple. Staff was asked how do Transgender inmates know that they can request a Transgender pat search, all but one staff said they didn't know with the one staff stating "maybe in the inmate information packet". A few of the security staff stated they would conduct the Transgender pat search if they knew that the inmate identified as a Transgender female. During the specialized interviews with Transgender female inmates, they stated staff is conducting appropriate pat searches. One of the Transgender inmates stated that she was told a few years ago by a case manager that she can request a Transgender pat search.

The pat search process was discussed at length with the PCM and PREA coordinator after conducting the staff interviews. The video shown was not good practice and could be perceived as touching an inmate inappropriately and it was unclear how Transgender inmates knew they could request a different search. Having two separate pat search procedures is confusing for staff and could create a situation where security staff uses the wrong style with a Transgender inmate who may not know they can request a different search.

The agency and facility notified the lead auditor during the on-site review that they will be changing to a one-style search that will be the back of the hand/blade of hand around the breast. This resolves the concerns with standard 115.33 inmate education, as one style will no longer require a Transgender inmate to request a "Transgender" pat search. The auditor will be provided the new video for review and approval, policy and procedures will be updated to include staff completing a practical of the pat search during training.

6/17/21 The PREA Coordinator emailed the audit a plan of action in revising the pat search training video to include the use of one style pat search. With this change policy and procedures for standard 115.33 will not require revision. On 7/19/21 the lead auditor received the link to access and view the revised security staff training video on how to conduct the one-style clothed pat search. On 7/23/21 the lead auditor, facility PCM, Agency PREA Coordinator, and Facility Bureau Chief discussed the new training. The lead auditor determined that the training video illustrated a professional and appropriate style of a clothed pat search for all inmates and determining compliance for this provision. On 8/17/21 the auditor received a memo from the Warden that security staff had started receiving the revised pat search training with 174 security staff already completing training as of August 5, 2021. The PCM also included copies of the staff training sign-in rosters for additional proof of practice.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, random staff, and Transgender inmate interviews, and on-site review for proof of practice. This lead auditor finds the facility meets full compliance with this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 367">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 398 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 474 1289 770" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • A memo summarizing interpreter services and transcript for hearing or mentally disabled inmates • Inmate Education Video Transcript • Voiance Interpreter Service Instruction for MSP and Riverside • MSP Voiance Video interpretation access instructions • Agency policy directive 3.3.15 American with Disabilities Act (ADA) Offender Accommodations • Don't touch me – male inmates with disabilities • Spanish poster <p data-bbox="240 801 1437 896">(a) Agency policy 3.3.15. The agency policy addresses the requirements of this provision to provide offenders access to requires or approved activities, services, and programs. Agency policy 3.3.15 requires that each facility must take the appropriate steps that are outlined within the policy. MSP PREA OP was reviewed and states the following.</p> <p data-bbox="240 927 1489 1151">MSP PREA OP 1.1.17 page 7 (4), “MSP must take appropriate steps to ensure inmates 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 the inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Utilization of the interpreter service will be offered as an option for these inmates if it meets their identified needs.</p> <p data-bbox="240 1182 1489 1276">MDOC has an agency-wide ADA Coordinator who is assigned to Headquarters. MSP does not have a point of contact within the facility and all staff or offenders can reach out to her directly. The facility’s legal administrative assistant will scan requests from offenders and email the forms to the ADA Coordinator.</p> <p data-bbox="240 1308 1430 1438">(b) Agency policy 3.3.15 states, “The Department of Corrections will make reasonable accommodations to the known physical or mental limitations of an offender with a disability unless to do so would result in an undue financial or administrative burden, constitute a direct threat, endanger the health or safety of any person, or fundamentally alter the inherent nature of the Department’s business.”</p> <p data-bbox="240 1469 1469 1527">(c) Agency policy DOC 3.3.15 requires department employees to notify the ADA coordinator if an offender appears to need accommodations.</p> <p data-bbox="240 1559 1461 1751">The agency does have a contract with an interpreter service. MSP does not receive or have many inmates who are limited English proficient. While on-site the audit team conducted specialized and random interviews with staff and inmates. Random staff stated that they would contact a supervisor if they had an inmate who did not speak English or spoke with limited English. The interviews with supervisory staff supported their knowledge of the agency interpreter service line and how to contact them. Staff also stated that they would not use another inmate to interpret for another inmate if it was identified that the inmate was reporting sexual abuse or harassment.</p> <p data-bbox="240 1783 1489 1877">One inmate who was selected for a specialized interview spoke English, but could not read English well and would feel more comfortable having information provided in Spanish. The inmate was not provided Spanish materials when he arrived at MSP.</p> <p data-bbox="240 1908 1473 2033">On-site review the lead auditor was shown PREA comprehensive inmate education material in braille. On 7/8/2021 the lead auditor was advised MSP will also have the inmate PREA brochure translated into a Spanish braille brochure. After further discussion, the facility will utilize the translation service should an inmate be received who is limited English proficient and blind.</p> <p data-bbox="240 2065 440 2092"><u>Corrective Action:</u></p> <p data-bbox="240 2123 1461 2150">(a)Pre onsite review for this standard the auditor could not find PREA related information materials in Spanish. 5/24/2021</p>

email sent to MSP PCM supervisor for clarification after reviewing information for 115.33. Auditor was informed that MSP rarely receives Spanish-speaking inmates and does not have a Spanish brochure. Standard 115.16 and 115.33 inter-twined and requires the facility have written inmate education materials in Spanish.

On 7/8/2021 the lead auditor received an email notification from the PREA Coordinator that a quote has been sent to the translation company for PREA inmate brochure and sexual abuse advocacy information translated into Spanish. 7/29/2021 the lead auditor received the inmate education and sexual abuse advocacy brochures in Spanish.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, random staff and inmate interviews, and on-site review for proof of practice. This auditor finds the facility meets compliance with this standard.

115.17	Hiring and promotion decisions
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1489 367">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="244 398 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 479 1158 936" style="list-style-type: none"> • Montana Department of Corrections (MDOC) 1.3.55 Criminal Conviction Employment • Montana Department of Corrections (MDOC) 1.3.2 Performance and Conduct • DOC form 1.3.2 Code of Ethics for staff to sign • Memo for internal audit – updated tracking sheet for volunteers • A roster of promoted employees • Sample of external background check request • MSP new hires for the current audit year • Background check forms • Criminal background check form • Contractor PREA disclosure form • Sample New Hire packet • Sample contractor and volunteer background check forms • Sample contractor and volunteer requirements • Memo of 5-year background checks <p data-bbox="244 967 1477 1025">(a) Agency policy 1.3.55 states, “For positions which may have contact with offenders the Department will not hire, enlist the services of or continue employment of an employee or service provider who:</p> <ul data-bbox="284 1079 1434 1308" style="list-style-type: none"> • has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; • has been convicted of engaging in or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; • has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (b) of this section; or • has contact with youth and is listed on the DPHHS child abuse registry. <p data-bbox="244 1339 1414 1429">(b) Agency policy 1.3.55 states, “The Department will consider any incidents where an individual engaged in sexual harassment in determining whether to hire or promote, or to enlist the services of anyone, who may have contact with offenders.”</p> <p data-bbox="244 1460 1493 1585">(c) (d) (e) Agency policy 1.3.55 states, “OHR will conduct criminal background checks on employees and service providers who may have contact with offenders, and a DPHHS child abuse registry search for employees or service providers who may have contact with youth, upon hire, transfer, promotion, and every five years to check for new convictions since the last background check.</p> <ul data-bbox="284 1639 1489 1733" style="list-style-type: none"> • All employees who may have contact with offenders must complete the Policy Acknowledgement and Disclosure Form in written applications or interviews for hiring and promotion and annually. The form will be submitted to OHR. • Employees must self-report criminal charges and convictions within five days to their immediate supervisor and OHR. <p data-bbox="244 1765 1409 1792">(f) Agency policy 1.3.55 states that “employees have a continuing affirmative duty to disclose any of the misconduct.”</p> <p data-bbox="244 1823 1485 1984">(g) Agency policy 1.1.17 states, “Department employees are guaranteed constitutional and administrative protections; within the boundaries of those protections, employees will cooperate with any authorized investigation or inquiry and will relate fully and truthfully their knowledge of all issues pertaining to the alleged conduct under investigation. Material omissions or the provision of materially false information which the employee knows or suspects to be false will result in the employee being subject to disciplinary action in accordance with DOC Policy 1.3.2 Employee Performance and Conduct. [115.17(g).</p> <ul data-bbox="284 2033 967 2060" style="list-style-type: none"> • MSP OP 1.1.17 includes the same language as the agency policy. <p data-bbox="244 2092 1485 2150">(h) Agency policy 1.3.55 states that “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</p>

employee has applied to work

Agency policy 1.3.2 outlines employee agency administrative violations, staff conduct on and off duty.

5-27-2021 the lead auditor conducted a virtual specialized interview with MSP Human Resources Manager. The HR Manager has been with MSP for approximately a year and a half and with the help of her staff, they conducted an audit of all staff files and implemented new process's to improve how PREA related documents are retained to ensure they are maintaining compliance and have all the required documentation. HR conducts a National Crime Information Center (NCIC) background check for all potential new hire employees. Recruiting staff will also complete a reference check for all applicants who reference prior employment in a confinement setting in the application to ascertain if the applicant may have had a substantiated sexual abuse or sexual harassment allegations/investigation.

The Contracts Division conducts NCIC background checks for all contractors and also included NCIC background checks for the PREA audit team before on-site review.

Before the on-site portion of this audit, the lead auditor reviewed and randomly selected 17 security and non-security facility employee names to conduct the HR and training file document review while on-site. On day four of the on-site visit, the audit support staff conducted the document review of the 17 selected employee files. All files contained the required PREA and training supporting documentation. The system MSP HR has implemented for maintaining PREA documentation allowed the audit support team member to easily identify and review all required documentation to support agency and facility policy.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, random staff and inmate interviews, and on-site review for proof of practice. This auditor finds the facility meets compliance with this standard.

115.18	Upgrades to facilities and technologies
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="242 396 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 477 1289 734" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Agency PREA Coordinator reminder of PREA standards • Memo for Riverside Housing unit walk through • Memo for Riverside Renovation and Camera additions to MSP • Notes for Riverside walk through • 2-6-2020 Meeting notes to include cameras and pat search training • PREA Department Security camera recommendations <p data-bbox="242 766 1481 860">(a) Agency policy 1.1.17 states that “When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the facility, and the department must consider the effect of the design, acquisition, expansion, or modification upon the facility’s and department’s ability to protect offenders from sexual abuse.</p> <p data-bbox="242 891 1473 985">(b) Agency policy 1.1.17 states that “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.</p> <ul data-bbox="284 1037 1485 1198" style="list-style-type: none"> • MSP OP 1.1.17 follows the agency policy and included that the PCM must be notified at the beginning of any planning phase for expansion modification and installing and updating technology. • MSP provided a memo for a new camera system at the Riverside Special Needs Unit and MSP High Side living units and a camera upgrade within Restrictive Housing Units. Due to COVID – 19, this project was placed on hold until it was safe for contract employees. PCM provided notes supporting that he is included during project meetings. <p data-bbox="242 1229 1477 1487">On 6/3/2021 the lead auditor conducted a virtual interview with Brian Gootkin, appointed Director of Montana Department of Corrections in January 2021. The lead auditor approved the Quality Assurance Director Kurt Aughney to sit in on the interview as the Director was new to this position. The interview was conducted utilizing standardized questions as a guide addressing multiple standards and last approximately thirty-five minutes. It should also be noted that not only was Mr. Gootkin newly appointed, but the State Legislative Body also was in session and had only ended weeks before the on-site audit. The Director stated that the agency does not have plans at looking acquiring or designing any new facilities. Any requests for new requesting new or updating monitoring technology will be submitted on the agency budget plan and submitted to the State Legislative Body for approval of funds.</p> <p data-bbox="242 1518 1481 1646">MSP was able to acquire some new video monitoring and surveillance. This afforded the facility to upgrade outdated systems or install new video in areas that did not have surveillance monitoring. The PCM and agency PREA Coordinator were involved in the process which included taking into consideration those areas with blind spots or identified during sexual abuse incident reviews that video surveillance would support investigations.</p> <p data-bbox="242 1677 1481 1771">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, interviews, and on-site review. This auditor finds the facility meets compliance with this standard.</p>

115.21	Evidence protocol and forensic medical examinations
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy, Procedures, and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana Department of Corrections (MDOC) policy DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Montana Department of Corrections (MDOC) policy 3.1.19 Investigations • Montana Department of Corrections (MDOC) policy 3.1.28 Crime Scene and Physical Evidence Preservation • An email regarding Jefferson County Sheriff conducting investigations for Riverside Infirmary • Email addressing PREA Protocol and Forensic Examinations • Email for SANE/SAFE • Information for an individual from MSP • PREA tri-fold brochure • Montana State Prison (MSP) PREA Advocate Services • YWCA Advocate Training • MOU between Montana Department of Corrections (MDOC) and Young Women’s Christian Association (YWCA) Missoula <p>(a) (b) Agency policy 1.1.17 states, “Administrators, or designees, will ensure all staff follow appropriate evidence procedures outlined in DOC Policy 3.1.28 Crime Scene and Physical Evidence Preservation”</p> <ul style="list-style-type: none"> • Agency investigators will follow the requirements outlined in MDOC 3.1.28 Crime Scene and Physical Evidence Preservation <p>(c) MSP has an information form that is provided to victims of sexual abuse which notifies them that, “Treatment services and sexual assault exams that result from a sexual assault while at MSP will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.”</p> <p>(d) Agency policy 1.1.17 states that “access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider.”</p> <p>MSP OP 1.1.17 states, “MSP will provide all inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. MSP will enable reasonable communication between inmates and these organizations in as confidential a manner as possible. MSP will 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.</p> <ul style="list-style-type: none"> • The agency provides contact information for the YWCA and the agency has two staff who have received community-level victim advocate training. • Victims are provided a tri-fold pamphlet with information to provide more information to the incarcerated survivor. <p>Agency policy 1.1.17 allows that upon request from law enforcement, transport the victim to a community medical facility for evidence collection</p> <p>MSP policy 1.1.17 outlines the facility process that upon request from Command Post, or DOC Investigations, transport the victim to a community medical facility for evidence collection.</p> <p>(e) Agency policy 1.1.17 states that “access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider.”</p> <ul style="list-style-type: none"> • The agency has two victim advocate staff who have received community-level victim advocate training. As requested by the victim one of the advocates will be present during investigatory interviews. <p>MSP provides written information to victims of sexual abuse which notifies them of the following:</p>

- When you return to the prison if you decide you want to talk to a victim advocate, send a kite to the PREA Compliance Manager. There are Department staff specially trained as advocates who can meet with you. They do not work at or for the prison. See the attached brochure for more information on Department Victim Services. If you prefer to work with an advocate from the YWCA Missoula, tell the PREA Compliance Manager in the kite. If you are concerned others might read the kite you can also ask to speak to the PREA Compliance Manager or an Investigator.
- The YWCA runs a 24-hour hotline for crisis services. If you ever need to talk to someone immediately, you can call their number on the inmate phones. This call is free and not recorded. The hotline number is 800-483-7858.
- The PREA Compliance Manager will send a referral to mental health to meet with you in the next few weeks. If you have questions or need to meet with them sooner, please send a kite to either mental health or the PREA Compliance Manager.

(f) The Riverside infirmary is located in a different county from MSP. The Jefferson County Sheriff has primary jurisdiction and will work collaboratively with MDOC criminal investigators for sexual abuse allegations. Agency investigators will follow the requirements outlined in the agency policy 3.1.28 Crime Scene and Physical Evidence Preservation.

(h) This standard is not applicable as a community-based advocate will be available for the inmate victim.

Recently the MOU between MDOC and YWCA was revised to remove YWCA as a reporting option for inmates to report sexual abuse. While inmates have that option, due to privileged communication with victim advocates the YWCA would need a release from the inmate before sending a report to the agency or facility.

On 5/12/21 the lead auditor reached out to interview the victim advocate. The victim advocate was in a meeting and a message was left to include my name, reason for the call, and return number. On 5/13/2021 the lead auditor received a return call and conducted a telephonic interview with Young Women's Christian Association (YWCA) Missoula victim advocate. YWCA has a relationship and Memorandum of Understanding the MDOC to provide victim advocacy and crisis intervention services to sexual abuse inmate victims. The victim advocated stated that the agency PREA Coordinator is their primary contact. Victim advocates will respond to the hospital to support victims during the Sexual Assault Forensic Exam. The YWCA is not a reporting entity, however, if an inmate files a report of sexual abuse they require that the inmate provide a release of information before they would be able to report the incident to MSP or local law enforcement agency.

On 5/12/21 the lead auditor conducted a telephonic interview with the First Step - Sexual Assault Nurse Examiner (SANE). First Step is the primary hospital to conduct Sexual Assault Forensic Exams for incarcerated victims of sexual abuse. The SANE stated that they have a team of nine (9) SANE who are available 24/7 and there would never be a need for a Dr. to perform an exam. The YWCA or University of Montana Student Assault Center victim advocate would respond to provide support during the examination. The SANE stated that they have conducted exams for inmate victims of sexual abuse and they are not treated any different from victims in the community.

5/12/21 – the lead auditor made her 1st attempt to conduct a specialized interview with St. Peters Hospital Helena - Sexual Assault Nurse Examiner. 5/25/21 - 2nd attempt and 5/28/21 7:18 a.m.- 3rd attempt. Each phone attempt to conduct an interview went to voice mail. Messages were left each time to include my name, reason for the call, and my return number. 5/28/21 12:23 p.m. this auditor received a return call from the Emergency Room Director and was able to conduct an interview. St. Peters has twelve (12) Sexual Assault Nurse Examiners. The Director stated that they would conduct an exam for inmate victims of sexual abuse, however could not recall when they have conducted one for an inmate. A victim would be offered a victim advocate from Friendship Center to be present during the examination.

5/25/21 – The lead auditor conducted a virtual interview with MDOC victim advocates who confirmed that they have received community-level advocate training. MDOC victim advocates would respond for a Sexual Assault Forensic Exam if a victim advocated from the community was not available. The agency victim advocates will attend and provide support to the inmate victim during the investigator interviews. This was supported during an interview with the agency criminal investigator.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, interviews, and on-site review. This auditor finds the facility meets compliance with this standard.

115.22	Policies to ensure referrals of allegations for investigations
	<p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy, Procedures, and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo regarding the publication of investigation policy on the agency website • Memorandum of Understanding (MOU) between Montana DOC and Montana Department of Justice • An email regarding the agreement with Jefferson County Sheriff <p>(a) Agency policy 1.1.17 requires, “All reported incidents of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. Criminal investigations will be conducted by either the LEAJ or by the Department’s Office of Investigations in accordance with DOC Policy 3.1.19 Investigations.</p> <p>MSP OP 1.1.17 requires that “Potential criminal conduct will be reported to the Office of Investigations. The Office of Investigations will determine if they accept the case as criminal. Potential criminal Conduct at Riverside Special Needs Unit will be reported to the Office of Investigations who will then contact the Jefferson County Sheriff’s Office. If it is deemed criminal, an administrative case will be opened in conjunction with the criminal case. Emergent cases will be reported by Command Post at MSP and the supervisor at Riverside Special Needs Unit to the on-call investigator.”</p> <p>(b) Agency policy 1.1.17 states and requires the following:</p> <ul style="list-style-type: none"> • Potential criminal conduct will be reported to the LEAJ first, immediately followed by the Office of Investigations. If the Office of Investigations has primary jurisdiction over a facility’s criminal investigations, however, that facility will report potential criminal conduct only to the Office of Investigations. • Reports of sexual abuse or sexual harassment by an employee, service provider, or offender will be forwarded to the Office of Investigations, facility PREA compliance manager, and the Department PREA coordinator within one business day • A Request for Investigation (RFI) for all allegations of sexual abuse and sexual harassment will be sent to the Office of Investigations to initiate an investigation. • The Office of Investigations will forward requests for investigation that do not rise to the level of a criminal investigation to the PREA compliance manager and/or the appropriate administrator, or designee, to open an administrative investigation. For cases involving employees, the Office of Investigations will also notify the Office of Human Resources <p>(c) The Riverside Infirmary falls under the MSP Warden and is located in Jefferson County. The Jefferson County Sheriff has primary jurisdiction and will work in a collaborative effort with MDCO criminal investigations. The Agency policy details responsibilities for the completion of administrative and criminal investigations.</p> <p>MSP OP 1.1.17 outlines facility specific procedures for compliance with this standard. The facility procedures reads in part that, “Potential criminal conduct will be reported to the Office of Investigations. The Office of Investigations will determine if they accept the case as criminal. Potential criminal Conduct at Riverside Special Needs Unit will be reported to the Office of Investigations who will then contact the Jefferson County Sheriff’s Office. If it is deemed criminal, an administrative case will be opened in conjunction with the criminal case. Emergent cases will be reported by Command Post at MSP and the supervisor at Riverside Special Needs Unit to the on-call investigator.” Additionally, the procedure requires that reports of sexual abuse or sexual harassment, will be forwarded to the Office of Investigation, facility PCM and agency PREA Coordinator.</p> <p>The lead auditor conducted specialized interviews with the Director, Warden, PCM, and facility investigator supporting compliance with the agency procedures and facility policy. During the interview with the Criminal Investigator, he explained the investigatory process from the beginning through the completion to include cases referred for prosecution.</p> <p>In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, interviews, and on-site review of selected investigation case files. This auditor finds the facility meets compliance with this standard.</p>

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 474 1289 869" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Samples of comprehensive PREA training acknowledgment • Samples of Pre Service PREA training acknowledgment • Current employee list • Comprehensive training PowerPoint • PREA training memo • 2021 PREA refresher training • 2020 PREA online training steps • 2019 PREA refresher training test, power point slides, and lesson plan • 2019 PREA participants manual • General training roster <p data-bbox="240 898 1489 992">MDOC requires staff to complete Comprehensive PREA New Employee Training upon hire and in-class PREA refresher training in odd number years. Even-numbered year’s staff complete an Online PREA Information Training. Due to COVID-19 the PREA in class refresher training for 2021 was scheduled to begin June 24, 2021.</p> <p data-bbox="240 1023 1489 1216">a) Agency policy 1.1.17 requires “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 acknowledgment form. The employee must then attend the next available classroom training.” Policy outlines comprehensive classroom training and pre-service training will include, but is not limited to:</p> <p data-bbox="240 1247 1473 1310">review of this policy, DOC Policy 1.3.12 Staff Association and Conduct with Offenders, appropriate site-specific procedures, and any other applicable state or federal laws;</p> <ol data-bbox="264 1359 1458 1792" style="list-style-type: none"> 1. the Department’s zero tolerance policy for sexual abuse and sexual harassment; 2. how employees and service providers fulfill their responsibilities under the department’s sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; 3. an offender’s right to be free from sexual abuse and sexual harassment; 4. offender and employee rights to be free from retaliation for reporting sexual abuse and harassment; 5. the dynamics of sexual abuse and harassment in confinement; 6. common reactions of sexual abuse and sexual harassment victims; 7. how to detect and respond to signs of threatened and actual sexual abuse; 8. how to avoid inappropriate relationships with offenders; 9. how to communicate effectively and professionally with offenders who might be lesbian, gay, bisexual, transgender, intersex (LGBTI) or gender nonconforming; 10. how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities; 11. facility procedures on sharing confidential information <p data-bbox="240 1818 1458 1881">MSP OP 1.1.17 reflects the same requirements as the agency policy for standard provision (a) and (b). MSP OP includes the requirement that Human Resources will track training and ensure completion of training as required.</p> <ul data-bbox="280 1930 1489 2159" style="list-style-type: none"> • 5/13/2021 auditor sent an email requesting a negative training tracking report to determine if 100% of staff completed PREA online refresher for 2020 as referenced in PAQ. 6/4/2021 auditor received an email with an attached negative tracking report listing all current staff who completed PREA refresher in 2020 and 2021 new hire employees. While the facility report did not support that 100% of the staff had completed refresher training in 2020, the report did support that they met substantial compliance. Three staff did not complete training, four were on extended medical leave, four were on suspension pending termination, three were on military leave and two retired. The list also included 33 new hire employees who have completed new employee orientation (NEO) PREA training.

- 6/4/21 auditor randomly selected staff from the list provided for copies of PREA training acknowledgments (new hire) or computer-based refresher completion dates. The lead auditor received copies of the information requested.
- This was further supported during the onsite review of staff HR files as referenced in 115.17.

(b) Agency policy 1.1.17 also requires gender-specific information tailored to the gender of the offenders at the facility.

(c) Agency policy 1.1.17 further clarifies what level of PREA training staff will attend and each employee will attend refresher training in odd number years to cover the topics referenced above in (a) 1 -12 and (b). In even number years, employees will receive refresher information on current sexual abuse and sexual harassment policies.

- MSP OP 1.1.17 reflects the same requirements as the agency policy and includes that, "MSP trainers will schedule and conduct this training in conjunction with the Department Professional Development Bureau. The Warden will ensure compliance by sending the notice for this training."

(d) Agency policy 1.1.17 requires that "All training will be documented, through signature or electronic verification, showing acknowledgment that the employee, volunteer, or service provider received and understood the training. For comprehensive training, staff will use the Comprehensive PREA Training Acknowledgment."

- MSP OP 1.1.17 reflects the same requirements as the agency policy for this standard provision.

Interviews with random and specialized staff supported compliance with agency and facility policy. Staff who were hired after PREA implementation received PREA training during new employee orientation before contact with inmates and security staff receive PREA training again during the academy.

Staff receive refresher training every year, during odd years, staff receive the full employee PREA training in a classroom setting. PREA refresher training during even years is a computer-based refresher course. Staff who were employed during the onset of PREA implementation received the full training and have completed the required refresher training over the years.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, specialized and random staff interviews, and on-site review of training information. This auditor finds the facility meets compliance with this standard.

115.32	Volunteer and contractor training
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="242 396 740 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 477 1286 902" style="list-style-type: none"> • Montana Department of Corrections (MDOC) policy DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.3.16 A – Religious Volunteer Services • MSP roster for contractors and volunteers • Contractor PREA requirements • Contracted Medical and Mental Health Practitioner PREA Requirements • Volunteer PREA requirements (non-clinical) • A random sample of signed PREA acknowledgments • Volunteer/Contractor Brochure • PREA PowerPoint training • Background sheets one and two • Memo for internal corrective action • Contractor PREA disclosure form • Criminal Background Check Authorization form <p data-bbox="242 934 1489 1128">(a-c) Agency policy 1.1.17 requires that “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.” The training requirements are identical to training MDOC staff receive and reference in audit report standard 115.31 (a)(b). Volunteers and service providers will sign a training acknowledgment form.</p> <ul data-bbox="284 1180 1489 1406" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as the agency policy for these standard provisions and requires that. “All volunteers and service providers who have contact with inmates will be trained at a minimum on the Department’s zero-tolerance policy and corresponding MSP Procedure 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 inmates and could rise to the level of employee training.” “Volunteers and service providers will sign a training acknowledgment form. The PCM will keep the documentation of this training.” <p data-bbox="242 1438 1433 1498">Agency policy 1.3.16 requires “Volunteers with direct and/or incidental contact with offenders must receive documented PREA training during volunteer orientation in accordance with DOC 1.1.17 Prison Rape Elimination Act (PREA).”</p> <ul data-bbox="284 1550 1294 1579" style="list-style-type: none"> • MSP OP 1.3.16 “A” reflects the same requirements as the agency policy for this standard provision <p data-bbox="242 1610 1477 1798">On-site the audit team conducted two (2) in-person specialized interviews. One (1) with religious volunteer and one (1) with contract Medical Physician and one (1) telephonic interview with alcohol/drug treatment volunteer. All confirmed that they have received PREA training before contact with inmates and understood how to report and who to report to if an inmate reported sexual abuse or sexual harassment to them. Additionally, they understood to keep the inmate victim safe and request to not take actions that could destroy evidence if it was within a time frame that would allow for the preservation of the evidence.</p> <p data-bbox="242 1830 1485 1924">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, specialized staff and random volunteer/contractor interviews, and on-site review of training information. This auditor finds the facility meets compliance with this standard.</p>

115.33	Inmate education
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 394 740 421"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 474 1329 869" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination Act • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Copy of Offender PREA acknowledgment • MDOC 3.3.3 Offender grievance procedure • MDOC 1.3.12 Staff association and conduct with offenders • MSP PREA inmate brochure – English • MSP available inmate education memo • MSP inmate education video transcript - comprehensive training slides • Don’t touch me – male inmates hard of hearing or mental disability • English and Spanish PREA signs • Copy of orientation sign-in sheet • A random sample of inmate education received form (signed) <p data-bbox="240 898 1473 960">(a) Agency policy 1.1.17 requires that “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:</p> <ol data-bbox="272 1012 1350 1137" style="list-style-type: none"> 1. information about the Department’s zero-tolerance of sexual abuse and sexual harassment; 2. how to report incidents or suspicion of abuse or harassment; and 3. this policy, 1.3.12 Staff Association and Conduct with Offenders, 3.3.3 Offender Grievance Program, and corresponding site-specific procedures <p data-bbox="240 1167 1445 1261">MSP OP 1.1.17 reflects the same requirements as the agency policy for this standard provision and includes facility requirements to ensure that documentation is retained in the inmate’s mini-file under the PREA section and scanned and uploaded into SharePoint.</p> <p data-bbox="240 1290 1489 1420">(b) Agency policy 1.1.17 requires that “Within 30 days of intake for adult offenders, or within 10 days of intake for residents at juvenile facilities, the facility will provide education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for reporting and responding to such incidents.”</p> <p data-bbox="240 1449 1473 1543">MSP OP 1.1.17 requires that “Within 30 days of intake, MSP will provide education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility procedures for reporting and responding to such incidents.</p> <ul data-bbox="280 1594 1453 1688" style="list-style-type: none"> • This documentation is completed by the admissions staff, case manager(s), or designees. • Documentation of this communication will be retained in the inmates mini-file under the PREA section and scanned and uploaded into SharePoint <p data-bbox="240 1718 1434 1780">(c) Agency policy 1.1.17 requires that “Offenders will receive education upon transfer to a different facility regarding any policies and procedures of the offender’s new facility that differ from those of the previous facility.”</p> <p data-bbox="240 1809 1477 1872">MSP OP 1.1.17 states that “Inmates will receive education upon transfer from a different facility regarding any PREA related policies and procedures of MSP that differ from those of the previous facility.</p> <ul data-bbox="280 1924 1453 2018" style="list-style-type: none"> • This documentation is completed by the admissions staff, case manager(s), or designees. • Documentation of this communication will be retained in the inmates mini-file under the PREA section and scanned and uploaded into SharePoint <p data-bbox="240 2047 1477 2141">(d) Agency policy 1.1.17 requires that “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</p>

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.”

- MSP OP 1.1.17 states that “MSP must take appropriate steps to ensure inmates 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 the inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, or otherwise disabled, as well as to inmates who have limited reading skills. Utilization of the interpreter service will be offered as an option for these inmates if it meets their identified needs

(e) Agency policy 1.1.17 indicates “The facility will maintain documentation of offender participation in PREA education sessions and have offenders sign an acknowledgment form.”

- MSP OP 1.1.17 supports the agency requirement to maintain documentation.

(f) Agency policy 1.1.17 requires that “The facility will ensure that PREA information is continuously and readily available or visible to offenders through posters, offender handbooks, or other written formats.”

- MSP OP 1.1.17 policy states “MSP will ensure that PREA information is continuously and readily available or visible to Inmates through posters, inmate handbooks, or other written formats. Unit Managers are Responsible for monthly checks in their units, and supervisors are responsible for monthly checks of the general building areas. The PCM is responsible for random checks to ensure compliance.”

During the on-site audit, MSP was scheduled to receive inmates. The facility coordinated to escort two of the audit support staff to the intake unit to observe the intake process which included inmate comprehensive education. The education provided to the inmates was thorough and included the agency and facility Zero Tolerance policy, different ways inmates can report sexual abuse, sexual harassment, and/or retaliation.

The audit team conducted specialized staff and random and specialized inmate interviews. One inmate who was selected for a specialized interview spoke English, but could not read English well and would feel more comfortable having information provided in Spanish. This inmate was not provided Spanish materials when he arrived at MSP. This was placed in corrective action along with 115.16. The facility has education material for inmates who may have mental disabilities and difficulty in understanding.

Related in part to standard 115.15 (f) staff training included information that Transgender inmates can request a Transgender Pat search. Pre-onsite review of policy, procedures, and inmate orientation information, the lead auditor was not able to find how a Transgender inmate is informed that they can request a Transgender pat search.

The agency and facility notified the lead auditor during the on-site review that they will be changing to a one-style pat search. This resolves the concerns with this standard, as one style will no longer require a Transgender inmate to request a “Transgender” pat search.

On-site review the lead auditor was shown PREA comprehensive inmate education material in braille. On 7/8/2021 the lead auditor was advised MSP will also have the inmate PREA brochure translated into a Spanish braille brochure. In further discussion, the facility will utilize the interpretation service should they receive an inmate who is limited English proficient and blind.

Corrective Action:

Pre onsite review for this standard the auditor could not find PREA related information materials in Spanish. 5/24/2021 email sent to MSP PCM supervisor for clarification after reviewing information for 115.33. Auditor was informed that MSP rarely receives Spanish-speaking inmates and does not have a Spanish brochure. Standard 115.16 and 115.33 inter-twined and requires the facility have written inmate education materials in Spanish.

On 7/8/2021 the lead auditor received an email notification from the PREA Coordinator that a quote has been sent to the translation company for PREA inmate brochure, PREA postings, and sexual abuse advocacy information translated into Spanish. 7/29/2021 the lead auditor received the inmate education and sexual abuse advocacy brochures in Spanish.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, reviewing training curricula, and specialized investigator interviews. This auditor finds the facility meets compliance with this standard.

115.34	Specialized training: Investigations
	<p>Auditor Overall Determination: Exceeds Standard</p> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy, Procedures, and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (OP) 1.1.17 Prison Rape Elimination Act • Montana Department of Corrections (MDOC) Policy 3.1.19 Investigations • Memo regarding specialized training • List of investigators agency and facilities • PREA Investigations Training(s) • Attendance report • Sample attendance report • Sample staff Montana POST Transcript of training • Montana Law Enforcement Academy list of course classifications (page 2 – investigations) • National Institute of Corrections (NIC) Investigating Sexual Abuse in a Confinement Setting and advanced course (sample certificate) <p>(a) (b) Agency policy DOC 1.1.17 requires that Employees who conduct sexual abuse investigations will receive additional training in conducting such investigations in confinement settings, to include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collections, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral</p> <p>MSP OP 1.1.17 reflects the same requirements as the agency policy for this standard provision and includes investigator training is conducted by the PREA Coordinator and DOC investigators, or designees.</p> <p>Agency policy 3.1.19 requires that investigators must complete specialized training prior to conducting sexual assault to other specialty type investigations.</p> <p>(c) Agency policy DOC 1.1.17 and MSP OP 1.1.17 states that “All training will be documented, through signature or electronic verification, showing acknowledgment that the employee, volunteer, or service provider received and understood the training.”</p> <p>(d) This standard provision is not applicable.</p> <p>Pre-on-site review. Agency and MSP investigators have completed the National Institute of Corrections (NIC) training courses for specialized investigations training: PREA: Investigating Sexual Abuse in a confinement setting and Advanced Investigations course. This auditor has completed a NIC Investigating Sexual Abuse in a Confinement Setting and is familiar with the curricula. Additionally, the agency developed an in-class investigator training to include scenario-based sessions enhancing the online NIC investigator training.</p> <p>Pre-on-site this auditor conducted two specialized interviews. One with an Administrative investigator and one with the Criminal Investigator. Investigative staff have received staff PREA training, completed the NIC sexual abuse investigation training and the Agency three day investigation training. Investigators detailed how they conduct an investigation, understanding of Miranda and Garrity and when they apply.</p> <p>Post-on-site the agency PREA Coordinator arranged to have this auditor virtually attend their three (3) day investigator training. This auditor attended this training from June 22nd – June 24, 2021. The training was very thorough to include but was not limited to: Addressing all PREA investigatory standard requirements, Garrity and Miranda, how to write the report in chronological order, a summary of findings, addressed state laws, referrals for prosecution. The training was thorough and investigators were provided instruction from the initiation of the incident referral to closing the case. The course included scenarios for attendees to learn how to interview victims and suspects. The staff then received feedback on what was good and what could be improved upon.</p> <p>In determining compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, reviewed MDOC investigator training and information learned from the specialized investigator interviews. This auditor determined that the facility substantially exceeded this standard requirement.</p>

115.35	Specialized training: Medical and mental health care
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="242 394 738 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 472 1289 602" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison Operational Procedures (OP) 1.1.17 Prison Rape Elimination Act • Memo regarding Medical and Mental Health practitioner specialized training • Memo regarding internal corrective action – Training list was missing staff, this was corrected <p data-bbox="242 629 1422 723">(a)(c) Agency policy DOC 1.1.17 requires that “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.”</p> <p data-bbox="242 752 1445 846">MSP OP 1.1.17 reflects the same requirements as the agency policy for this standard provision and includes that the documentation of this training will be kept in the official employee training record and the appropriate related department. Copies will be forwarded to the PCM</p> <p data-bbox="242 880 1193 909">(b) This standard provision is not applicable, MDOC staff do not conduct forensic examinations.</p> <p data-bbox="242 936 1313 965">(d) All medical and mental health practitioners receive training as required by standards 115.31 and 115.32.</p> <p data-bbox="242 994 1489 1155">Pre-on-site audit review. The lead auditor reviewed the supporting documentation provided for this standard. MDOC Medical and Mental Health staff have completed the National Institute of Corrections (NIC) training courses for specialized Medical and Mental Health Care training: Medical Health Care for Sexual Assault Victims in a Confinement Setting and Behavioral Health Care for Sexual Assault Victim in a Confinement Setting. In addition to the NIC training, Medical and Mental Health staff have received full PREA training and attending annual refresher training.</p> <p data-bbox="242 1184 1441 1279">One of the audit support team members is a Mental Health Supervisor in a confinement setting and has completed both Medical Health Care for Sexual Assault Victims in a Confinement Setting and Behavioral Health Care for Sexual Assault Victim in a Confinement Settings and is familiar with the curricula.</p> <p data-bbox="242 1308 1477 1435">On-site interviews with Medical and Mental Health staff were conducted. Staff stated that they have completed specialized training to include but not limited to preserving physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and who to report allegations to. MSP Nurses or Practitioners do not conduct Sexual Assault Forensic Exams.</p> <p data-bbox="242 1464 1484 1559">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation and information learned from the specialized medical and mental health staff interviews. This auditor determined that the facility meets this standard.</p>

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 394 740 421"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 474 1310 734" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo regarding internal corrective action • Montana State Prison (MSP) PREA Risk Assessment Question #1 and Question #2 Follow-Up Form • Memo to DOJ auditor regarding risk assessment information and database • PREA intake inmate transfer roster • Sample PREA risk assessment form • PREA risk assessment instructions <p data-bbox="240 763 1437 826">(a-c) Agency policy DOC 1.1.17 indicates, “Risk assessment of all offenders using an objective screening instrument for victimization or abusiveness will take place within 72 hours of intake into a facility.”</p> <p data-bbox="240 855 1481 882">MSP OP 1.1.17 supports agency policy and details which staff complete assessments and where documentation is retained.</p> <p data-bbox="240 911 1477 974">The audit team coordinated with the PCM to determine when inmates would be received for intake while on-site. Two (2) of the PREA audit support team members were able to observe the intake/reception on day three of the on-site review.</p> <p data-bbox="240 981 1445 1043">Additionally, the support staff conducted the specialized interview with the staff member completing the risk assessment screening.</p> <p data-bbox="240 1072 1477 1135">(d – e) Agency policy DOC 1.1.17 and MSP OP 1.1.17 indicates, “The screening instrument will consider, at a minimum, the following criteria for risk of sexual victimization:</p> <ol data-bbox="240 1164 1430 1648" style="list-style-type: none"> 1. whether the offender has a mental, physical, or developmental disability; 2. the age of the offender; 3. the physical build of the offender; 4. whether the offender has previously been incarcerated; 5. whether the offender’s criminal history is exclusively nonviolent; 6. whether the offender has prior convictions for sex offenses against an adult or child; 7. whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; 8. whether the offender has previously experienced sexual victimization; and 9. the offender’s own perception of vulnerability <p data-bbox="240 1677 1404 1740">MSP provided follow-up forms for inmates who answer “yes” for prior sexual victimization in an institutional setting or community. The form for prior sexual victimization included areas for those who were under 18 or vulnerable adults.</p> <p data-bbox="240 1769 1474 1863">(e) Agency policy DOC 1.1.17 indicates, “The screening will consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse in assessing the offender’s risk for being sexually abusive.”</p> <p data-bbox="240 1892 1433 1955">OP 1.1.17 supports agency policy and states that “MSP will conduct additional screening assessments when warranted based on any new information, referral, request, or incident of sexual abuse.</p> <ul data-bbox="280 2007 1493 2069" style="list-style-type: none"> • The PCM will send a reminder notice when necessary to ensure the designated staff complete these tasks. Verification of completion will be submitted to the PCM to add to the official case record.” <p data-bbox="240 2098 1469 2161">(f) Agency policy DOC 1.1.17 indicates, “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</p>

screening.”

MSP OP 1.1.17 supports agency policy and details which staff complete assessments and where documentation is retained.

The audit team coordinated with the PCM to have two (2) of the audit support team members observe the follow-up 30-day risk assessment screening process while on-site. Additionally, the support staff conducted the specialized interview with the staff member completing the risk assessment screening.

(g) Agency policy DOC 1.1.17 indicates, “The facility will conduct additional screening assessments when warranted based on any new information, referral, request, or incident of sexual abuse.”

MSP OP 1.1.17 supports agency policy and details which staff complete assessments and where documentation is retained

(h) Agency policy DOC 1.1.17 indicates, “Offenders will not be disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked during screening or reassessment.”

MSP OP 1.1.17 supports agency policy

(i) MSP OP 1.1.17 outlined requirements for this provision. Specialized interviews with the Agency Coordinator and facility PCM supported compliance with this provision

Specialized staff, specialized inmates, and random inmate interviews were conducted on-site. Inmates were able to provide auditors information that supported MSP was completing risk assessments to include that inmates are not disciplined if they refused to answer any of the questions.

Corrective Action:

Pre-onsite review of MSP last PREA audit, it was noticed that this standard provision (e) in conjunction with standard 115.81(a) was a corrective action item. Additionally, reviewing pre-onsite documentation reflected a deficiency during an internal audit for these standard provisions. While on-site review the lead auditor met with the staff member who maintained the tracking log associated with these standard provisions to explain the tracking process. Reviewing the information on the tracking log the auditor selected random inmates who stated “yes” to 115.81 (a) and (b). Out of the three (3) names

selected these inmates were not referred and/or received a follow-up with mental health. On 6-29-21 PREA Coordinator sent an outline of the action plan for how the facility will correct the deficiency. This included the PCM providing weekly intake rosters to the lead auditor and copies for all inmates who accepted the offer for mental health services and Mental Health follow-up.

- On 7/2/21 the lead auditor reviewed the first tracking form and provided selected inmate names to the PCM. 7/6/21 PCM provided the information requested and on 7/7/21 the lead auditor reviewed the information and found two of the seven overdue. The first review was completed before the issuance of the interim report.
- 7/21/21 Substantial compliance met
- 7/30/21 Substantial compliance met
- 8/17/21 Substantial compliance met

During the corrective action time frame, the facility made changes to provide more assistance with the monitoring of tracking sheets and time frame requirements. The auditor was provided with a memo and updated organizational chart, changing the part-time PREA technician to a full-time position reporting to the PCM. With the facility changing from a part-time position to a full-time position to assist in the monitoring of inmates who are offered and accept mental health services, this auditor felt the facility would be able to continue maintaining compliance.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review of procedures, specialized staff interviews and, random and specialized interviews with inmates. This auditor finds the facility meets full compliance with this standard.

115.42	Use of screening information
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 367">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 398 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 474 1289 801" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo from PREA Compliance Manager • Montana State Prison (MSP) Designation Formula • Work Assignment/Removal Request Form • Memo to DOJ auditor for who has access • Transgender inmate committee (sample) • Transgender and Intersex Inmate Placement Review Committee • Transgender Intersex wellness check instruction • Sample Transgender 6 month wellness check <p data-bbox="240 833 1449 958">(a) Agency policy DOC 1.1.17 requires, “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.”</p> <p data-bbox="240 990 1390 1016">MSP OP 1.1.17 supports the agency policy and includes where the risk assessment information will be maintained.</p> <p data-bbox="240 1048 1477 1205">(b-c) Agency policy DOC 1.1.17 indicates, “In deciding whether to assign a transgender or intersex offender to a facility, and in making other housing and programming assignments, the Department 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.” The agency policy includes information for who is on the review committee and provided memos and sample case-by-case reviews.</p> <p data-bbox="240 1236 1449 1361">1. A review committee consisting of 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.</p> <ol data-bbox="277 1415 1477 1644" style="list-style-type: none"> 1. The review committee will conduct an individual assessment of each transgender and intersex offender based upon their specific areas of expertise, knowledge, and control. 2. 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. 3. The review committee may request information or participation from other subject matter experts as needed. 4. All documentation, information, and recommendations of the review committee are confidential and will be maintained in a secure location. <p data-bbox="240 1675 1401 1702">e) The recommendation for facility placement by the review committee will be given to the Director for final approval.</p> <p data-bbox="240 1733 1489 1921">MSP OP 1.1.17 requires that “Transgender and intersex inmates will be referred to the Department’s Transgender and Intersex Inmate Placement Review Committee for review of the inmate’s facility placement. When determining other housing and programming assignments for transgender and intersex inmates within the facility, MSP will consider on a case-by-case basis the placement’s effect on the inmate’s safety, whether the placement would present management or security problems, and whether such placement would likely endanger the safety of other inmates. These will be reviewed by the Warden or designee</p> <p data-bbox="240 1953 1433 2047">(d - e) Agency policy DOC 1.1.17 requires, “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 views with respect to his or her own safety will be given serious consideration.”</p> <p data-bbox="240 2078 1461 2136">MSP OP 1.1.17 supports the agency policy and defines the staff who are responsible for completing the assessments and that Mental Health professionals will assist in this process if deemed appropriate.</p>

During the on-site review, audit support staff reviewed eighteen (18) Transgender inmate's 6-month wellness check reviews. Auditor requested documentation going back to June 2020 to support maintained compliance over a one-year time frame. Due to COVID-19 and safety precautions, there were a few that went over the 6-month time frame with all reviews caught up and current before the on-site review.

(f) Agency policy DOC 1.1.17 states that "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."

MSP OP 1.1.17 supports the agency policy which describes what "separately" means. Inmates can submit an Offender/Staff Request (OSR) requesting separate shower accommodations. All accommodations will be done on a case-by-case basis.

- 5/28/2021 the lead auditor sent an email to the PCM asking if any Transgender females have submitted a request for separate shower accommodations.
- 6/2/2021 PCM responded, reporting that MSP has not received any requests for shower accommodations and 6-month wellness checks had just been completed and all felt safe.

(g) Agency policy DOC 1.1.17 states that "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."

MSP OP 1.1.17 requires that "Staff will follow MSP 4.2.1 Inmate Classification and will not place lesbian, gay, bisexual, intersex, or transgender inmates in dedicated units, or wings solely on the basis of such identification or status."

The agency has completed case-by-case reviews for Transgender inmates and at the time of this audit, they have not approved a Transgender inmate to be housed in a facility that they identify.

On-site specialized interviews were conducted with Gay, Bi-sexual and Transgender inmates. Inmates are not housed in dedicated facilities, units, or wings. Transgender inmates stated that they can program and work and did not have concerns or issues with housing or showering. Additionally, during the on-site review, the audit team observed a Transgender inmate in the program work area.

Specialized interviews with staff were also conducted and utilize information from the intake risk assessment for bed, work, program, and education assignments. PREA risk assessment screening can only be viewed by designated staff who have the need and right to know the information.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review of procedures, specialized staff interviews, and specialized interviews with inmates. The auditor determined the facility meets compliance with this standard.

115.43	Protective Custody
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 367">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 398 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 474 1289 734" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Email to PREA Compliance Manager regarding special management • Montana Department of Corrections (MDOC) Policy Directive DOC 3.5.1 Restrictive Housing • Montana State Prison Operational Policy (OP) 4.2.1 Inmate Classification System • Montana State Prison Operational Policy (OP) 4.2.200 Special Management Inmates • Custody housing information • Memo related to protective custody <p data-bbox="240 766 1489 990">(a) (c)(d) (e) Agency policy DOC 1.1.17 states that “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.</p> <p data-bbox="240 1021 1457 1084">MSP OP 1.1.17 supports the agency policy and outlines procedures for who in the facility is responsible for conducting an assessment, where information will be documented, and the 30-day review requirement.</p> <p data-bbox="240 1115 1422 1178">Agency policy DOC 3.5.1 provides additional requirements for secure care adult facilities and procedures that must be followed to include outlining the staff responsible for completing restrictive housing reviews.</p> <p data-bbox="240 1209 1489 1303">(b) Agency policy 1.1.17 and MSP OP 1.1.17 states “Offenders placed in segregated housing for protective purposes will have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted the facility will document what opportunities have been limited, the duration of the limitation, and the reasons for such limitations.”</p> <p data-bbox="240 1335 1457 1397">Agency policy DOC 3.5.1 states “Offenders in administrative segregation and protective custody have access to programs and services that include, but are not limited to, the following:</p> <ol data-bbox="240 1429 504 1796" style="list-style-type: none"> 1. educational services; 2. commissary services; 3. library services; 4. social services; 5. counseling services; 6. religious guidance; and 7. recreational programs <p data-bbox="240 1827 1457 1890">Agency policy DOC 3.5.1 clarifies the programs and services offered, may not be identical to those provided to the general population; however, there will be no major differences for reasons other than a danger to life, health, or safety</p> <p data-bbox="240 1921 1489 2007">A memo was provided to the DOJ auditor from PCM stated that “no inmate has been placed in segregation housing for protective purposes with the last 12 months.” A specialized interview with the PCM confirmed the information provided in the memo.</p> <p data-bbox="240 2038 1489 2132">Pre on-site and on-site specialized staff interviews were conducted. Staff stated that at the time of this audit they have not had any inmates placed in involuntary segregation. The audit team was not able to conduct a specialized interview with any inmates related to this standard.</p>

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, specialized and random staff interviews. The auditor determined the facility meets compliance with this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 477 1289 969" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • PREA reporting change • PREA inmate information to post • Email instruction for inmates to report allegations internally on the inmate phone system • A memo posted for inmate population on changes to outside reporting • Memo to YWCA on reporting changes • Memo to DOJ auditor • The new outside reporting address • Outside agency reporting MOU with New Mexico Department of Corrections • MSP PREA inmate brochure update • Updated inmate orientation • Sample report from mental health staff • Staff reporting instructions • Email reminder to all staff from PCM for the immediate reporting requirement <p data-bbox="240 1001 1481 1095">(a b) Agency policy DOC 1.1.17 and MSP OP 1.1.17 states, “Facilities will provide multiple internal ways for offenders to privately report sexual abuse and sexual harassment, retaliation by other offenders or employees for reporting sexual abuse and sexual harassment, and employee neglect or violation of responsibilities that may have contributed to such incidents.”</p> <p data-bbox="240 1126 1485 1285">Agency policy DOC 1.1.17 states that the “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.” And “Offenders who are victims of or have knowledge of sexual abuse or sexual harassment should immediately report the incident by one of the following methods:</p> <ol data-bbox="240 1317 1485 1514" style="list-style-type: none"> 1. report the incident to an employee or service provider verbally, in writing, anonymously or through a third party; 2. utilize the “locked box” formal grievance procedure in accordance with DOC Policy 3.3.3 Offender Grievance Program; 3. contact the external agency listed on PREA posters and brochures that are posted and available throughout the facility; or 4. use the inmate phone system following the instructions on the phone to leave a message for a Department employee.” <p data-bbox="240 1545 1430 1606">MSP OP 1.1.17 supports the requirements within Agency policy DOC 1.1.17 and details how inmates are provided with reporting information and different avenues that are available for inmates to report in the facility.</p> <ul data-bbox="280 1659 1473 1856" style="list-style-type: none"> • In previous years the agency and MSP utilized the YWCA in Missoula and their outside agency reporting party. This was not the best option due to victim advocates having privileged communication and could not be reporting party option. The agency entered into a Memorandum of Understanding the New Mexico Corrections Department for their outside agency reporting option. The agency and MSP updated all policies, procedures, inmate education, and orientation information, updated inmate tablets, posted information of the change throughout the facility, and updated PREA posted reporting information. <p data-bbox="240 1888 1485 1982">(c) Agency policy DOC 1.1.17 states “Employees and service providers will accept reports verbally, in writing, anonymously, and from third parties and will immediately document any verbal reports.” MSP OP 1.1.17 requires that verbal reports be documented via the incident report form and submitted immediately to Command Post.</p> <p data-bbox="240 2013 1394 2074">(d) Agency policy DOC 1.1.17 states “Employees and service providers may privately report sexual abuse or sexual harassment through their chain of command or by notifying the department PREA coordinator.”</p> <p data-bbox="240 2105 1430 2166">MSP OP 1.1.17 outlines reporting options for Employees, volunteers, and service providers may privately report inmate sexual abuse or sexual harassment, if not an immediate threat which includes but is not limited to:</p>

1. Hand delivering or emailing an incident report to the MSP PCM or MSP PREA Investigator
2. Call, email, send a letter, or verbally report to the PREA Coordinator, the PCM, a PREA Investigator, DOC Criminal Investigator, or anyone in the Chain of Command or,
3. Sending an email to CORPREAReporting@mt.gov

Pre-onsite the auditor reviewed the agency website and grievance history log which supporting the facility policy for accepting reports.

On day one (1) of the facility's on-site physical plant review, the audit team was provided with a test inmate pin number to test the PREA hotline from the inmate unit phones. The audit team completed four test calls from different units and was able to leave a message.

- June 7, 2021, MSP Bureau Chief of Administrative Services emailed the auditor confirmation the phone messages were received.
- June 8, 2021, the PCM emailed the auditor the recorded messages left by the team members.

Interviews were conducted on-site with staff and inmates. Staff and inmates knew the different options inmates can report and with most feeling comfortable reporting to staff or using the hotline. The PREA poster and the inmate recording provide instructions on how to make a report on the PREA hot line. The information provided was slightly confusing and the agency is in the process of revising to make it easier for inmates and staff to follow reporting instructions.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review of procedures, specialized and random staff, and inmate interviews. The auditor determined the facility meets compliance with this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 474 1326 669" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Sample grievances • Montana Department of Corrections (MDOC) Policy Directive DOC 3.3.3 Offender Grievance Program • Montana State Prison (MSP) Operational Procedure (OP) 3.3.3 Inmate Grievance Program • Grievance History Log <p data-bbox="240 696 1267 723">(a) MDOC does have administrative procedures to address inmate grievances regarding sexual abuse.</p> <p data-bbox="240 754 1457 848">(b) Agency policy DOC 3.3.3 states, “grievances are processed from initiation to final disposition within 180 days with the exception of grievances alleging sexual abuse.” Agency policy outlines the agency grievance process and procedures for emergency grievances and grievances alleging sexual abuse.</p> <p data-bbox="240 880 1477 1072">Emergency Grievances 1. 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</p> <p data-bbox="240 1104 1493 1162">(c-f) Agency policy DOC 3.3.3 and MSP OP 3.3.3 states the following for emergency grievances and grievances filed alleging sexual abuse:</p> <p data-bbox="240 1193 1447 1256">1. <u>Emergency Grievances:</u> Procedures must provide clear information and direction to offenders and staff on the use of emergency grievances to include the following:</p> <ul data-bbox="240 1285 1461 1552" style="list-style-type: none"> 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 <p data-bbox="240 1583 614 1610"><u>Grievances alleging sexual abuse:</u></p> <ul data-bbox="240 1639 1493 2130" style="list-style-type: none"> a) 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 b) 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. c) If the 90-day time period 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. d) 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. e) Procedures for the filing of an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse must include:

- 1) the grievance, or any portion thereof that alleges the substantial risk of imminent sexual abuse, will immediately be forwarded to a level of review at which immediate corrective action may be taken;
- 2) an initial response will be provided within 48 hours;
- 3) a final decision will be made within five calendar days; and
- 4) the initial response and final decision will document the determination whether the offender is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance
- f) The facility or program may discipline an offender for filing a grievance related to alleged sexual abuse only where the facility or program demonstrates that the offender filed the grievance in bad faith
- g) 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:
 - 1) adult offenders must give permission for the third party to file requests and must personally pursue any subsequent steps in the grievance process;
 - 2) if the offender declines to have the request processed on his or her behalf the facility will document the offender's decision
- (g) Agency policy DOC 1.1.17 states, "Reports made in bad faith, which includes deliberately malicious reports by offenders or other parties, will result in disciplinary action and/or criminal charges."

MSP grievance history report dated 6/1/2020 – 4/21/2021 reviewed pre-onsite. There was a total of sixteen staff on inmate grievances and four inmates on inmate grievances filed. The auditor select three grievances for review with one requiring additional review of the investigation file on-site.

The grievance history log supported inmates have utilized the grievance process for reporting allegations and grievances have been accepted.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review, random inmate and specialized inmate interviews. The auditor determined the facility meets compliance with this standard

115.53	Inmate access to outside confidential support services
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 738 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 477 1289 636" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • MSP PREA inmate brochure • Update inmate orientation slides • Young Women’s Christian Association Missoula (YWCA) MOU <p data-bbox="240 667 1473 860">(a)(b) Agency policy 1.1.17 requires that “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.”</p> <p data-bbox="240 891 1489 1050">MSP OP 1.1.17 states, “MSP will provide all inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers of local, state, or national victim advocacy or rape crisis organizations. MSP will enable reasonable communication between inmates and these organizations in as confidential a manner as possible. MSP will 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.”</p> <p data-bbox="240 1081 1489 1142">MSP PREA inmate brochure includes information, phone number, and notification to inmates that calls to the YWCA are free and not monitored.</p> <p data-bbox="240 1173 1457 1234">(c) MDOC has a memorandum of understanding with the YWCA Missoula. The MOU was entered into in order to provide inmate access to outside confidential support services.</p> <p data-bbox="240 1265 1489 1424">5/12/21 - The lead auditor reached out to interview the victim advocate, she was in a meeting and a message was left my name, the reason for the call, and return number. On 5/13/2021 the lead auditor received a return call and conducted a telephonic interview with Young Women’s Christian Association (YWCA) Missoula victim advocate. YWCA does have a relationship and Memorandum of Understanding with the MDOC to provided victim advocacy and crisis intervention services to sexual abuse inmate victims.</p> <p data-bbox="240 1456 1489 1715">5/25/2021 – The lead auditor conducted a virtual interview with the agency PREA victim advocates. Both victim advocates have community-level victim advocate training. Additionally, they have experience as a community victim advocate. The agency PREA victim advocates work outside of the facility and will come to the facility to provide on-site and ongoing emotional support to sexual abuse victims and incarcerated sexual assault victims. The victim advocates will communicate with medical and mental health if there are concerns to ensure they are receiving treatment. They will support inmate victims by providing strategies and coping skills and work with case managers if there are safety concerns. If necessary, the victim advocates will provide resources to inmate victims who are releasing for ongoing services from community victim advocate organizations. The PCM will coordinate a meeting between the agency victim advocates and inmate victims.</p> <p data-bbox="240 1747 1457 1807">During the on-site review, the information to contact the YWCA for crisis intervention was posted in all housing units. The information is also included in inmate orientation information.</p> <p data-bbox="240 1839 1390 1865">Random and specialized staff and inmate interviews were conducted and supported compliance with this standard.</p> <p data-bbox="240 1897 1489 1989">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review, specialized and random staff, and inmate interviews. This auditor finds the agency and facility meet compliance with this standard.</p>

115.54	Third-party reporting
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 738 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 477 1289 602" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • MSP reporting flyer posted in visiting • Memo regarding 3rd party reporting <p data-bbox="240 633 1442 725">(a) Agency policy DOC 1.1.17 and MSP OP 1.1.17 states, “Offenders/Inmates who are victims of or have knowledge of sexual abuse or sexual harassment 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.</p> <p data-bbox="240 757 1461 815">The agency public website http://cor.mt.gov/PREA has information on how to report incidents. PREA reporting information has also been posted within public areas of the facility to include visiting and staff areas.</p> <p data-bbox="240 846 1404 904">4/26/2021 the lead auditor sent an email to test the agency 3rd party reporting mechanisms from the agency website CORPREAReporting@mt.gov.</p> <ul data-bbox="282 958 1493 1052" style="list-style-type: none"> • Hello, this is Deborah Striplin from the Nevada Department of Corrections. As part of the Western States PREA Audit Consortium I will be conducting an audit for MSP. This email is being sent for testing purposes for reporting allegations of sexual abuse and sexual harassment. <p data-bbox="240 1084 1489 1142">4/28/2021the lead auditor received a return email from the Agency PREA Coordinator. Currently, the PREA Coordinator and her supervisor receive reporting emails. They have requested an additional staff member within their division to be added.</p> <p data-bbox="240 1173 1493 1299">5/10/2021 the lead auditor tested the 3rd Party reporting line which was to the PREA Coordinator. Reporting parties can leave a voicemail message, when this occurs the system initiates an email to the PREA Coordinator notifying her that there is a message with the caller’s number and name if identified. Additionally, the facility PCM can be contacted for 3rd Party reports.</p> <p data-bbox="240 1330 1461 1422">During the on-site review, the audit team reviewed reporting information posted in the units and within the staff and visiting areas. Interviews were conducted with random staff and random and specialized inmates supporting agency policy. Staff stated that they will accept a 3rd party report and notify a supervisor.</p> <p data-bbox="240 1453 1482 1545">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review and random staff, and inmate interviews. This auditor finds the facility meets compliance with this standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 477 1289 636" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Disclosure and Consent for Services • Mandatory reporting clarification from legal • Sample report to NY CPS <p data-bbox="240 667 1461 792">(a) Agency policy 1.1.17 states, “Department employees and service providers will report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the department; retaliation against offenders or employees who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.”</p> <p data-bbox="240 824 1477 884">“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.”</p> <p data-bbox="240 916 1473 976">“Sexual abuse or harassment by an employee, service provider, or offender will be reported in accordance with DOC Policy 1.1.6 Priority Incident Reporting and Acting Director.”</p> <p data-bbox="240 1008 1441 1099">(b) Agency policy 1.1.17 indicates, “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.”</p> <p data-bbox="240 1131 1426 1223">(c) Agency policy 1.1.17 states, “Unless otherwise precluded by law, medical and mental health practitioners will report sexual abuse according to facility procedures and will inform offenders of their duty to report, and the limitations of confidentiality, at the initiation of services.”</p> <p data-bbox="240 1254 1461 1346">(d) Agency policy 1.1.17 states, “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.”</p> <ul data-bbox="282 1400 1417 1460" style="list-style-type: none"> • MSP provided a sample of contact with New York CPS • Memo for legal clarification on state mandatory reporting laws referenced with policy for this standard provision. <p data-bbox="240 1491 1445 1552">“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.”</p> <p data-bbox="240 1583 1473 1742">(e) Agency policy 1.1.17 requires, “Potential criminal conduct will be reported to the LEAJ first, immediately followed by the Office of Investigations. If the Office of Investigations has primary jurisdiction over a facility’s criminal investigations, however, that facility will report potential criminal conduct only to the Office of Investigations.” And “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.”</p> <p data-bbox="240 1774 1473 1933">MSP OP 1.1.17 indicates “Potential criminal conduct will be reported to the Office of Investigations. The Office of Investigations will determine if they accept the case as criminal. Potential criminal Conduct at Riverside Special Needs Unit will be reported to the Office of Investigations who will then contact the Jefferson County Sheriff’s Office. If it is deemed criminal, an administrative case will be opened in conjunction with the criminal case. Emergent cases will be reported by Command Post at MSP and the supervisor at Riverside Special Needs Unit to the on-call investigator.”</p> <ul data-bbox="282 1986 1461 2112" style="list-style-type: none"> • Sexual abuse or harassment by an employee, service provider, or inmate will be reported In accordance with MSP 1.1.6 Incident Reporting.” • “Reports of sexual abuse or sexual harassment by an employee, service provider, or inmate will be forwarded to the Office of Investigations, MSP PCM and the Department PREA Coordinator within one business day.”

Pre-on-site and on-site staff random and specialized interviews were conducted. All staff who were interviewed stated that they are required to report immediately for all allegations of sexual abuse, sexual harassment, or retaliation. Staff also understood that information related to allegations was confidential and not to be shared with anyone other than those who have a need a right to know. For example investigator, medical and/or mental health, etc. Staff stated that they would accept reports verbally, in writing, 3rd party, and anonymous.

Medical and Mental Health staff understand their requirement for reporting allegations and their limitations of confidentiality.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, and staff interviews. The auditor finds the facility meets compliance with this standard.

115.62	Agency protection duties
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1489 367">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="244 398 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 474 1289 537" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act <p data-bbox="244 568 1481 663">(a) Agency policy 1.1.17 requires “Administrators, or designees, will immediately respond to allegations of sexual abuse and sexual harassment, fully investigate reported incidents, pursue disciplinary action, and refer for investigation those who violate the requirements set forth in this policy.”</p> <p data-bbox="244 694 1473 788">MSP OP 1.1.17 requires all staff to immediately respond to allegations of sexual abuse and sexual harassment. The policy also requires designated investigators to fully investigate reported incidents. Supervisors will pursue disciplinary action and refer for investigation those who violate the requirement of the facility OP.</p> <p data-bbox="244 819 1469 882">Pre-on-site and on-site staff random and specialized interviews were conducted. All staff who were interviewed stated that they would immediately respond to ensure that the inmate victim is safe and separated from the aggressor.</p> <p data-bbox="244 913 1481 999">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, and interviews with staff. The auditor finds the facility meets compliance with this standard.</p>

115.63	Reporting to other confinement facilities
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 210 451 239">Auditor Discussion</p> <p data-bbox="242 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="242 396 783 425"><u>Policy, Procedures, and Documentation Reviewed</u></p> <ul data-bbox="284 474 1289 768" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo regarding internal corrective action • Sample tracking of referrals • PREA facility referrals • Risk assessment follow up (proof of policy) • Referral to other agency • Email report to Warden to complete notification • Email from PREA Coordinator after receiving a report <p data-bbox="242 797 1469 927">(a) (b)(d) Agency policy 1.1.17 requires, “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.”</p> <p data-bbox="242 956 496 985">MSP OP 1.1.17 requires:</p> <p data-bbox="242 1014 1489 1108">“Allegations that an inmate was sexually abused while at another facility must be reported by the Warden, or the PCM on the Warden’s behalf if the Warden is absent from the facility, to the administrator of the facility where the abuse occurred as soon as possible but no later than 72 hours after the initial report.”</p> <p data-bbox="242 1137 1477 1232">“All reported incidents of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. Criminal investigations will be conducted by the Department’s Office of Investigations in accordance with DOC Policy 3.1.19 Investigations.”</p> <ul data-bbox="284 1283 1437 1413" style="list-style-type: none"> • 5/28/2021 auditor sent an email requesting a copy of notification from MSP to another agency/facility for proof of practice. On 6/2/21 a copy of an email from the Wardens Assistant to the other agency was provided to show the Wardens notification as sent, however, the Wardens notification letter was not attached. • 6/3/2021 the lead auditor received a copy of the notification letter signed by the Warden. <p data-bbox="242 1442 1469 1603">(c) Agency and facility policy reviewed both addressed the report of sexual abuse must be reported but did not require they must be documented. During the on-site review, the auditor asked the PREA Coordinator for a minor policy update to add that the notifications will be documented into policy. The PREA Coordinator sent an email on 6/10/21 to the Quality Assurance Division requesting an update to policy 1.1.17. On 6/23/21 the auditor received an email and a copy of the updated policy. This action was completed before the issuance of the interim report.</p> <p data-bbox="242 1632 1461 1693">MSP did provide a copy of their referral tracking report and a memo of how the information is documented and information captured supporting this standard provision.</p> <p data-bbox="242 1722 1249 1751">(d) PCM provided a copy of an email from another state facility and an email to refer for investigation.</p> <p data-bbox="242 1780 820 1809">Specialized staff interviews supported policy and practice.</p> <p data-bbox="242 1839 1481 1933">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, and specialized staff interviews. The auditor finds the facility meets compliance with this standard.</p>

115.64	Staff first responder duties
	<p data-bbox="244 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="244 210 451 237">Auditor Discussion</p> <p data-bbox="244 273 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="244 396 738 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 477 1289 537" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act <p data-bbox="244 566 1469 624">(a) Agency policy 1.1.17 requires that upon learning of an allegation that an offender was sexually abused, the first security staff to respond to the report will:</p> <ol data-bbox="244 656 1469 898" style="list-style-type: none"> 1. separate the alleged victim and alleged perpetrator; 2. 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; 3. 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. <p data-bbox="244 929 1489 1055">(b) Agency policy 1.1.17 requires that “If the first employee or service provider to learn of an allegation that an offender was sexually abused is not security staff, the employee or service provider will request that the alleged victim not take any actions that could destroy physical evidence, take reasonable steps to ensure the victim’s safety, and immediately notify security staff.”</p> <p data-bbox="244 1086 1482 1314">PREA audit team conducted onsite specialized and random interviews with staff, volunteers, and contractors. All who were interviewed had received training and understood the first responder’s responsibilities. They stated that they would keep the victim safe and request that they not take actions that could destroy physical evidence. Non-security staff, volunteers, and the contractor would contact and report to the security supervisor. Security staff stated they would request the same actions for the victim and would also ensure the aggressor was secured and would ensure that the aggressor did not take actions to destroy physical evidence. Training information was reviewed (115.31) (115.32) and support staff have received and understand the instruction provided.</p> <p data-bbox="244 1346 1482 1440">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review, specialized and random staff and, service provider interviews. The auditor finds the facility meets compliance with this standard.</p>

115.65	Coordinated response
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="242 394 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 474 1289 1171" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • MSP Coordinated response plan • Command Post Sexual Abuse and Sexual Harassment Response Plan • Riverside Sexual Abuse and Sexual Harassment Response Plan • PREA staff acknowledgment form • PREA offender acknowledgment form • Pre service PREA acknowledgment form • MSP 1.1.17 Patient Care Protocol attachment • MSP request for Mental Health Services form • MSP refusal of treatment form • PREA risk assessment form • MSP Mental Health PREA Follow-up Questionnaire • PREA risk assessment instructions • PREA retaliation monitoring data sheet • PREA retaliation monitoring instruction guide • Inmate on inmate referral process flow chart • Staff misconduct investigation referral process • Incident review form • PREA findings letter • PREA status letter <p data-bbox="242 1200 1469 1294">(a) Agency policy 1.1.17 requires, “Each facility will maintain a written institutional plan to coordinate actions taken in response to an incident of sexual abuse among employee and service provider first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p data-bbox="242 1323 1489 1451">MSP OP 1.1.17 states, “The Warden in conjunction with the PCM 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. The Coordinated Response Plan will be kept in Command Post for reference.”</p> <p data-bbox="242 1480 1417 1509">MSP has a coordinated response plan which includes forms and a checklist to be completed by MSP Command Post.</p> <p data-bbox="242 1538 1477 1666">The audit team conducted interviews during on-site review with specialized and random staff. The facility has a coordinated plan when allegations of sexual abuse are reported and includes medical, mental health, criminal investigator, and responding security staff. Investigations were reviewed on-site supporting staff took the appropriate measures for responding.</p> <p data-bbox="242 1695 1481 1792">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review, specialized and random staff interviews. The auditor finds that the facility meets compliance with this standard.</p>

115.66	<p>Preservation of ability to protect inmates from contact with abusers</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Administrative Leave Notice – Non-Union • Administrative Leave Notice – Union • MSP Collective Bargaining Agreement <p>(a) Agency policy 1.1.17 states, “The department will not enter into or renew any collective bargaining agreement or other agreement that limits the department’s ability to remove alleged staff sexual abusers from contact with any offender pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted”</p> <ul style="list-style-type: none"> • Collective Bargaining Agreement between Federation of Montana State Prison Employees, Local #4700, MFPI, AFT, AFL-CIO, and Montana State Prison, Montana Department of Corrections 201-2021 was reviewed. • Article 17 Rights of Management Section 1, The Employer retains the rights to manage, direct, and control functions in all particulars except as limited by the terms of this Agreement, or state law. Such rights shall include but not be limited to: <ul style="list-style-type: none"> • sign work to employees in accordance with the requirements of the institution as determined by the Employer; • Establish rules, regulations, and procedures, lay-off, suspension, termination, or other employment action. <p>The lead auditor conducted specialized interviews before the on-site review. This standard question was addressed on the Agency Head/Director interview guide, this interview supported the agency policy and the Collective Bargaining Agreement. The lead auditor also briefly discussed this standard with the PREA Coordinator and the Warden. The facility does have the ability to remove alleged staff sexual abusers from contact with any inmate pending the outcome of the investigation. The auditor was provided a copy of the notification that is used when staff is moved pending the investigation.</p> <p>In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, reviewed the applicable portion of the Collective Bargaining Agreements, supporting written documentation and specialized staff interviews. The auditor finds that the facility meets compliance with this standard.</p>
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115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 477 1289 768" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo regarding internal corrective action • List of staff responsible for monitoring • PREA retaliation monitoring tracker • Retaliation monitoring instruction guide • PREA retaliation monitoring data sheet • A random sample of inmate retaliation monitoring data sheets • Sample PREA summary retaliation report <p data-bbox="240 799 1461 992">(a) Agency policy 1.1.17 states, “The Department will not tolerate retaliation against offenders, employees, or other parties for reporting sexual abuse or sexual harassment or cooperating with an investigation. Individuals that retaliate against any offender or witness are subject to disciplinary action”. In accordance with DOC Policy 1.3.2 Employee Performance and Conduct 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. Additionally, this policy requires that the facility is responsible for designating staff members for retaliation monitoring.</p> <p data-bbox="240 1023 1477 1120">MSP OP 1.1.17 states, “MSP will not tolerate retaliation against inmates, employees, or other parties for reporting sexual abuse or sexual harassment or cooperating with an investigation. Individuals that retaliate against any inmate or witness are subject to disciplinary action.”</p> <ul data-bbox="282 1171 1477 1265" style="list-style-type: none"> • “Employees who report sexual abuse or sexual harassment of an inmate will not be subjected to retaliation by anyone within or outside of their chain of command in accordance with DOC Policy 1.3.2 Employee Performance and Conduct.” <p data-bbox="240 1296 1485 1355">(b) Agency policy 1.1.17 requires facilities to employ multiple protective measures, such as transfers or removals to separate victims from abusers, and emotional support services.</p> <p data-bbox="240 1386 1449 1444">MSP OP 1.1.17 states, “MSP will employ multiple protective measures, such as transfers or removals to separate victims from the abuser, and emotional support services.”</p> <p data-bbox="240 1476 1461 1570">(c)(d) Agency policy 1.1.17 requires the facility to 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.</p> <p data-bbox="240 1601 1485 1695">Monitoring will continue beyond 90 days if there is a continuing need. The policy also requires that the monitoring include reviewing any offender disciplinary reports, housing or program changes, or negative performance reviews or reassignments of employees. For offenders, monitoring will also include periodic status checks.</p> <p data-bbox="240 1727 1485 1821">If an offender is transferred from one Department facility to another Department facility during his or her monitoring, the transferring facility will notify the receiving facility of the offender’s monitoring status and the receiving facility will continue the monitoring for the remainder of the 90 days, or beyond if there is a continuing need.</p> <p data-bbox="240 1852 1477 1977">MSP OP 1.1.17 indicates, “MSP will monitor, for at least 90 days, the conduct and treatment of inmates and employees who reported sexual abuse or sexual harassment and inmates 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 be completed by the case manager. These records will be submitted to the PCM and retained in the casefile.”</p> <ul data-bbox="282 2031 1461 2157" style="list-style-type: none"> • “Monitoring will include reviewing any inmate disciplinary reports, housing or program changes, or negative performance reviews or reassignments of employees. For inmates, monitoring will also include periodic status checks.” • “If an inmate is transferred from MSP to another Department facility during his or her monitoring, the PCM will notify

the receiving facility of the inmate's monitoring status so the receiving facility may continue the monitoring for the remainder of the 90 days, or beyond if there is a continuing need."

- "MSP will act promptly to remedy any detected retaliation. The Warden or designee will be notified of any allegations of retaliation. Appropriate action will be ordered to remedy any valid claims. Documentation of such action will be kept in the related case file."

(e) This standard provision states: If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

Neither the agency policy nor facility operational procedure included this provision requirement. During the on-site review, the auditor discussed with the PREA agency coordinator who immediately emailed their policy division for the update to policy 1.1.17. On June 10, 2021, this auditor received a copy of that email requesting 1.1.17, section "I" be updated, and on June 23, 2021, this auditor received a copy of the revised policy. This action was completed before the issuance of the interim report.

(f) Agency policy 1.1.17 states, "The facility's obligation to monitor retaliation may be terminated if the allegation is determined to be unfounded."

MSP OP 1.1.17 states, "MSP's obligation to monitor retaliation may be terminated if the allegation is determined to be unfounded. The PCM will notify the case manager in writing if this occurs."

An onsite interview was conducted with MSP retaliation monitor. This auditor conducted the interview and was provided with a copy of the tracking sheet. The auditor randomly selected a name from the list and staff members described the process in detail, printed copies of emails, and completed the retaliation tracking monitoring sheet.

PREA audit support staff conducted random interviews with staff who stated that they understand that inmates and staff have the right to be free from retaliation. Reviewing staff training information before the on-site audit supported the staff interviews.

PREA audit support staff conducted specialized interviews with inmates who stated that staff met with and followed up with them after filing a report of sexual abuse. Random inmates stated they understand they have the right to be free from retaliation if they file a sexual abuse or sexual harassment allegation. Additionally, the auditor support staff observed the inmate education portion and were able to see the information provided to the inmates.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review, specialized and random staff interviews, and specialized and random inmates interviews. This auditor finds this standard meets full compliance.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 474 1289 602" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Montana Department of Corrections (MDOC) Policy Directive DOC 3.5.1 Restrictive Housing • Montana State Prison (MSP) Operational Procedure (OP) 4.2.1 Inmate Classification System <p data-bbox="240 631 716 658">This standard intertwines with standard 115.43.</p> <p data-bbox="240 689 1481 916">(a) Agency policy 1.1.17 states, “Victims of sexual abuse and offenders at high risk for sexual victimization will not be placed in segregated housing for protective purposes unless an assessment of all available alternatives has been made and a determination is made that there is no alternative means of separation. If a facility cannot conduct such an assessment immediately, the facility may hold the offender in segregated housing for up to 24 hours while completing the assessment. The facility will clearly document the basis for the facility’s concern for the offender’s safety and the reason no alternative means of separation could be arranged. The facility will review each offender placed in segregated housing for protective purposes every 30 days.”</p> <ul data-bbox="282 969 1469 1064" style="list-style-type: none"> • “Offenders placed in segregated housing for protective purposes will have access to programs, privileges, education, and work opportunities to the extent possible. If access is restricted the facility will document what opportunities have been limited, the duration of the limitation and the reasons for such limitations.” <p data-bbox="240 1093 1485 1386">MSP OP 1.1.17 states. “Victims of sexual abuse and inmates 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. The assessment is completed by the Unit Management Team or Command Post if a member of the Unit Management Team is not on-site at the time of the occurrence. If MSP cannot conduct such an assessment immediately, MSP may hold the inmate 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 inmate’s safety and the reason no alternative means of separation could be arranged on the ADR. MSP will review each inmate placed in segregated housing for protective purposes every 30 days in accordance with MSP Procedure 4.2.1 Inmate Classification.”</p> <ul data-bbox="282 1440 1493 1565" style="list-style-type: none"> • “Inmates 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 in accordance with MSP Procedure 4.2.1 Inmate Classification.” <p data-bbox="240 1597 1477 1691">Agency policy 1.1.17 states, “For secure care adult facilities, the administrator or shift supervisor may order immediate segregation or placement in a restrictive housing unit when it is necessary to protect the offender or others. The action must be reviewed within 24 hours by the appropriate supervisor.”</p> <p data-bbox="240 1722 1477 1816">“Secure care adult facilities will maintain a sanctioning schedule for facility rule violations. The administrator, or designee, must review and approve adult offender confinement that continues beyond 30 days. Continuous confinement for more than 30 days requires the review and approval of the administrator or designee.”</p> <p data-bbox="240 1848 1477 1942">During this audit time frame up to and including the on-site audit, MSP did not have any inmates housed in segregation who alleged sexual abuse. Any inmates who alleged sexual abuse and requested to be placed in protective custody which is separate from segregation had to access to programs, privileges, education, and work opportunities.</p> <p data-bbox="240 1973 1493 2098">The audit support staff conducted specialized interviews with inmates who stated that they were not put in segregation after reporting an incident of sexual abuse. Interviews with specialized staff supported compliance with policy and inmate victims are not placed in segregation for filing a report of sexual abuse. If they required temporary placement it would be for a limited time until they could find alternative housing.</p> <p data-bbox="240 2130 1477 2157">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and</p>

procedures, documentation, onsite review, and specialized staff and inmate interviews. The auditor finds the facility meets compliance with this standard.

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 477 1289 871" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Montana Department of Corrections (MDOC) Policy Directive DOC 3.1.19 Investigations • Sample investigation tracking report • Inmate on Inmate referral flow chart • Staff misconduct investigation referral process flow chart • MDOC request for investigation form • The case plan for administrative investigation • Casefile table of contents • PREA Administrative Investigation Review • Memo to DOJ auditor outlining the investigation process • Administrative investigation warning <p data-bbox="240 900 793 927">Agency policy 1.1.17 K. Investigation protocols require:</p> <p data-bbox="240 956 1466 1050">(a) All reported incidents of sexual abuse and sexual harassment will be investigated promptly, thoroughly, and objectively. Criminal investigations will be conducted by either the LEAJ or by the Department’s Office of Investigations in accordance with DOC Policy 3.1.19 Investigations.”</p> <p data-bbox="240 1079 1463 1173">(b) “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.” This standard provision intertwines with standard 115.34 which addressed policy and procedure requirements.</p> <p data-bbox="240 1202 1457 1296">(c) 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. “</p> <p data-bbox="240 1326 1484 1391">(d) 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.</p> <p data-bbox="240 1420 1378 1485">(e) Offenders who allege sexual abuse will not be required to submit to a polygraph examination as a condition for proceeding with the investigation of an allegation. (f) Agency policy requires that, “</p> <p data-bbox="240 1514 1471 1608">(f) 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.</p> <ul data-bbox="240 1637 1029 1664" style="list-style-type: none"> · MSP OP 1.1.17 includes the same requirement as Agency policy 1.1.17. <p data-bbox="240 1693 1477 1821">(g) 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.</p> <ul data-bbox="240 1850 1038 1877" style="list-style-type: none"> · MSP OP 1.1.17 includes the same requirements as Agency policy 1.1.17. <p data-bbox="240 1906 1244 1933">(h) Conduct that appears to be criminal will be referred by the Office of Investigations for prosecution</p> <ul data-bbox="240 1962 1038 1989" style="list-style-type: none"> · MSP OP 1.1.17 includes the same requirements as Agency policy 1.1.17. <p data-bbox="240 2018 1493 2083">(I) 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.</p> <ul data-bbox="240 2112 1038 2139" style="list-style-type: none"> · MSP OP 1.1.17 includes the same requirements as Agency policy 1.1.17.

(j) 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.

- MSP OP 1.1.17 includes the same requirements as Agency policy 1.1.17.

(l) 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.

- MSP OP 1.1.17 includes the same requirements as Agency policy 1.1.17.

The agency and/or facility conduct investigations for reported allegations at MSP. Riverside Infirmary (satellite MSP facility) is located within a different county and jurisdiction. Reports of sexual abuse received from this facility will be reported to Jefferson County Sheriff. MDOC and MSP investigators work collaboratively with Jefferson County Sherriff investigation division.

- Agency policy 3.1.19 Investigations were provided and reviewed to support agency policy 1.1.17 requirements.

The lead auditor conducted a virtual interview with the Warden, PREA Coordinator, PCM, one (1) Administrative Investigator and one (1) Criminal Investigator before the on-site review. Investigative staff have completed staff PREA training (115.31) and Specialized Investigator Training (115.34)

Administrative Investigator: The investigator has worked for the agency for thirteen (13) years and assigned as an administrative investigator for two and half years. The investigator explained the process from when an allegation is reported, case assignment, how they conduct the investigation, and how all information is considered in making a finding. Anonymous allegations are investigated in the same fashion as other cases. Investigations use the preponderance of the evidence in determining substantiated/sustained findings and they knew what defines unfounded, unsubstantiated, and substantiated. The investigator is familiar with Garrity rights and while they are not a criminal investigator, they understand how and when Miranda applies. After the investigation, the assigned investigator will notify the inmate victim of the outcome. This investigator only conducts Administrative investigations and was not able to fully answer some questions regarding criminal cases.

Criminal Investigator: The criminal investigator interviewed has 19 years of experience as a criminal investigator with MDOC and previously worked as a Sheriff Deputy. This investigator was very knowledgeable on the investigator's process and how to conduct a thorough investigation. In addition to conducting criminal investigations, he also instructs Crime Scene Evidence Preservation and Investigator Training. For allegations of sexual abuse reported by the Riverside Special Needs Unit, agency criminal investigators work collaboratively with the Jefferson County Sheriff Office. The investigator provided detailed information for the complete investigatory process to include consulting with the Attorney General for prosecution referrals.

Due to the COVID-19 pandemic, investigations were delayed due to no contact restrictions to prevent exposure to staff and inmates. Once restrictions started lifting investigators started working diligently to catch cases up.

Pre-onsite the auditor reviewed the facility incident report and investigation tracking log and selected investigations to review on-site. An additional investigation was added after reviewing the facility grievance log. The total number of case files reviewed on-site with the PCM was 17. Investigations were thorough and detailed to include but not limited to evidence (if available), interviews with the victim, suspect and/or witnesses if video surveillance was available and reviewed, etc. The agency recently implemented a new system that maintains digital investigations.

Specialized interviews with inmates supported investigator response and interviews.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review of the investigation files, and specialized staff interviews. This auditor finds the facility meets compliance with this standard.

115.72	Evidentiary standard for administrative investigations
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1490 367">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 398 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 477 1289 539" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act <p data-bbox="240 566 1453 629">(a) Agency policy 1.1.17 states, “Investigators will not use a standard higher than the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated in administrative investigations.”</p> <p data-bbox="240 656 1038 683">· MSP OP 1.1.17 includes the same requirements as Agency policy 1.1.17.</p> <p data-bbox="240 714 1426 808">The lead auditor conducted a virtual interview with one (1) Administrative Investigator and one (1) Criminal Investigator before the on-site review. Investigative staff have completed staff PREA training (115.31) and Specialized Investigator Training (115.34)</p> <p data-bbox="240 840 1442 902">The Administrative Investigator and Criminal Investigator both stated that they use the preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p data-bbox="240 934 1485 996">In determining compliance or non-compliance, this auditor triangulated policy and procedures, on-site documentation review, and specialized staff interviews. The audit finds that the facility meets compliance with this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 474 1289 602" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Sample of inmate signed status and signed findings • PREA blank status and findings <p data-bbox="240 631 1374 725">(a) Agency policy 1.1.17 states, “Following an investigation into an offender’s allegation of sexual abuse or sexual harassment in a facility, the facility will inform the offender as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.”</p> <ul data-bbox="282 777 1466 837" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17 and includes that the PCM will complete the findings notification form and deliver it to the inmate. <p data-bbox="240 866 1489 927">(b) Agency policy 1.1.17 states, “If the investigation is conducted by a LEAJ, the Department will request relevant information from the LEAJ in order to inform the offender.”</p> <p data-bbox="240 956 1430 1016">(c) Agency policy 1.1.17 states, “Following an offender’s allegation that an employee or service provider has committed sexual abuse against the offender, the facility will inform the offender, unless the allegation is unfounded, whenever:</p> <ol data-bbox="240 1046 1485 1314" style="list-style-type: none"> 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. <ul data-bbox="282 1366 1442 1426" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17 to include that the PCM will complete the findings notification form and deliver it to the inmate. <p data-bbox="240 1456 1430 1516">(d) Agency policy 1.1.17 states, “Following an offender’s allegation that he or she has been sexually abused by another offender, the facility will inform the alleged victim whenever:</p> <ol data-bbox="240 1545 1430 1630" style="list-style-type: none"> 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. <ul data-bbox="282 1682 1437 1742" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17 to include that the PCM will complete the findings notification form and deliver it to the inmate <p data-bbox="240 1771 1246 1800">(e) Agency policy 1.1.17 states, “All such notifications or attempted notifications will be documented.”</p> <ul data-bbox="282 1852 1027 1881" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. <p data-bbox="240 1910 1481 1971">(f) Agency policy 1.1.17 states, “A facility’s obligation to report will terminate if the offender is released from the department’s custody.”</p> <ul data-bbox="282 2022 1027 2051" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. <p data-bbox="240 2080 1489 2141">On-site review: While the agency and facility policy for standard (a) exceeded the standard requirement, deficiencies were identified with the proof of practice during the on-site review. During specialized interviews with two inmates, they stated that</p>

they did not know what was going on with the investigation. I asked these inmates if I could provide their names to check on the status, both agreed. It should be noted that this auditor had selected their investigation files for review before arriving on-site. While reviewing the 17 selected investigation files, eight (8) inmates had not received a notification to include the two (2) inmates interviewed. While onsite the PCM sent a reminder email to investigators regarding notifications and sent a copy of the email to the auditor. This auditor and the PCM discussed that this standard provision would be placed into corrective action to monitor notifications. The CAP was provided before the issuance of the interim report and requested that the PCM provide an updated list of closed investigations every two weeks. The auditor initially selected random cases/victim names to request copies of the notifications from the PCM. After the first review on 7/2/21, the PCM provided copies of all inmate notifications and a copy of the investigation tracking form for the remainder of the corrective action time frame. While on-site the majority of the notifications missing appeared to be associated with cases that had been assigned and closed by a recently retired facility investigator. The facility provided notifications over the corrective action time frame in a timely fashion and should be able to continue maintained compliance with this standard.

- 7/1/21 PCM emailed copies of the six completed notifications that were missing during the investigation review. It was found that one of the eight had been served but was not in the investigation folder. The last one was related to an inmate who was no longer at MSP.
- 7/2/21 - all notifications completed.
- 7/7/21 - all notifications completed.
- 7/21/21 - all notifications completed
- 7/30/21 - all notifications completed
- 8/12/21 - all notifications completed

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review, and specialized staff and inmate interviews. The auditor finds that the facility meets full compliance with this standard.

115.76	Disciplinary sanctions for staff
	<p data-bbox="242 145 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="242 208 451 237">Auditor Discussion</p> <p data-bbox="242 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="242 394 738 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 474 1289 636" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • MSP memo discipline information • Sample of agency termination of employment • HR summary discipline report to MSP PCM <p data-bbox="242 665 1469 759">Agency policy 1.1.17 H. Employee and Service Provider Reporting require “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.”</p> <ul data-bbox="282 810 1023 840" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17 <p data-bbox="242 869 660 898">Agency policy 1.1.17 O. Sanctions states:</p> <p data-bbox="242 927 1476 1021">(a) (b) “Employees will be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. Termination is the presumptive disciplinary sanction for employees who have engaged in sexual abuse.”</p> <ul data-bbox="282 1072 1027 1102" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. <p data-bbox="242 1131 1445 1256">(c) “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.”</p> <ul data-bbox="282 1308 1027 1337" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. <p data-bbox="242 1366 1479 1460">(d) “All terminations for violations of department sexual abuse or sexual harassment policies, or resignations by employees who would have been terminated if not for their resignation, will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.”</p> <ul data-bbox="282 1512 1027 1541" style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. <p data-bbox="242 1570 1485 1628">PCM provided a memo that over the 12 month audit time frame up to the date of submitting PAQ the facility did not have any reports to POST or other licensing bodies.</p> <p data-bbox="242 1657 1489 1818">Pre onsite and onsite specialized staff interviews were conducted. Administrative investigations are conducted for all staff on inmate sexual abuse and sexual harassment allegations. Upon completion of the investigation, the case is provided to HR to determine the level of discipline for substantiated cases. Allegations involving sexual abuse will have a Criminal and Administrative investigation assigned which allows the criminal investigator to share information with the Administrative Investigator.</p> <p data-bbox="242 1848 1484 1942">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review, and specialized staff interviews. The auditor finds that the facility meets compliance with this standard.</p>

115.77	Corrective action for contractors and volunteers
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy, Procedures, and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • MSP Memo <p>Agency policy 1.1.17 H. Employee and Service Provider Reporting require “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.”</p> <ul style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17 <p>Agency policy 1.1.17 O. Sanctions states:</p> <p>(a) (b) “Service providers or volunteers who engage in sexual abuse will be prohibited from contact with offenders and will be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. The Department will take appropriate remedial measures, and will consider whether to prohibit further contact with offenders, in the case of any other violation of Department sexual abuse or sexual harassment policies by a service provider.”</p> <ul style="list-style-type: none"> • MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. <p>PCM provided a memo that over the 12 month audit time frame the facility did not have any allegations reported.</p> <p>5-29-21 email sent to PCM for follow-up information related to restricting volunteer and service providers during COVID-19 and stay-at-home orders except for essential workers. Information requested was to determine if any contracted service providers were on-site during the restrictions when restrictions were lifted for volunteers and service providers, and the date they were allowed to re-enter the facility. Additionally, the auditor requested if MSP or Riverside had any investigations back to their last audit which resulted in corrective action. 6/3/2021 PCM provided and a memo from the Warden that the facility did not have any allegations and/or investigations resulting in corrective action for any contracted service providers or volunteers back to their last audit.</p> <p>6/2/21 PCM provided the following information.</p> <ul style="list-style-type: none"> • Beginning March 18, 2020, MSP restricted volunteers and service providers except for those who were allowed entry for physical plant and safety issues. May 17, 2021, MSP and Riverside began lifting restrictions to allow entry for volunteer-led activities. <p>Pre on-site specialized interviews were completed. The facility can restrict access for contractors and volunteers pending the outcome of an investigation for reports of sexual abuse.</p> <p>In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review, and specialized staff interviews. This auditor finds the facility meets compliance with this standard.</p>

115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 394 740 421"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 472 1326 667" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Montana Department of Corrections (MDOC) Policy Directive DOC 3.4.2 Prohibited Acts • Montana Department of Corrections (MDOC) Policy Directive DOC 3.4.1 Offender Disciplinary System • Montana State Prison (MSP) Operational Procedure (OP) 3.4.1 Institution Discipline • Sample inmate disciplinary infraction <p data-bbox="240 696 655 723">Agency policy 1.1.17 states the following:</p> <p data-bbox="240 752 1481 846">(a) “Offenders are subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the offender engaged in offender-on-offender sexual abuse or following a criminal finding of guilt for offender-on-offender sexual abuse.”</p> <p data-bbox="240 875 1473 938">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17., with the exception that they use inmate on inmate vs. offender on offender.</p> <p data-bbox="240 967 1461 1030">(b) “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.”</p> <p data-bbox="240 1059 963 1086">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17.</p> <p data-bbox="240 1115 1477 1178">(c) “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.”</p> <p data-bbox="240 1207 1401 1270">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17., with the exception that they use inmate vs. offender.</p> <p data-bbox="240 1299 1449 1393">(d) “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.”</p> <p data-bbox="240 1422 1437 1516">MSP OP 1.1.17 states, “MSP will decide on a case-by-case basis whether to require an inmate to participate in therapy, counseling, or another intervention designed to address and correct underlying reasons or motivations for abuse as a condition of access to programming or other benefits.”</p> <p data-bbox="240 1545 1442 1608">(e) “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.”</p> <p data-bbox="240 1637 1493 1664">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17., with the exception that they use inmate vs. offender</p> <p data-bbox="240 1693 1461 1787">(f) “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.”</p> <p data-bbox="240 1816 959 1843">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17</p> <p data-bbox="240 1872 1493 2007">(g) “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.” The agency policy 3.4.1 prohibited acts and 3.4.2 was provided and reviewed.</p> <p data-bbox="240 2036 1401 2098">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17., with the exception that they use inmate vs. offender.</p> <p data-bbox="240 2128 1099 2154">MSP OP 3.4.1 outlines the disciplinary process and inmate disciplinary rule infractions.</p>

- Major infraction 4110: Rape, sexual assault, sexual abuse as defined in agency policy 1.1.17
- Major infraction 4204: Making sexual proposals, threats, or harassing remarks, kissing, or inappropriate touching, directly or through clothing of the genitalia, anus, groin, breast, inner thigh, or buttocks.

During the on-site review audit, support staff observed the inmate education which included PREA information and the disciplinary process. Investigations resulting in a substantiated finding of sexual abuse or sexual harassment will be referred for inmate administrative discipline.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review, and specialized staff interviews. The auditor finds the facility meets compliance with this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 474 1289 667" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • A risk assessment form (blank) • A risk assessment form (inmate proof of practice) • Memo regarding internal corrective action • MSP Disclosure and Consent for services <p data-bbox="240 698 655 725">Agency policy 1.1.17 states the following:</p> <p data-bbox="240 757 1484 848">(a) (b) “When the risk assessment indicates an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in the community or in an institutional setting, the facility will ensure the offender is offered a follow-up meeting with a qualified mental health professional within 14 days of the assessment.</p> <p data-bbox="240 880 1402 940">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17., with the exception that they use inmate vs. offender. The policy further outlines the procedure process for referrals and documentation requirements.</p> <p data-bbox="240 972 978 999">(c) This provision is a requirement for jails and not applicable to this audit.</p> <p data-bbox="240 1030 1465 1122">(d) “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.”</p> <p data-bbox="240 1153 959 1180">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17</p> <p data-bbox="240 1211 1479 1272">(e) “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.”</p> <p data-bbox="240 1303 1493 1330">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17., with the exception that they use inmate vs. offender</p> <p data-bbox="240 1361 424 1388">Corrective Action:</p> <p data-bbox="240 1420 1493 1576">Pre-on-site review of MSP last PREA audit, it was noticed that this standard provision (e) in conjunction with standard 115.81(a) was a corrective action item. Additionally, reviewing pre-on-site documentation reflected a deficiency during an internal audit for these standard provisions. While on-site review the lead auditor met with the staff member who maintained the tracking log associated with these standard provisions to explain the tracking process. Reviewing the information on the tracking log the auditor selected random inmates who stated “yes” to 115.81 (a) and (b). Out of the three (3) names</p> <p data-bbox="240 1608 1493 1733">selected these inmates were not referred and/or received a follow-up with mental health. On 6-29-21 PREA Coordinator sent an outline of the action plan for how the facility will correct the deficiency. This included the PCM providing weekly intake rosters to the lead auditor and copies for all inmates who accepted the offer for mental health services and Mental Health follow-up.</p> <ul data-bbox="280 1787 1484 1980" style="list-style-type: none"> • On 7/2/21 the lead auditor reviewed the first tracking form and provided selected inmate names to the PCM. 7/6/21 PCM provided the information requested and on 7/7/21 the lead auditor reviewed the information and found two of the seven overdue. The first review was completed before the issuance of the interim report. • 7/21/21 Substantial compliance met • 7/30/21 Substantial compliance met • 8/17/21 Substantial compliance met <p data-bbox="240 2011 1493 2136">During the corrective action time frame, the facility made changes to provide more assistance with the monitoring of tracking sheets and time frame requirements. The auditor was provided with a memo and updated organizational chart, changing the part-time PREA technician to a full-time position reporting to the PCM. With the facility changing from a part-time position to a full-time position to assist in the monitoring of inmates who are offered and accept mental health services, this auditor felt</p>

the facility would be able to continue maintaining compliance.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, supporting documentation, onsite review of procedures, specialized staff interviews and, random and specialized interviews with inmates. This auditor finds the facility meets full compliance with this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 474 1289 602" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Montana Department of Corrections (MDOC) Policy Directive DOC 4.5.3 Health Care Autonomy • MSP patient care protocol for sexual assault (blank) <p data-bbox="240 631 1469 692">(a) (b) Agency policy 1.1.17 states, “Department employees and service providers will adhere to the following standards for examination of victims of sexual abuse or sexual harassment:</p> <ol data-bbox="240 721 1484 1178" style="list-style-type: none"> 1. if the victim refuses medical or mental health attention, document the refusal on the Medical Treatment Refusal form; 2. 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 3. if reported more than 72 hours after the incident, and with the victim’s permission, adhere to the following: <ul data-bbox="280 1050 1484 1178" style="list-style-type: none"> • 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 • upon request from law enforcement, transport the victim to a community medical facility for evidence collection.” <p data-bbox="240 1207 1481 1301">Agency policy 4.5.3 Health Care Autonomy states, “The Department of Corrections will ensure clinical decisions and actions regarding the health care provided to offenders to meet their serious medical and mental health needs are solely the responsibility of the qualified health care professional”</p> <p data-bbox="240 1330 1469 1424">(c) (d) Agency policy 1.1.17 states, “The administrator, or designee, will develop procedures for providing services to offenders alleged to be victims of sexual abuse or sexual harassment within a confinement setting. Services must be made available without financial cost to the victim and must include, at a minimum:</p> <ol data-bbox="240 1453 1445 1686" style="list-style-type: none"> 1. access to medical examination and treatment to include follow up care and referrals; 2. mental health crisis intervention and treatment; 3. timely access to emergency contraception, STD prophylaxis, and all pregnancy-related tests and services; and 4. access to a victim advocate or rape crisis center that can offer emotional support services throughout the investigative process, or access to a qualified employee or service provider.” <p data-bbox="240 1715 1477 1776">MSP OP 1.1.17 outlines procedures staff are required to follow in conjunction with the agency policy. The steps are outlined under Medical, Mental Health, and Victim Services. This included but was not limited to:</p> <ol data-bbox="240 1805 1366 2105" style="list-style-type: none"> 1. Services must be made available without financial cost to the victim and must include, at a minimum: <ul data-bbox="280 1888 1366 1982" style="list-style-type: none"> • access to medical examination and treatment to include follow up care and referrals; • mental health crisis intervention and treatment; • timely access to emergency contraception, STD prophylaxis, and all pregnancy-related tests and services. 2. Refer the victim to appropriate health care providers responsible for the treatment and follow-up care for sexually transmitted or other communicable diseases who will complete patient history, conduct an examination to document the extent of physical injury, and determine whether referral to another medical facility is required. <p data-bbox="240 2134 1477 2161">On-site specialized staff interviews were conducted. Inmate victims of sexual abuse received timely and unimpeded access</p>

to emergency medical treatment and crisis intervention. Security staff will immediately notify medical and mental as part of their coordinated response plan. Inmates will receive sexually transmitted disease prophylaxis were medically appropriate. MSP does not have female inmates and would not require emergency contraception.

On-site specialized interviews with inmates support the policy that inmates had access to medical and mental health and did not have charges applied for treatment.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review, and specialized staff and inmates interviews. This auditor finds that the facility meets this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	<p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 271 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 740 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="280 474 1358 669" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Montana Department of Correction (MDOC) Policy Directive DOC 4.5.22 Offender Health Care Continuity • PREA investigation and case audit checklist (blank sample form) • Memo for internal corrective action to add referral to mental health for abusers in substantiated cases. • MSP copy of a request for mental health services <p data-bbox="240 698 1106 725">Agency policy 1.1.17 and facility OP 1.1.17 address each of these standard provisions.</p> <p data-bbox="240 757 1489 884">(a) This provision requirement falls in conjunction with standard 115.41 “When the risk assessment indicates an offender has experienced prior sexual victimization or previously perpetrated sexual abuse, whether it occurred in the community or in an institutional setting, the facility will ensure the offender is offered a follow-up meeting with a qualified mental health professional within 14 days of the assessment.</p> <p data-bbox="240 913 1489 1041">(b)(f) Agency policy 1.1.17 states that victims will be referred to the 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.</p> <p data-bbox="240 1070 1286 1097">MSP OP 1.1.17 outlines procedures staff are required to follow for this standard and standard provisions.</p> <p data-bbox="240 1128 1489 1223">(c) Agency policy 1.1.17 requires, “Medical and mental health services for victims will be consistent with the community level of care.” And the requirement that a “Qualified mental health professionals will provide crisis intervention and ongoing services for victims of sexual abuse and sexual harassment and for other offenders affected.”</p> <p data-bbox="240 1252 963 1279">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17.</p> <p data-bbox="240 1310 1153 1337">(d) (e) MSP does not house biological females, as such these provisions are not applicable.</p> <p data-bbox="240 1368 1473 1462">(g) Agency policy 1.1.17 states, “The administrator, or designee, will develop procedures for providing services to offenders alleged to be victims of sexual abuse or sexual harassment within a confinement setting. Services must be made available without financial cost to the victim.”</p> <p data-bbox="240 1491 1481 1585">(h) Agency policy 1.1.17 requires, “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.”</p> <p data-bbox="240 1617 1489 1677">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17 and includes that documentation of the attempts and offers be provided to the PCM.</p> <p data-bbox="240 1709 1481 1836">On-site specialized staff interviews were conducted. Inmate victims of sexual abuse are offered and referred to Medical and Mental Health. Inmate victims of sexual abuse will receive sexually transmitted disease prophylaxis where medically appropriate and follow-up treatment plans are scheduled as necessary. Inmate victims are not charged for these services. MSP does not have female inmates and would not require pregnancy tests.</p> <p data-bbox="240 1868 1445 1928">On-site specialized interviews with inmates support the policy that inmates had access to medical and mental health and were offered follow-up services at no charge.</p> <p data-bbox="240 1960 1445 2054">The agency employs two victim advocates who provide ongoing emotional support for victims of sexual abuse. The lead auditor conducted a virtual interview with both victim advocates on 5/25/21 and discussed the services provided and that both have received community-level victim advocate training.</p> <p data-bbox="240 2085 1489 2145">In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review, and specialized and random staff and specialized and random inmates interviews.</p>

This auditor finds that the facility meets this standard.

115.86	Sexual abuse incident reviews
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 367">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 398 738 425"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="284 474 1289 734" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo explaining incident reviews • Incident review form with list of Review members • Samples of signed incident reviews • Samples of PREA summary reports • Detailed security camera recommendations • Camera’s request, quote and purchase order <p data-bbox="240 766 1489 860">(a) (b) Agency policy 1.117 states, “The facility will conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded. Such review will occur within thirty (30) days of the conclusion of the investigation.”</p> <p data-bbox="240 891 1361 949">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. The facility policy includes that it is the responsibility of the facility PCM to schedule and coordinate the review meetings.</p> <p data-bbox="240 981 1473 1075">(c) Agency policy 1.1.17 states, “The review team will include upper-management from the facility, the facility’s PREA compliance manager, line supervisors, investigators, qualified medical or mental health professionals, and other employees with direct involvement.”</p> <p data-bbox="240 1106 1393 1164">MSP OP 1.1.17 states, “The review team will include upper-management from MSP, MSP’s PCM, line supervisors, investigators, qualified medical or mental health professionals, and other employees with direct involvement.”</p> <p data-bbox="240 1196 770 1223">(d) Agency policy 1.1.17 state, “The review team will:</p> <ol data-bbox="240 1254 1489 1702" style="list-style-type: none"> 1. consider whether the allegation or investigation indicates a need to change policy or procedure to better prevent, detect or respond to sexual abuse; 2. consider whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI status or perceived status, STG affiliation or was motivated or caused by other group dynamics at the facility; 3. examine the area where the incident allegedly occurred to assess whether the physical barriers in the area may enable abuse; 4. assess the adequacy of staffing levels in that area during different shifts; 5. assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and 6. 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.” <p data-bbox="240 1733 1425 1792">MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17. The facility policy requires the findings of the review to be maintained with the case file associated with the incident.</p> <p data-bbox="240 1823 1393 1881">(e) Agency policy and facility OP 1.1.17 states, “The facility will implement the recommendations for improvement or document its reasons for not doing so.”</p> <p data-bbox="240 1912 1473 2074">December 16, 2019, the PCM submitted a report to the previous Warden and recommendations from the review committee blind spots and outdated or not functioning video surveillance. The facility PCM included a memo dated June 22, 2020, providing information that the Warden included a budget line item request for cameras within the biannual budget request to the State Legislative body. The State Legislative body is in session every two years. 2020 MSP received CARES acting money which was used in part to purchase new cameras and update outdated systems in areas identified.</p> <p data-bbox="240 2105 1393 2132">November 2020 the facility submitted a purchase order for cameras and equipment. Due to COVID-19 the camera</p>

installation was placed on hold and scheduled to begin after the on-site audit. Camera request and installation are also related to 115.13.

Pre on-site specialized interviews were conducted with the Warden and PCM. The facility conducts Sexual Abuse Incident reviews within 30 days of the sexual abuse investigation being closed substantiated or unsubstantiated. The facility has a committee to includes but is not limited to: the Warden, PCM, Bureau Chief, Medical and/or Mental Health staff, Investigator

An on-site specialized interview was conducted with one of the committee members. The staff member described how the committee meets, discusses all factors of the incident, and will make recommendations if they identify areas that need to be addressed.

In determining compliance or non-compliance with this standard and standard provisions, this auditor triangulated policy and procedures, documentation, onsite review, and specialized staff interviews. This auditor finds that the facility meets this standard.

115.87	Data collection
	<p>Auditor Overall Determination: Meets Standard</p> <hr/> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy, Procedures, and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo regarding data collection • Community contract aggregate data • 2017 – 2019 DOJ survey of sexual violence summary forms <p>(a) (c) Agency policy 1.1.17 states, “The Department will collect accurate, uniform data for every allegation of sexual abuse at facilities and programs under its direct control using a standardized instrument and definitions set forth in this policy.” The agency has a database to collect data and was reviewed during the on-site review.</p> <p>(b) (d) Agency policy 1.1.17 states, “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.”</p> <p>(c) Agency policy 1.1.17 states, “The incident-based data collected will include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Victimization conducted by the Department of Justice.”</p> <p>MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17</p> <p>Auditor was provided with copies of the Survey of Sexual Violence submitted to the Department of Justice for years 2017, 2018, and 2019. As of this audit date the Department of Justice, Bureau of Justice Statistics has not released the request for 2020 Survey of Sexual Violence data.</p> <p>(e) The agency policy 1.1.17 requires, “The Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection.”</p> <p>MSP OP 1.1.17 reflects the same requirements as agency policy 1.1.17</p> <p>Agency annual reports are posted on the agency website https://cor.mt.gov/PREA. Auditor reviewed posted annual report supporting compliance with this standard provision.</p> <p>(f) Agency policy 1.1.17 requires, “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.”</p> <p>MSP OP 1.1.17 states, “MSP will maintain sexual abuse data for at least 10 years after the date of its initial collection.”</p> <p>A pre-on-site interview was conducted with the PREA Coordinator and PCM. The facility prepares information and provides it to the PREA Coordinator. Each year the PREA Coordinator prepares information to complete the Department of Justice (DOJ), Bureau of Statistics (BJS) Survey of Sexual Violence report. As of this report, the D.O.J. B.J.S survey has not been sent to agencies to collect 2020 data. The agency has completed the previous year's reports.</p> <p>In determining compliance or non-compliance with this standard, this auditor triangulated policy, documentation, reviewing agency websites, and specialized staff interviews. The auditor finds the agency and facility meet compliance with this standard.</p>

115.88	Data review for corrective action
	<p data-bbox="240 147 738 174">Auditor Overall Determination: Meets Standard</p> <p data-bbox="240 210 451 237">Auditor Discussion</p> <p data-bbox="240 273 1489 365">**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p data-bbox="240 396 738 423"><u>Policy, Procedures, and Documents Reviewed</u></p> <ul data-bbox="282 477 1289 602" style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act • Memo regarding annual report • Montana Department of Corrections annual reports 2016 – 2019 <p data-bbox="240 633 1489 725">(a) Agency policy 1.1.17 states, “There will be a system in place to collect data on incidents of sexual abuse or sexual harassment. Such data will be analyzed to determine possible corrective action or improvement.” The agency has a database to collect data and was reviewed during the on-site review.</p> <p data-bbox="240 757 1481 848">MSP OP 1.1.17 states, “MSP will collect and submit data in accordance with DOC 1.1.17 PREA, using a system established by the Department and as directed by the Department PREA Coordinator. Such data will be analyzed to determine possible corrective action or improvement.”</p> <p data-bbox="240 880 1477 1008">(b) (c) (d) Agency policy 1.1.17 requires, “The Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection.”</p> <p data-bbox="240 1039 1461 1131">The agency prepares annual reports which were reviewed on the agency website https://cor.mt.gov/PREA. This auditor reviewed the agency website for their 2019 Annual PREA Report which also included previous years. Personal identifying information was redacted meeting compliance with security requirements.</p> <p data-bbox="240 1162 1445 1254">Specialized interviews with the Director and PREA Coordinator were conducted before the on-site review. The PREA Coordinator described how data is assessed and prepares an annual report. The reports are provided to the Director for review and once approved are posted on the agency website.</p> <p data-bbox="240 1285 1469 1346">In determining compliance or non-compliance with this standard. This auditor triangulated policy, documentation, reviewing agency website, and specialized staff interviews. This auditor finds that the agency and facility meet this standard.</p>

115.89	<p>Data storage, publication, and destruction</p> <p>Auditor Overall Determination: Meets Standard</p> <p>Auditor Discussion</p> <p>**Reviewing agency policy directives and facility operational procedures they use “offender” and “inmate” interchangeably. For this audit report, Inmate and Offender will be used in the same format. Additionally, “The Montana State Prison (MDOC)” policies will be referred to as “Agency policy” with the applicable policy number.</p> <p><u>Policy, Procedures, and Documents Reviewed</u></p> <ul style="list-style-type: none"> • Montana Department of Corrections (MDOC) Policy Directive DOC 1.1.17 Prison Rape Elimination • Montana State Prison (MSP) Operational Procedure (OP) 1.1.17 Prison Rape Elimination Act <p>(a) (b)(c) (d) Agency policy 1.1.17 requires, “The Department’s Office of Investigations will maintain records of all criminal investigations of sexual abuse and sexual harassment conducted by that office or as provided by the LEAJ. Each 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.”</p> <p>“The Department will make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, available to the public at least annually through the Department website. All personal identifiers will be removed from this data prior to making it public. The Department will maintain sexual abuse data for at least 10 years after the date of its initial collection.”</p> <p>“MSP OP 1.1.17 states, “MSP’s PCM will maintain records of all allegations, investigations, and Incident Review’s and report such information to the Department PREA Coordinator. Upon request, the Department will provide all such data from the previous calendar year to the Department of Justice.” The OP includes MSP will maintain sexual abuse data for at least 10 years.</p> <p>The agency prepares annual reports which were reviewed on the agency website https://cor.mt.gov/PREA. This auditor reviewed the agency website for their 2019 Annual PREA Report which also included previous years. Personal identifying information was redacted meeting compliance with security requirements.</p> <p>A specialized interview with the PREA Coordinator was conducted before the on-site review supporting compliance with this standard. Additionally, this auditor reviewed the agency websites for the contracted private facilities.</p> <p>In determining compliance or non-compliance with this standard, this auditor triangulated policy, documentation, reviewing agency websites, and specialized staff interviews.</p>
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115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	<p data-bbox="244 210 453 237">Auditor Discussion</p> <p data-bbox="244 271 1477 331">(a) A review of the agency website https://cor.mt.gov/PREA/ reflects PREA audit reports for MDOC facilities and contracted facilities were completed during audit cycle two. All final reports were posted on the agency website.</p> <p data-bbox="244 360 1406 421">(b) A review of the agency website https://cor.mt.gov/PREA/ reflects final PREA audit reports for MDOC facilities and contracted facilities that were not postponed during COVID 19.</p> <p data-bbox="244 450 1254 479">(h) While conducting the on-site review, the audit team had access to and ability to observe all areas.</p> <p data-bbox="244 508 1402 537">(i) The auditor received copies of any additional documentation requested either via email or imported into the OAS.</p> <p data-bbox="244 566 1278 595">(m) The audit team was provided with the ability to conduct staff and inmate interviews in private areas.</p> <p data-bbox="244 624 1485 748">(n) The audit notices were posted 6 weeks prior to the on-site review. Notifications were posted throughout the facility and clearly articulated that letters to the auditor would not be discussed unless required by law. The auditor received eight (8) letters from inmates prior to the on-site review supporting notifications were posted. Additionally, audit team observed notifications posted during on-site review. Of the eight letters received three were not reports of sexual abuse or harassment.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>(f) Auditor reviewed agency public website https://cor.mt.gov/PREA/. MDOC has Final Audit reports posted for the three-year audit cycles one (1) and two (2). Audit cycle three, year one was completed in fall 2019.</p> <p>The auditor finds the agency and facility meet compliance with this standard.</p>

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

115.13 (d)	Supervision and monitoring	
	Has the facility/agency implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment?	yes
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	Does the facility/agency have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility?	yes
115.14 (a)	Youthful inmates	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (b)	Youthful inmates	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	In areas outside of housing units does the agency provide direct staff supervision when youthful inmates and adult inmates have sight, sound, or physical contact? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.14 (c)	Youthful inmates	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Does the agency, while complying with this provision, allow youthful inmates daily large-muscle exercise and legally required special education services, except in exigent circumstances? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
	Do youthful inmates have access to other programs and work opportunities to the extent possible? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
115.15 (a)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
115.15 (b)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.)	na
115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na

115.15 (d)	Limits to cross-gender viewing and searches	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
115.15 (e)	Limits to cross-gender viewing and searches	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
115.15 (f)	Limits to cross-gender viewing and searches	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
115.17 (a)	Hiring and promotion decisions	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who 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
115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes
115.17 (e)	Hiring and promotion decisions	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes

115.17 (f)	Hiring and promotion decisions	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
115.17 (h)	Hiring and promotion decisions	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
115.18 (a)	Upgrades to facilities and technologies	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
115.18 (b)	Upgrades to facilities and technologies	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes
115.21 (a)	Evidence protocol and forensic medical examinations	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
115.21 (b)	Evidence protocol and forensic medical examinations	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes

115.21 (c)	Evidence protocol and forensic medical examinations	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes
115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency always makes a victim advocate from a rape crisis center available to victims.)	na
	Has the agency documented its efforts to secure services from rape crisis centers?	yes
115.21 (e)	Evidence protocol and forensic medical examinations	
	As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews?	yes
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes
115.21 (f)	Evidence protocol and forensic medical examinations	
	If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.)	na
115.21 (h)	Evidence protocol and forensic medical examinations	
	If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency always makes a victim advocate from a rape crisis center available to victims.)	na
115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	Policies to ensure referrals of allegations for investigations	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	na
115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
115.32 (a)	Volunteer and contractor training	
	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
115.32 (b)	Volunteer and contractor training	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
115.33 (b)	Inmate education	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	Do inmates receive education upon transfer to a different facility to the extent that the policies and procedures of the inmate's new facility differ from those of the previous facility?	yes

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

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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
115.41 (h)	Screening for risk of victimization and abusiveness	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
115.41 (i)	Screening for risk of victimization and abusiveness	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates?	yes
115.42 (a)	Use of screening information	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
115.42 (c)	Use of screening information	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems?	yes

115.42 (d)	Use of screening information	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
115.42 (e)	Use of screening information	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
115.42 (g)	Use of screening information	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
115.43 (a)	Protective Custody	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes

115.43 (b)	Protective Custody	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
115.43 (c)	Protective Custody	
	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
115.43 (d)	Protective Custody	
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
115.43 (e)	Protective Custody	
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes

115.51 (b)	Inmate reporting	
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain 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
115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
115.52 (a)	Exhaustion of administrative remedies	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	yes
115.52 (b)	Exhaustion of administrative remedies	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	Exhaustion of administrative remedies	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from 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

115.52 (d)	Exhaustion of administrative remedies	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
115.52 (e)	Exhaustion of administrative remedies	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
115.52 (f)	Exhaustion of administrative remedies	
	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
115.52 (g)	Exhaustion of administrative remedies	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes

115.53 (a)	Inmate access to outside confidential support services	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, 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
115.53 (b)	Inmate access to outside confidential support services	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
115.53 (c)	Inmate access to outside confidential support services	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
115.61 (a)	Staff and agency reporting duties	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation?	yes
115.61 (b)	Staff and agency reporting duties	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes

115.61 (c)	Staff and agency reporting duties	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
115.61 (d)	Staff and agency reporting duties	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
115.61 (e)	Staff and agency reporting duties	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
115.62 (a)	Agency protection duties	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
115.63 (a)	Reporting to other confinement facilities	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes
115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes
115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
115.64 (a)	Staff first responder duties	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes

115.64 (b)	Staff first responder duties	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
115.65 (a)	Coordinated response	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse?	yes
115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
115.67 (a)	Agency protection against retaliation	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
115.67 (b)	Agency protection against retaliation	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

115.71 (b)	Criminal and administrative agency investigations	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
115.71 (d)	Criminal and administrative agency investigations	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
115.71 (e)	Criminal and administrative agency investigations	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
115.71 (g)	Criminal and administrative agency investigations	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
115.71 (i)	Criminal and administrative agency investigations	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
115.71 (j)	Criminal and administrative agency investigations	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
115.71 (l)	Criminal and administrative agency investigations	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes

115.72 (a)	Evidentiary standard for administrative investigations	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
115.73 (a)	Reporting to inmates	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes
115.73 (b)	Reporting to inmates	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
115.73 (d)	Reporting to inmates	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually 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
115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes
115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
115.76 (d)	Disciplinary sanctions for staff	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
115.77 (b)	Corrective action for contractors and volunteers	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
115.78 (a)	Disciplinary sanctions for inmates	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
115.78 (b)	Disciplinary sanctions for inmates	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
115.78 (c)	Disciplinary sanctions for inmates	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
115.78 (d)	Disciplinary sanctions for inmates	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
115.78 (e)	Disciplinary sanctions for inmates	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes

115.78 (f)	Disciplinary sanctions for inmates	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation?	yes
115.78 (g)	Disciplinary sanctions for inmates	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes
115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18?	yes
115.82 (a)	Access to emergency medical and mental health services	
	Do inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment?	yes
115.82 (b)	Access to emergency medical and mental health services	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	Are inmate victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate?	yes
115.82 (d)	Access to emergency medical and mental health services	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility?	yes
115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes
115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	yes
115.86 (a)	Sexual abuse incident reviews	
	Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded?	yes

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes
115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes
115.86 (d)	Sexual abuse incident reviews	
	Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse?	yes
	Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility?	yes
	Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse?	yes
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.86(d)(1)-(d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager?	yes
115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes
115.87 (a)	Data collection	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
115.87 (c)	Data collection	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
115.87 (d)	Data collection	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
115.87 (e)	Data collection	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes
115.87 (f)	Data collection	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes

115.88 (a)	Data review for corrective action	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant 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
115.88 (b)	Data review for corrective action	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
115.88 (c)	Data review for corrective action	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
115.88 (d)	Data review for corrective action	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	Data storage, publication, and destruction	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	Data storage, publication, and destruction	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	Frequency and scope of audits	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

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