PREA Facility Audit Report: Final

Name of Facility: Montana Women's Prison
Facility Type: Prison / Jail
Date Interim Report Submitted: 04/28/2026
Date Final Report Submitted: 10/09/2026

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	☑
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	☑
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.	☑
Auditor Full Name as Signed: Kenneth E. Arnold	**Date of Signature:** 10/09/2026

AUDITOR INFORMATION	
Auditor name:	Arnold, Kenneth
Email:	kenarnold220@gmail.com
Start Date of On-Site Audit:	03/03/2026
End Date of On-Site Audit:	03/04/2026

FACILITY INFORMATION	
Facility name:	Montana Women's Prison
Facility physical address:	701 South 27th Street, Billings, Montana - 59101
Facility mailing address:	

Primary Contact

Name:	Gabby Thompson
Email Address:	gabby.thompson@mt.gov
Telephone Number:	4062475121

Warden/Jail Administrator/Sheriff/Director	
Name:	Katie Weston
Email Address:	kweston@mt.gov
Telephone Number:	4066969492

Facility PREA Compliance Manager	
Name:	Gabby Thompson
Email Address:	gabby.thompson@mt.gov
Telephone Number:	(406) 247-5121

Facility Characteristics	
Designed facility capacity:	250
Current population of facility:	246
Average daily population for the past 12 months:	244
Has the facility been over capacity at any point in the past 12 months?	No
What is the facility's population designation?	Women/girls
Age range of population:	18-65+
Facility security levels/inmate custody levels:	minimum, medium, maximum, close
Does the facility hold youthful inmates?	No

Number of staff currently employed at the facility who may have contact with inmates:	105
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	21
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	32

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:	Daniel Bruno	**Email Address:**	daniel.bruno@mt.gov

Facility AUDIT FINDINGS

Summary of Audit Findings

The OAS automatically populates the number and list of Standards exceeded, the number of

Standards met, and the number and list of Standards not met. Auditor Note: In general, no standards should be found to be "Not Applicable" or "NA." A compliance determination must be made for each standard. In rare instances where an auditor determines that a standard is not applicable, the auditor should select "Meets Standard" and include a comprehensive discussion as to why the standard is not applicable to the facility being audited.	
Number of standards exceeded:	
1	• 115.31 - Employee training
Number of standards met:	
44	
Number of standards not met:	
0	

POST-AUDIT REPORTING INFORMATION

Please note: Question numbers may not appear sequentially as some questions are omitted from the report and used solely for internal reporting purposes.

GENERAL AUDIT INFORMATION

On-site Audit Dates

1. Start date of the onsite portion of the audit:	2026-03-03
2. End date of the onsite portion of the audit:	2026-03-04

Outreach

10. Did you attempt to communicate with community-based organization(s) or victim advocates who provide services to this facility and/or who may have insight into relevant conditions in the facility?	(●) Yes ( ) No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Program Director at YWCA Billings.

AUDITED FACILITY INFORMATION

14. Designated facility capacity:	250
15. Average daily population for the past 12 months:	244
16. Number of inmate/resident/detainee housing units:	9
17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?	( ) Yes (●) No ( ) Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)

Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit	
Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit	
23. Enter the total number of inmates/ residents/detainees in the facility as of the first day of onsite portion of the audit:	245
25. Enter the total number of inmates/ residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:	21
26. Enter the total number of inmates/ residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:	1
27. Enter the total number of inmates/ residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:	2
28. Enter the total number of inmates/ residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:	2
29. Enter the total number of inmates/ residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:	1
30. Enter the total number of inmates/ residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:	10

31. Enter the total number of inmates/ residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:	0
32. Enter the total number of inmates/ residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:	21
33. Enter the total number of inmates/ residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:	41
34. Enter the total number of inmates/ residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:	0
35. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):	None
Staff, Volunteers, and Contractors Population Characteristics on Day One of the Onsite Portion of the Audit	
36. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:	98
37. Enter the total number of VOLUNTEERS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	168

38. Enter the total number of CONTRACTORS assigned to the facility as of the first day of the onsite portion of the audit who have contact with inmates/residents/detainees:	158
39. Provide any additional comments regarding the population characteristics of staff, volunteers, and contractors who were in the facility as of the first day of the onsite portion of the audit:	None

INTERVIEWS

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

40. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	11
41. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)	☑ Age ☑ Race ☑ Ethnicity (e.g., Hispanic, Non-Hispanic) ☑ Length of time in the facility ☑ Housing assignment ☑ Gender ☐ Other ☐ None
42. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?	At least one interviewee was selected from each housing unit within the facility.
43. Were you able to conduct the minimum number of random inmate/ resident/detainee interviews?	◉ Yes ○ No

44. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None
Targeted Inmate/Resident/Detainee Interviews	
45. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:	13
As stated in the PREA Auditor Handbook, the breakdown of targeted interviews is intended to guide auditors in interviewing the appropriate cross-section of inmates/residents/detainees who are the most vulnerable to sexual abuse and sexual harassment. When completing questions regarding targeted inmate/resident/detainee interviews below, remember that an interview with one inmate/resident/detainee may satisfy multiple targeted interview requirements. These questions are asking about the number of interviews conducted using the targeted inmate/resident/detainee protocols. For example, if an auditor interviews an inmate who has a physical disability, is being held in segregated housing due to risk of sexual victimization, and disclosed prior sexual victimization, that interview would be included in the totals for each of those questions. Therefore, in most cases, the sum of all the following responses to the targeted inmate/resident/detainee interview categories will exceed the total number of targeted inmates/residents/detainees who were interviewed. If a particular targeted population is not applicable in the audited facility, enter "0".	
47. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:	3
48. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:	2
49. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:	0

a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	The auditor's review of medical rosters reflects that zero inmates are housed at MWP who present with limited visions or blindness.
50. Enter the total number of interviews conducted with inmates/residents/ detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:	1
51. Enter the total number of interviews conducted with inmates/residents/ detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	As the result of several inmate and staff interviews and random interviews during the facility tour, the auditor did not detect any inmates who were LEP. Additionally, the auditor's review of inmate rosters failed to reveal any evidence of LEP inmates within the facility.

52. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	3
53. Enter the total number of interviews conducted with inmates/residents/ detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	As the result of staff interviews and review of various inmate rosters, the auditor did not find any inmates who self-identified as transgender.
54. Enter the total number of interviews conducted with inmates/residents/ detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:	3
55. Enter the total number of interviews conducted with inmates/residents/ detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:	1

56. Enter the total number of interviews conducted with inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:	0
a. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/ detainees in this category:	■ Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. ☐ The inmates/residents/detainees in this targeted category declined to be interviewed.
b. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/ residents/detainees).	As the result of staff interviews, the auditor did not find any instances wherein inmates were placed in segregated housing for risk of sexual victimization. Furthermore, during the facility tour, the auditor did not identify any inmates who had been placed in segregated housing for such reason(s).
57. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):	None
Staff, Volunteer, and Contractor Interviews	
Random Staff Interviews	
58. Enter the total number of RANDOM STAFF who were interviewed:	12

59. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)	☐ Length of tenure in the facility ☑ Shift assignment ☑ Work assignment ☑ Rank (or equivalent) ☑ Other (e.g., gender, race, ethnicity, languages spoken) ☐ None
If "Other," describe:	Shift worked was considered to ensure staff from the 2nd shift were interviewed.
60. Were you able to conduct the minimum number of RANDOM STAFF interviews?	◉ Yes ○ No
61. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):	None

Specialized Staff, Volunteers, and Contractor Interviews

Staff in some facilities may be responsible for more than one of the specialized staff duties. Therefore, more than one interview protocol may apply to an interview with a single staff member and that information would satisfy multiple specialized staff interview requirements.

62. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	14
63. Were you able to interview the Agency Head?	◉ Yes ○ No

64. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	(●) Yes ( ) No
65. Were you able to interview the PREA Coordinator?	(●) Yes ( ) No
66. Were you able to interview the PREA Compliance Manager?	(●) Yes ( ) No ( ) NA (NA if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)

67. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)	☐ Agency contract administrator ☑ Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment ☐ Line staff who supervise youthful inmates (if applicable) ☐ Education and program staff who work with youthful inmates (if applicable) ☑ Medical staff ☑ Mental health staff ☑ Non-medical staff involved in cross-gender strip or visual searches ☑ Administrative (human resources) staff ☑ Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff ☑ Investigative staff responsible for conducting administrative investigations ☑ Investigative staff responsible for conducting criminal investigations ☑ Staff who perform screening for risk of victimization and abusiveness ☑ Staff who supervise inmates in segregated housing/residents in isolation ☑ Staff on the sexual abuse incident review team ☑ Designated staff member charged with monitoring retaliation ☑ First responders, both security and non-security staff ☑ Intake staff

	☐ Other
68. Did you interview VOLUNTEERS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of VOLUNTEERS who were interviewed:	2
b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Education/programming ☐ Medical/dental ☑ Mental health/counseling ☑ Religious ☐ Other
69. Did you interview CONTRACTORS who may have contact with inmates/ residents/detainees in this facility?	◉ Yes ○ No
a. Enter the total number of CONTRACTORS who were interviewed:	3
b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)	☐ Security/detention ☐ Education/programming ☑ Medical/dental ☐ Food service ☐ Maintenance/construction ☐ Other
70. Provide any additional comments regarding selecting or interviewing specialized staff.	None

SITE REVIEW AND DOCUMENTATION SAMPLING

Site Review

PREA Standard 115.401 (h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: As you are conducting the site review, you must document your tests of critical functions, important information gathered through observations, and any issues identified with facility practices. The information you collect through the site review is a crucial part of the evidence you will analyze as part of your compliance determinations and will be needed to complete your audit report, including the Post-Audit Reporting Information.

71. Did you have access to all areas of the facility?	(●) Yes ( ) No
Was the site review an active, inquiring process that included the following:	
72. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?	(●) Yes ( ) No
73. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?	(●) Yes ( ) No
74. Informal conversations with inmates/ residents/detainees during the site review (encouraged, not required)?	(●) Yes ( ) No
75. Informal conversations with staff during the site review (encouraged, not required)?	(●) Yes ( ) No

76. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).	None

Documentation Sampling

Where there is a collection of records to review-such as staff, contractor, and volunteer training records; background check records; supervisory rounds logs; risk screening and intake processing records; inmate education records; medical files; and investigative files-auditors must self-select for review a representative sample of each type of record.

77. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?	(●) Yes ( ) No
78. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).	HRM Files- 11 Staff Training Files- 15 Inmate Files- 17 SA/SH Investigative Files- 11

SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

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

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual abuse	18	2	18	2
Staff-on-inmate sexual abuse	3	1	3	1
Total	21	3	21	3

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
Inmate-on-inmate sexual harassment	11	0	11	0
Staff-on-inmate sexual harassment	6	1	6	1
Total	17	1	17	1

Sexual Abuse and Sexual Harassment Investigation Outcomes

Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	2	4	9	3
Staff-on-inmate sexual abuse	1	1	1	0
Total	3	5	10	3

Sexual Harassment Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual harassment	5	2	3	1
Staff-on-inmate sexual harassment	2	0	3	1
Total	7	2	6	2

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

85. Enter the total number of SEXUAL ABUSE investigation files reviewed/ sampled:	9

86. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	○ Yes ◉ No ○ NA (NA if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
87. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	8
88. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
89. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	◉ Yes ○ No ○ NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
90. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
91. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	○ Yes ◉ No ○ NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)

92. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
Sexual Harassment Investigation Files Selected for Review	
93. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	3
94. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	( ) Yes (●) No ( ) NA (NA if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
95. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	3
96. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?	( ) Yes (●) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
97. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	(●) Yes ( ) No ( ) NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

Staff-on-inmate sexual harassment investigation files	
98. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0
99. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
100. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	○ Yes ○ No ◉ NA (NA if you were unable to review any staff-on-inmate sexual harassment investigation files)
101. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files.	None

SUPPORT STAFF INFORMATION

DOJ-certified PREA Auditors Support Staff

102. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

Non-certified Support Staff	
103. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit? REMEMBER: the audit includes all activities from the pre-onsite through the post-onsite phases to the submission of the final report. Make sure you respond accordingly.	○ Yes ◉ No

AUDITING ARRANGEMENTS AND COMPENSATION	
108. Who paid you to conduct this audit?	◉ The audited facility or its parent agency ○ My state/territory or county government employer (if you audit as part of a consortium or circular auditing arrangement, select this option) ○ A third-party auditing entity (e.g., accreditation body, consulting firm) ○ Other

Standards
Auditor Overall Determination Definitions
• 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
	Auditor Discussion
	115.11(a) Pursuant to the Pre-Audit Questionnaire (PAQ), the Warden self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the Warden, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates, is included in this policy. The Zero Tolerance policy is clearly articulated in Montana Department of Corrections (MDOC) Policy 1.1.17 entitled Prison Rape Elimination Act of 2003 (PREA), page 1, section entitled Policy. Pages 1-15 of the same policy address all facets of the PREA program at Montana Women's Prison (MWP).

	The auditor's review of three (dated March 12, 2025, March 17, 2025, and September 24, 2025) Montana DEPARTMENT OF CORRECTIONS EMPLOYEE PRE-SERVICE PREA ACKNOWLEDGMENT forms signed and dated by staff reveals substantial compliance with 115.11(a). This document addresses understanding of training presented regarding sexual abuse/harassment and reporting options. The document is signed and dated during pre-service training. In view of the above, the auditor finds MWP substantially compliant with 115.11(a). 115.11(b) Pursuant to the PAQ, the Warden self reports the agency employs or designates an upper-level, agency-wide PC with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the MDOC Organizational Chart, the agency-wide MDOC PC is a full-time position and he reports to the Deputy Chief and Chief of the Public Safety Division through the Investigations Bureau Chief. The Chief of the Public Safety Division reports to the Director. The auditor finds the MDOC PREA chain of command sufficient to accomplish all PREA needs. Pursuant to interview with the MDOC PREA Coordinator (MDOC PC), the auditor learned that he does feel he has sufficient time to manage all of his PREA related responsibilities. Each facility has a PREA Compliance Manager (PCM), numbering a minimum of three. As the MDOC PC, he manages audits and compliance matters, inclusive of policy development and updates. The MDOC PC asserts that PREA is the sole function of his department. He spends significant time at MDOC facilities, walking and talking with staff and inmates, building relationships. He provides support for PCMs. He specifically reviews all investigations to determine if the same are administrative or criminal, in nature. Each facility has a minimum of one PREA investigator and at MWP, a criminal investigator is also assigned. In addition to the above, the MDOC PC assesses PREA training (both inmate and staff), as well as policy, for relevancy and need for updates. He also provides training to probation and parole staff. All new hire staff receive ANSO training which includes PREA training during the on-boarding process. He provides one-half hour of PREA training during each session. Finally, he oversees the Transgender Review Committee. He also oversees audit findings, tracking corrective action(s) to ensure compliance with and institutionalization of PREA standards at each facility.

	The MDOC PC’s primary focus is audit preparation and follow-up regarding corrective action plans. He is able to provide technical on-site assistance and training to correct practices that may have developed due to a misunderstanding of PREA standards. In his position, he is able to involve upper level institutional and/or departmental level staff to address concerns requiring their intervention. In view of the above, the auditor finds MWP substantially compliant with 115.11(b). 115.11(c) Pursuant to the PAQ, the Warden self reports there is a designated PCM at MWP. The PCM is a designated position at MWP and she reports directly to the MDOC PC. According to the Warden, the PCM does have sufficient time and authority to coordinate the facility's efforts to comply with PREA standards. According to the MWP Organizational Chart, the PCM reports directly to the MDOC PC. The MWP PCM asserts she does have sufficient time to devote to her PREA duties. She makes Management by Wandering Around (MBWA) tours throughout the facility every other day, minimally. During these tours, she is accessible to both staff and inmates. She monitors opposite gender staff announcements, poster accessibility and positioning, monitors staffing, monitors staff and inmate PREA training, assesses camera positioning and assesses blind spots, and monitors physical plant issues that may impact inmate sexual safety, at a minimum. Many of her PREA-related responsibilities are addressed during MBWA rounds. In addition to the above, she updates posters and the PREA pamphlet on an annual basis. Staff and inmate training update recommendations are also recommended following annual review, if necessary. This hands-on approach with "all things PREA" provides continuity throughout the facility. In summary, the PCM's sole function is PREA management. In view of the above, the auditor finds MWP substantially compliant with 115.11(c). Given the lack of adverse findings with respect to 115.11 provisions, the auditor finds MWP substantially compliant with 115.11.

115.12	**Contracting with other entities for the confinement of inmates**

	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.12(a and b) Pursuant to the PAQ, MWP is a public facility, falling under the jurisdiction of the Montana Department of Corrections, housing those offenders designated to its care, custody, and control by State of Montana Courts. None of the incarcerated inmates designated to MWP are housed at other non-MDOC facilities. However, several MDOC male inmates are housed at CoreCivic facilities. The auditor has audited two CoreCivic facilities at which MDOC inmates are housed and both facilities are PREA certified. Additionally, the auditor's review of the MDOC PC's notes for the contract facility reviews, as well as, the contract with the contracting entity reveals substantial compliance with 115.12. Of note, the MDOC PC had completed an oversight review at one of the CoreCivic facilities subsequent to the auditor's onsite PREA visit to the same facility. The auditor finds no deviations from the requirements of 115.12 and accordingly, MWP is substantially compliant with 115.12.

115.13	**Supervision and monitoring**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.13(a) Pursuant to the PAQ, the Warden self reports MDOC requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect inmates against sexual abuse. The Warden further self reports since the last PREA audit, the average daily number of inmates is 244. The staffing plan is predicated upon an average daily number of 244 inmates. MDOC Policy 1.1.17 entitled Prison Rape Elimination Act of 2003 (PREA), page 4, section IV(B)(6) addresses 115.13(a). The auditor's review of the December 15, 2022, April 3, 2025, and December 16, 2025 PREA Staffing Plans reveals substantial compliance with 115.13(a and c). All requisite criteria are addressed in the December 11, 2025 PREA Staffing Plan Review and the same is reviewed and approved by the MWP PCM, Warden, MDOC PC and other MWP officials. The auditor finds the Annual Staffing Plan and Review to be

compliant with 115.13(a).

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

The staffing plan is documented with a hard copy and electronic privileges provided to sergeants (SGTs) and above. Additionally, the staffing plan is available to the MDOC PC and above. The SGTs (shift commanders) closely monitor on board strength to ensure posts are encumbered on a daily basis. The SGTs maintain constant contact with lieutenants (LTs) who ensure the Warden is briefed on a daily basis. Critical posts are never vacated as roster adjustments, overtime, and assessment of programming/ operational modifications may be employed to offset shortages.

During the facility tour, the auditor noted that during the first 12-hour shift, one correctional officer (CO) minimally, roved between pods on each of the three floors of the facility. Accordingly, those staff made rounds through each pod on each floor. A SGT (not included in the CO complement) can provide CO coverage in the event of an emergency or if one of the COs has to leave their floor of supervision for some reason. He/she is also assigned to supervision to ensure requisite rounds are completed. Case managers (CMs) are also available and they provide some visual observation throughout the facility.

Each pod is well supervised by video monitoring (cameras) as two or three cameras are strategically placed in each. One CO is assigned to the central control center and COs are generally assigned to floors, with the exception of G and H pods. If staffing falls below minimums, rolling lockdowns, calling staff in to assume posts, forcing staff in to work posts, or facility lockdown strategies may be imposed.

Cameras are located and positioned in all housing areas, hallways, medical, food service, the warehouse/commissary, prison industries, the laundry, RHU/secure unit recreation cages, and recreation yard. The auditor's review of camera monitors and physical observation reveals that showers in each pod are, for the most part, adequately shielded by doors, shower curtains and not exposed to camera views as long as inmates close the same. When viewing camera angles, the auditor likewise did not find any evidence of observation of inmate genitalia.

During the facility tour, the auditor reviewed facility cameras and at the time of the tour, one female CO was assigned to the area(s) where the monitors are maintained. The auditor's review of camera angles validated the premise that cameras do not capture shower areas, as well as, the interior of inmate cells. While individual showers are located at the end of the tier in A, B, D, and E Pods, cameras cannot capture images of occupants using the same given the depth of the actual shower stalls and the construction of the same. C Pod is the maximum security pod and inmates shower one at a time. The shower is adorned with a solid door. Showers, with the exceptions noted below, are adorned with a shower curtain.

During the facility tour, the auditor noted that in C and F Pods, an exterior door

	shields the shower area in the hallway. A peep hole is implanted in the same, thereby enabling any staff member to observe the area. A shower curtain was not affixed to the shower to enable proper 115.15(d) supervision. When assessing adequate staffing levels and the need for video monitoring, the facility plan considers the following: Ratios for staffing are established by MDOC experts. A total facility audit is facilitated on an annual basis by headquarters subject-matter experts. Staffing and electronics are key components of that annual audit process. During annual security audits, camera placements/coverage and mirror placements are assessed, as well as, staffing posts and the staffing complement are likewise assessed; Zero judicial findings of inadequacy during this audit period; Zero findings of inadequacy from federal investigative agencies during this audit period; Zero findings of inadequacy from internal or external oversight bodies during this audit period; The PREA crew (PCM, MDOC PC, Warden, assistant warden (AW), and operations manager (OM) assesses blind spots, need for additional camera surveillance, additional staffing, also assessing non-occupied areas within the facility. Housing pod camera placements are addressed above. Blind spots and line of sight are addressed during MBWA rounds by executive staff, Administrative Duty Officer (ADO) staff, and routine rounds facilitated by supervisors and line staff. Egress and exit areas are closely monitored, inclusive of sally ports. Of note, there are few, if any, blind spots; Ethnically, the predominant races are Caucasians and Native American. A handful of Blacks, Asians, Pacific Islanders, and one Chinese inmate round out the inmate complement. Ten gang members or associates, five or six elderly inmates, and some mentally handicapped inmates are also housed at MWP. Although management concerns are minimal based on gang influence, staff are trained to communicate with management regarding gang member groupings, activities, and PREA concerns. Approximately one-third of the population identifies as either lesbian or bi-sexual. Due to the small size of the facility, staff are very familiar with inmates and the mechanics of facility politics. Sufficient supervisory staff are available throughout the facility. SGTs are assigned to floors and LTs have specialized assignments. The majority of programming is facilitated on the first shift in view of staffing accessibility. If additional staffing is required for a special event, the area in which the event is being conducted may be saturated with staff. If an increase in inmate presence is noted during programming, staffing is adjusted to compensate. The facility is subject to Montana Code statutes and MDOC policies. The prevalence, locations, etc. of substantiated and unsubstantiated incidents of

sexual abuse are closely monitored and considered in the staffing plan/any corresponding requests for increased staffing/or electronic surveillance modification(s).

No additional concerns.

In regard to daily checks for compliance with the staffing plan, during daily MBWA rounds, executive staff and ADO staff randomly compare actual staffing vs. the daily roster snapshot. In the event of variances, staff may be held over until replacement staff arrive. On occasion, ADO staff may run the shift while the LTs redistribute staff to cover vacant post(s).

The Warden asserts that zero deviations from the PREA Staffing Plan occurred during the last 12 months. If a deviation had occurred, the same would be documented in the supervisor's Daily Log with follow-up reporting to MDOC leadership via telephone. An email would follow with a justification for the vacancy and how the same was addressed.

The auditor notes that the Warden and PCM provided essentially the same responses in terms of the above.

As previously mentioned, the auditor's observations of staffing and video surveillance validate the above statements. Staff presence throughout the pods was acceptable and cameras are vigorously monitored. Camera placements are abundant and placements are strategic. Finally, line of sight is linear in most pods.

In view of the above, the auditor finds MWP substantially compliant with 115.13(a).

115.13(b)

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

The Warden asserts all instances of non-compliance with the PREA Staffing Plan would be documented. The Warden further self reports zero instances of staffing plan non-compliance have been noted during the last 12 months. If a deviation had occurred, the same would be documented in the supervisor's Daily Log with follow-up reporting to MDOC leadership via telephone. An email would follow with a justification for the vacancy and how the same was addressed.

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

In view of the above, the auditor finds that 115.13(b) is not applicable to MWP.

115.13(c)

	Pursuant to the PAQ, the Warden self reports that at least once every year, the facility, in collaboration with the MDOC PC, reviews the staffing plan to determine: Whether adjustments are needed to the staffing plan; The deployment of monitoring technology; and The allocation of facility resources to commit to the staffing plan to ensure compliance with the same. MDOC Policy 1.1.17 entitled Prison Rape Elimination Act of 2003 (PREA), page 4, section IV(B)(7) addresses 115.13(c). The auditor's review of the December 15, 2022, April 3, 2025, and December 16, 2025 Annual PREA Staffing Plan Assessments reveals substantial compliance with 115.13(c). The MDOC PC asserts he is consulted minimally, on an annual basis, or whenever any assessments of, or adjustments to, the staffing plan are required at MWP. The same is accomplished on an annual basis and whenever changes are made to the PREA Staffing Plan. Specifically, he is a reviewer and co-signer for the MWP Annual Staffing Plan pursuant to policy. In view of the above, the auditor finds MWP substantially compliant with 115.13(c). 115.13(d) Pursuant to the PAQ, the Warden self reports that intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds. MDOC Policy 1.1.17 entitled Prison Rape Elimination Act of 2003 (PREA), page 4, section IV(B)(8) addresses 115.13(d). The auditor's PAQ review of two pages of 2024, 2025, and 2026 Unannounced Rounds logs reveals MWP Supervisory Unannounced PREA Rounds log entries were completed on all shifts on different dates. Additionally, the auditor's onsite random review of Correctional Service Logs reveals the same. The intermediate or higher facility level staff interviewee states he facilitates unannounced sexual safety rounds on a weekly basis. SGTs make daily unannounced sexual safety rounds and administrators make monthly unannounced sexual safety rounds. He documents unannounced rounds electronically in an administrative and supervisory rounds log template. Additionally, such rounds are documented, in writing, in the shift log. During unannounced sexual safety rounds, he walks every pod, checking the sexual safety of inmates. He always employs random rounds, changing direction, conducting the same on different days, starting rounds/stopping/and restarting. Staff

	never know his direction, etc. He has not had to admonish staff to refrain from announcing his tours. The interviewee states he varies times for the conduct of sexual safety rounds for every 12-hour shift, varies his path for the conduct of rounds as he may facilitate half of the rounds at one time and half at another time, and he may double back. No patterns are established. He also makes rounds in unoccupied areas. In view of the above, the auditor finds MWP substantially compliant with 115.13(d). Accordingly, the auditor finds MWP substantially compliant with 115.13.

115.14	**Youthful inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.14(a-c) Pursuant to the PAQ, the Warden self reports the facility prohibits placing youthful inmates in a housing unit in which a youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters. The Warden further self reports youthful inmates are not housed at MWP and that in the last 12 months, zero youthful inmates were housed at MWP. During the facility tour and subsequent rounds throughout the facility, the auditor did not observe any youthful inmate(s). In view of the above, the auditor finds that 115.14(a-c) is not applicable to MWP. In view of the above, the auditor finds MWP substantially compliant with 115.14.

115.15	**Limits to cross-gender viewing and searches**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.15(a) Pursuant to the PAQ, the Warden self reports cross-gender strip or cross-gender visual body cavity searches of inmates are conducted at MWP however, the existence of exigent circumstances dictates whether the same can be conducted pursuant to governing policy. The Warden further self reports that zero cross-gender strip or cross-gender visual body cavity searches of inmates were facilitated at MWP during the last 12 months. MDOC Policy 3.1.17 entitled Searches and Contraband Control, page 3, section IV(D) addresses 115.13(a). According to the non-medical staff who may be involved in cross-gender strip or visual searches of offenders interviewee, male staff do not conduct cross-gender strip or visual searches of offenders at MWP. However, when questioned regarding circumstances wherein cross-gender strip or visual searches might be warranted, the interviewee stated that when there is reasonable suspicion that an inmate has secreted dangerous contraband in a body cavity, the exigent circumstances test may have been met. Strip searches are generally conducted in a private area (e.g. the intake area or visiting room processing area). The auditor's review of the same reveals no conditions warranting alarm in terms of privacy. Pursuant to the auditor's review of PAQ information and random on-site conversations with staff and inmates, the auditor did not discover any violation(s) of 115.15(a). In view of the above, the auditor finds MWP substantially compliant with 115.15(a). 115.15(b) Pursuant to the PAQ, the Warden self reports the facility does not permit cross-gender pat-down searches of female inmates by male staff, absent exigent circumstances. The Warden further self reports that zero pat-down searches of female inmates by male staff were conducted at MWP during the last 12 months. MDOC Policy 3.1.17 entitled Searches and Contraband Control, page 3, section IV(C)(4) addresses 115.13(b). Of note, the definition of exigent circumstances is clearly defined within this policy. Pursuant to the auditor's review of the MDOC website and on-site observations, only female MWP offenders are housed at MWP. According to the 12 random staff interviewees, out-of-cell activities for female inmates would not be cancelled if insufficient female staff were on shift to conduct searches following contact with the public as female staff are always on shift or

	additional female staff would be called in to facilitate requisite searches. Ten of 11 random inmate interviewees state such activities have not been cancelled during the last three years based on their recall. In view of the above, the auditor finds MWP substantially compliant with 115.15(b). 115.15(c) Pursuant to the PAQ, the Warden self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented. Additionally, policy requires documentation of cross-gender pat searches of female offenders. MDOC Policy 3.1.17 entitled Searches and Contraband Control, page 2, section IV(B)(1) addresses 115.13(c). The auditor's cursory review of five pages of 2025 and 2026 Strip Search logs reveals that two staff were present during each strip search, time and date of each search, and the basis for each search. Additionally, the auditor's cursory review of seven pages of 2025 and 2026 Pat Search logs reveals name(s) or badge numbers, time and date of each search, and the basis for each search. `Based on this limited review, the auditor finds no reference(s) to the conduct of any cross-gender pat or strip searches during the afore-mentioned time periods. Accordingly, he finds no violation of 115.15(c) requirements pursuant to random review of the aforementioned logs. In view of the above, the auditor finds MWP substantially compliant with 115.15(c). 115.15(d) Pursuant to the PAQ, the Warden self reports policies and procedures have been implemented at MWP that enable inmates to shower, perform bodily functions, and change clothing in the absence of non-medical staff of the opposite gender viewing their breasts, buttocks or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The Warden further asserts policies and procedures require staff of the opposite gender to announce their presence when entering an inmate housing unit. MDOC Policy 3.1.21 entitled Inmate Count and Supervision, pages 4 and 5, section IV(J)(2) and (3) address 115.13(d). During the facility tour, the auditor reviewed facility cameras and at the time of the tour, female staff were assigned to the area(s) where the monitors are maintained. The auditor's review of camera angles validated the premise that cameras do not capture shower areas, as well as, inmate cells. While individual showers are located at the end of the tier in A, B, D, and E Pods, cameras cannot capture images of

occupants using the same given the depth of the actual shower stalls and the construction of the same. C Pod is the maximum security pod and inmates shower one at a time. The shower is adorned with a solid door. Showers, with the exceptions noted below, are adorned with a shower curtain.

During the facility tour, the auditor noted that in C and F Pods, an exterior door shields the shower area in the hallway. A peep hole is implanted in the same, thereby enabling any staff member to observe the area. A shower curtain was not affixed to the shower to enable proper 115.15(d) supervision.

In view of the above, the auditor requires that this condition be corrected. He recommends that a shower curtain be installed in the shower area to remedy the situation. The due date for correction of this condition is May 29, 2026.

Once this situation is corrected, a photograph of the corrective action will be uploaded into OAS. The auditor will subsequently advise of acceptability.

May 29, 2026 Update:

The auditor's review of photos of the aforementioned doors in C and F Pods reveals that the peep holes have been frosted to inhibit vision into the showers. Contact with the MWP PCM reveals that vision into the showers is now totally obscured pending a permanent solution. The auditor recommended that a small metal plate be welded over the peep holes as a permanent solution.

In view of the above, the auditor finds that corrective action has been completed with respect to this component of 115.15(d).

In G and H Pods, a shower/toilet room is located in each group living space. A solid door is located at the entrance to each toilet room. In G Pod, a frosted shower door and shower curtain adorn each shower however, in H Pod, there are no shower curtains. The auditor has been informed that shower curtains were ordered three days prior to the onsite visit. Nonetheless, the auditor finds sufficient privacy is afforded pursuant to the solid door.

During the facility tour, the auditor did note there was a shower/toilet across from the Dry Cell (suicide watch cell) in Medical. The auditor identified no concerns with PREA issues related to this shower/toilet area. There are no cameras in other ancillary medical cells in Medical.

During the facility tour and throughout the onsite visit, the auditor noted no instances wherein opposite gender staff failed to announce themselves when entering cell areas. This practice appears to be institutionalized at MWP.

Additionally, the auditor observed a painted notice at each pod entry area reflecting that opposite gender staff must announce their gender upon entry into the area.

	Ten of 11 random inmate interviewees state that male staff announce their presence when entering opposite gender housing pods. In regard to query as to whether offenders are ever naked or in full view of opposite gender staff while toileting, showering, or changing clothing, 10 of 11 inmate interviewees state they are not subject to the same. The auditor notes that staff are clearly educated regarding the requirement for male staff to announce their presence upon entry into a pod. All 12 random staff interviewees state that male staff announce their presence when entering a pod wherein opposite gender inmates are housed. Furthermore, all 12 random staff interviewees state inmates are able to dress, shower, and toilet without being viewed by staff of the opposite gender. In view of the above, the auditor finds MWP substantially compliant with 115.15(d). 115.15(e) Pursuant to the Principal Deputy Director's (Bureau of Justice Assistance) memorandum dated December 2, 2025 regarding the National PREA Standards alignment with Executive Order (EO) 14168, both federal and non-federal correctional facilities shall not be held to subsections of the PREA standards that may conflict with EO 14168. Accordingly, PREA auditors are instructed to immediately pause from making compliance determinations regarding the following standards: 115.15(e) and (f); 115.31(a)(9); 115.41(d)(7); 115.42 (c through g); and 115.86(d)(2). Accordingly, neither a compliance or non-compliance finding is rendered for 115.15(e). 115.15(f) Pursuant to the Principal Deputy Director's (Bureau of Justice Assistance) memorandum dated December 2, 2025 regarding the National PREA Standards alignment with Executive Order (EO) 14168, both federal and non-federal correctional facilities shall not be held to subsections of the PREA standards that may conflict with EO 14168. Accordingly, PREA auditors are instructed to immediately pause from making compliance determinations regarding the following standards: 115.15(e) and (f);

	115.31(a)(9); 115.41(d)(7); 115.42 (c through g); and 115.86(d)(2). Accordingly, neither a compliance or non-compliance finding is rendered for 115.15(f). In view of the above, the auditor finds MWP substantially compliant with 115.15.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.16(a) Pursuant to the PAQ, the Warden self reports there are established procedures to provide disabled inmates equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(D)(4) addresses 115.16(a). Within the PAQ information, two photographs of a two-way translating device are present. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated or non-deaf individuals. The auditor notes that the MDOC PREA trifold pamphlet is presented in both English and Spanish. There are no bilingual staff at MWP who provide translation services but rather, Language Link is utilized in such cases. The auditor's review of the Language Link contract documentation reveals a procedure is in place to provide interpretative services for non-English speaking, blind inmates, or deaf inmates. Language Link can be accessed through staff office telephones, cell phones, or laptop/desktop.

According to the Agency Head interviewee, the agency has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Specifically, Language Link is used, when necessary, to communicate with limited English proficient (LEP) inmates and deaf or hard of hearing inmates.

If an inmate has other disabilities, staff are trained to convey all information to them, however appropriate (e.g. reading a document or helping someone find information, etc., deploying mental health staff to assist cognitively impaired inmates, and provision of the Braille version of the MDOC PREA pamphlet to blind inmates).

Two-way translating devices are also available in every facility and arrangements are provided to assist those inmates who are blind.

The following inmates with disabilities stated the facility provides information about sexual abuse and sexual harassment they are able to understand (two physically disabled inmates, one low hearing inmate, and two inmates with mental health issues). Educational posters were noted to be posted in areas easily accessible to and observable by the inmate population (e.g. pods, program areas, operational areas). Additionally, posters appear to be written in language understandable by the inmate population.

The intake staff interviewee states she provides inmates with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/ harassment. Specifically, she issues the MDOC pamphlet (presented in English and Spanish) to all incoming inmates. Additionally, The Barter publication is provided to incoming inmates.

If the inmate is non-English speaking, Language Link is contacted to provide translation services. Mental health staff are utilized to translate for cognitively impaired inmates. She reads materials to blind inmates or he can access sign language services pursuant to Language Link and Language Link may be used to translate Spanish. A Braille copy of the information (pamphlet) provided at inmate orientation is also made available to blind inmates.

In view of the above, the auditor finds MWP substantially compliant with 115.16(a).

115.16(b)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(D)(4) addresses 115.16(b).

	The auditor reviewed the contract between MDOC and Language Link for provision of services to LEP inmates. Translation services for 200-plus languages are provided pursuant to this service. Language Link can be accessed from any staff telephone, inclusive of cell phones where and when applicable, desk top or lap top, and can be accessed by any staff member. The auditor notes that the MDOC PREA trifold pamphlet and MWP Inmate Handbook are presented in both English and Spanish. The auditor did test Language Link at 11:57AM on March 5, 2026. This test was facilitated by the PC on his lap top. The connection was successfully made by dialing the Language Link telephone number and subsequently, providing the MDOC contract number. The caller did make contact with a Language Link employee, advising of the purpose of this test call. While the type of translation required prompt would have followed, the connection was terminated and considered to be successful. In view of the above, the auditor finds MWP substantially compliant with 115.16(b). 115.16(c) Pursuant to the PAQ, the Warden self reports agency policy prohibits use of inmate interpreters/inmate readers/or other types of inmate assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under 115.64, or inhibit investigation of the inmate's allegations. The Warden further self reports that the facility does not document the limited circumstances in individual cases where inmate interpreters, readers, or other types of inmate assistants are used. However, upon follow-up, the PCM asserts that the question was initially misunderstood and the same would be documented. Reportedly, there was zero instances, within the last 12 months, wherein inmate interpreters, readers, or other types of inmate assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the inmate's safety, the performance of first-response duties, or the investigation of the inmate's allegations. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 11, section IV(K)(11) addresses 115.16(c). All 12 random staff interviewees state, to the best of their knowledge, inmate interpreters, inmate readers, or other types of inmate assistants have not been used in relation to sexual abuse or sexual harassment allegations during the last 12 months. It is noted that 10 of 12 interviewees identified further physical injury to the victim and/or impeding an investigation as legitimate reason(s) to invoke 115.16(c) procedures. All 12 interviewees state that agency policy prohibits use of inmate interpreters, inmate readers, or other types of inmate assistants for translation of a sexual abuse report, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or investigation of the inmate's

	allegations. In view of the above, the auditor finds MWP substantially compliant with 115.16(c). Accordingly, the auditor finds MWP substantially compliant with 115.16.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.17(a) Pursuant to the PAQ, the Warden self reports agency policy prohibits hiring or promoting anyone who may have contact with inmates and prohibits enlisting the services of any contractor who may have contact with inmates who: Has engaged in sexual abuse of an inmate, detainee, resident in a prison, jail, lock-up, community confinement facility, juvenile facility, or other institution; Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet. MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 2, section IV(A)(6)(a-d) addresses 115.17(a). The auditor's PAQ review of one each 2025 promotion Reference Check Form and Pre-Interview Questionnaire (completed by the promotion applicant), 2025 employee Reference Check Form and Pre-Interview Questionnaire for an applicant, and 2026 MDOC Contractor PREA Acknowledgment form reveals substantial compliance with 115.17(a). All three individuals answered the three questions specifically asked, and responded, in writing, to complete the form. The auditor's onsite review of five random staff human resources (HR) files (all hired/selected during 2024-2025) Pre-Interview Questionnaire forms reveals compliance with 115.17(a) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

In four of these five cases, criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. The criminal background record check in the last case was completed within six plus months of hiring.

With respect to the two promotion cases reviewed by the auditor, the promotion applicants completed a Pre-Interview Questionnaire in close proximity to the promotion date.

Accordingly, the auditor finds MWP substantially compliant with 115.17(a), (b), and (d).

115.17(b)

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

MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 2, section IV(A)(8) addresses 115.17(b).

The auditor's PAQ review of one each 2025 promotion Reference Check Form and Pre-Interview Questionnaire (completed by the promotion applicant), 2025 employee Reference Check Form and Pre-Interview Questionnaire for an applicant, and 2026 MDOC Contractor PREA Acknowledgment form reveals substantial compliance with 115.17(a). All three individuals answered the three questions specifically asked, and responded, in writing, to complete the form.

The auditor's onsite review of five random staff HR files (all hired/selected during 2024-2025) Pre-Interview Questionnaire forms reveals compliance with 115.17(a) to the extent the three questions are specifically asked, and staff responded, in writing, to complete the form. Of note, the 115.17(b) question regarding sexual harassment is also included on the form. In each case, responses to the four questions were negative.

In four of these five cases, criminal background record checks were likewise completed in a timely manner with no evidence of 115.17(a) or (b) violations. The criminal background record check in the last case was completed within six plus months of hiring.

With respect to the two promotion cases reviewed by the auditor, the applicants completed a Pre-Interview Questionnaire in close proximity to the promotion date.

The auditor notes that there is a question regarding sexual harassment on both the Pre-Interview Questionnaire form and the Annual Acknowledgment and Disclosure Form. The auditor validated the same pursuant to document research as uploaded into OAS.

	The HR interviewee states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The employee applicant or contractor applicant completes the Pre-Interview Questionnaire prior to interview and in conjunction with a promotion application, and the employee completes the Annual Acknowledgment and Disclosure form annually, thereafter. The Pre-Interview Questionnaire form and the Annual Acknowledgment and Disclosure Form [comprised of four questions- three 115.17(a) and one 115.17(b)] are administered to the prospective employee as an interviewee, in conjunction with promotion applications, and subsequently on an annual basis and the same is administered to contractors. In view of the above, the auditor finds MWP substantially compliant with 115.17(b). 115.17(c) Pursuant to the PAQ, the Warden self reports agency policy requires that before new employees who may have contact with inmates are hired, a criminal background record check is conducted and consistent with federal, state, and local law, best efforts are made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. According to the HR interviewee, forty-five staff were hired during the last 12 months and criminal background record check was completed prior to the entry-on-duty date for each new employee. MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 3, section IV(B)(1) addresses 115.17(c). The auditor's review of one PAQ HR file reveals that a LT contacted the Undersheriff of the correctional jurisdiction in which an applicant was employed, asking questions regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse. The LT facilitated this inquiry telephonically and documented his findings on a Reference Check Form. According to the HR interviewee, criminal background record checks (CJIN-encompasses state and NCIC information) are performed or pertinent civil or administrative adjudications are considered for all newly hired employees and contractors who may have contact with inmates. With respect to internal promotion applicants, a new criminal background record check is also completed. A favorable interview triggers a criminal background record check (CJIN). The request for criminal background record check is initiated by HR staff. The auditor's review of four of five applicable staff and two applicable contractor criminal background record checks relative to staff and contractors hired during the last 24 months reveals substantial compliance with 115.17(c-1). Criminal background record checks were completed prior to the date of hire in all but one of the staff cases

referenced above.

The auditor's onsite review of four applicable (staff hired between 2023 and 2025) completed Reference Check Forms reveals substantial compliance with 115.17(c). The documents were completed by a LT or the assistant Warden (AW) pursuant to contact with staff from the previous employer.

Accordingly, the auditor finds MWP substantially compliant with 115.17(c).

115.17(d)

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

MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 3, section IV(B)(1) addresses 115.17(d).

According to the HR interviewee, criminal background record checks are performed and pertinent civil or administrative adjudications are considered for all newly hired contractors who may have contact with inmates. A successful interview triggers a CJIN criminal background record check. The request for criminal background record check is initiated by HR staff.

The auditor's review of two applicable contractor criminal background record checks relative to staff and contractors hired during the last 24 months reveals substantial compliance with 115.17(c-1). Criminal background record checks were completed prior to the date of selection in both contractor cases referenced above.

The auditor notes that an MDOC spreadsheet tracking record reflects dates associated with the hiring process for contractors. MDOC headquarters staff manage criminal background record checks for contractors.

In view of the above, the auditor finds MWP substantially compliant with 115.17(d).

115.17(e)

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

MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 3, section IV(C)(1) addresses 115.17(e).

According to the HR interviewee, the MDOC HRM maintains a spread sheet to track

five-year criminal background record reinvestigations. The spread sheet is a tool to assist in timely management of the criminal background record check and reinvestigation processes. The MDOC HRM subsequently distributes five year reinvestigations and contractor initial criminal background record checks to staff at other facilities to conduct the same.

The auditor's on-site random review of five of six applicable staff (hired prior to 2023) and zero applicable contractors reveals a current five-year criminal background record check was completed in each case and there is no evidence of a criminal record warranting sexual safety consideration.

In view of the above, the auditor finds MWP substantially compliant with 115.17(e).

115.17(f)

Pursuant to the PAQ, the agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct.

MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 3, section IV(A)(10) and (11) addresses 115.17(f).

The auditor's PAQ review of one annual Policy Acknowledgment and Disclosure form reveals substantial compliance with 115.17(f).

The auditor's on-site review of eight applicable random staff [staff with entry on duty (EOD) dates prior to the last 12 months] HR files reveals they did complete the Annual Acknowledgment and Disclosure form during the last 12 months. The Annual Acknowledgment and Disclosure form was completed in a timely manner in all eight applicable cases. Of note, the Annual Acknowledgment and Disclosure form was properly completed in all 11 random cases reviewed. Promotion documentation for both staff promotions is likewise commensurate with this standard provision.

The auditor notes that the agency also imposes upon employees a continuing affirmative duty to disclose any such misconduct. The HR interviewee states that the continuing obligation is addressed during PREA ART and various educational emails. The auditor also notes that this caveat is also mentioned in the MDOC Contractor/ Volunteer PREA Disclosure Form.

According to the HR interviewee, the relevant questions are asked both in the on-line application and the Annual Acknowledgment and Disclosure form

In view of the above, the auditor finds MWP substantially compliant with 115.17(f).

115.17(g)

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

MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 4, section IV(D)(2) addresses 115.17(g).

The PCM asserts that prior to the initiation of a five-year criminal background record check or promotion applicant check, the employee or contractor is provided an opportunity to report any relevant sexual abuse/harassment convictions or findings that may be divulged through the record check. If a finding is made pursuant to the criminal background record check and the employee, contractor, or promotional applicant did not report the same, disciplinary action and termination of employment may ensue.

Document review findings are reflected throughout the 115.17 narrative. The auditor has neither been provided nor has he discovered any evidence that staff provided materially false information and their employment was subsequently terminated.

In view of the above, the auditor finds MWP substantially compliant with 115.17(g).

115.17(h)

Pursuant to the PAQ, unless prohibited by law, the agency shall 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.

MDOC Policy 1.3.55 entitled Criminal Conviction in Employment, page 4, section IV(E)(3) addresses 115.17(h).

The HR interviewee states that when a former employee applies for work at another institution and upon request from that institution, the MWP HRM provides information on substantiated allegations of sexual abuse or sexual harassment involving the former employee, unless prohibited by law.

The auditor has not been provided any examples of the same nor has he discovered any such examples.

In view of the above, the auditor finds MWP substantially compliant with 115.17(h).

Accordingly, in view of the absence of adverse findings throughout the 115.17 provision narratives, the auditor finds MWP substantially compliant with 115.17.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.18(a) Pursuant to the PAQ, the Warden self reports the facility has not made substantial expansions or modifications to existing facilities since the last PREA audit. However, the Riverside facility has been activated to accommodate overflow inmates from MWP however, the same is scheduled for audit in conjunction with the Montana State Prison (males). Since the Riverside facility has been audited, as evidenced by the audit report on the MDOC website, the same will not be considered with this audit. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 3, section IV(B)(3) addresses 115.16(a). According to the Agency Head interviewee, when designing, acquiring, or planning substantial modifications to facilities, MDOC commences the process through competitive bidding and work with a contractual design team. Generally, the contractual design team is alert to sexual safety concerns associated with facilities and inmates. Generally, the design team does take into account efforts to increase camera systems in facilities. In view of the above, the auditor finds MWP substantially compliant with 115.18(a). 115.18(b) Pursuant to the PAQ, the Warden self reports the facility has installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit. Specifically, the Riverside facility has been activated to accommodate overflow inmates from MWP however, the same is scheduled for audit in conjunction with the Montana State Prison (males). Since the Riverside facility has been audited, as evidenced by the audit report on the MDOC website, the same will not be considered with this audit. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 3, section IV(B)(4) addresses 115.16(a). The Agency Head interviewee asserts that camera systems with adequate coverage in all inmate areas are a pivotal asset when investigating and preventing cases of

	sexual abuse and harassment. Monitoring these camera systems regularly has prevented and detected PREA incidents and the footage has been used as definitive proof of an incident occurring or not. If the need for a new, additional, or rearranged camera placement is discovered, the technology and maintenance departments work together to address the need. If it appears to be a greater need than the current budget can accommodate, facility staff can include the need in their budget for the following year. According to the Warden, existing cameras are systematically being replaced with upgraded equipment to enhance resolution and clarity. Additionally, MDOC implemented body cameras at MWP, providing additional monitoring equipment. In view of the above, the auditor finds MWP substantially compliant with 115.18(b). Accordingly, the auditor finds MWP substantially compliant with 115.18.

115.21	**Evidence protocol and forensic medical examinations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.21(a) Pursuant to the PAQ, the Warden self reports the facility investigator is responsible for conducting any administrative sexual abuse investigations (including inmate-on-inmate sexual abuse or staff sexual misconduct which has been released for administrative investigation). However, Law Enforcement Agency of Jurisdiction (LEAJ) or MDOC Office of Investigation investigator(s) facilitate criminal investigations of sexual abuse at MWP. When conducting administrative and criminal investigations, MWP PREA investigator(s) and MDOC Office of Investigation (MDOC OI) investigator(s) follow a uniform evidence protocol. Of note, the MDOC OI investigator does share an office with the MWP investigator and accordingly, much collaboration occurs in terms of investigations. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(K)(1) addresses 115.21(a). The security first responder interviewee properly cited all four 115.64(a) requirements and responsibilities and the non-security first responder properly stated that he would report the incident to a security supervisor and request the victim not destroy physical evidence. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request

	that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. One of the remaining random interviewees is a non-security employee and he accurately stated that he would report the incident to security supervisors and request the victim not destroy physical evidence. It is noted that 13 interviewees were in possession of an MDOC laminated card bearing the instructions as required by Standard 115.64(a). All 12 interviewees state the facility investigator facilitates administrative sexual abuse investigations and the MDOC OI investigator(s) facilitate criminal sexual abuse investigations at MWP. In view of the above, the auditor finds MWP substantially compliant with 115.21(a). 115.21(b) Pursuant to the PAQ, the Warden self reports that whether the protocol is developmentally appropriate for youth is not applicable to MWP as youthful inmates are not housed at the facility however, the following policy reflects the same is developmentally appropriate for youth. The Warden further self reports the protocol was adapted from, or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/ Adolescents," or similarly comprehensive and authoritative protocols developed after 2011. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 10 and 11, section IV(K)(5-7) addresses 115.21(b). Additionally, MDOC Policy 3.1.28 entitled Crime Scene and Physical Evidence Preservation, pages 2 through 4, sections IV(B) and (D) address 115.21(b). Of note, the auditor's review of the MDOC protocol for obtaining usable physical evidence by MWP staff reveals substantial compliance with 115.21(b). The sexual abuse/harassment investigator has received training regarding collection of physical evidence pursuant to completion of the PREA Academy training and the criminal investigator has completed training pursuant to the MLEA course. All other staff preserve the crime scene and follow-up on physical evidence that may be on the victim/perpetrator pursuant to 115.64. MDOC OI investigators utilize their protocol in terms of evidence collection in criminal matters. In view of the above, the auditor finds MWP substantially compliant with 115.21(b). 115.21(c) Pursuant to the PAQ, the Warden self reports all inmates who experience sexual abuse are afforded access to forensic medical examinations at the Billings Clinic.

	Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs are documented. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 10, section IV(J)(3)(a-c) addresses 115.21(c). In the last 12 months, the Warden self reports four forensic medical examinations were conducted relative to MWP inmates who alleged sexual abuse. However, pursuant to request, the auditor was provided three forensic examination reports from Billings Clinic. The PCM asserts that three examinations were actually conducted and in the fourth matter, the reported abuse occurred outside the threshold for preservation of physical evidence. Accordingly, the inmate received a general examination at another hospital. With respect to the examinations provided to the auditor, forensic examinations were completed in two of the three cases while an examination was not completed in the last case. In that case, the incident occurred outside the 120 hour threshold and the victim declined assessment. The auditor notes that in one case, the victim requested a victim advocate (VA) from YWCA Billings and the VA did provide assistance during the examination. The auditor notes that a VA did not provide assistance in the last case as the incident occurred outside the 120 hour threshold and a forensic examination was not administered. The SANE interviewee asserts she is one of 11 on-call trained (Montana State competency based criteria) SANE Nurses. Additionally, one full-time SANE nurse is available at the Billings Clinic. Billings Clinic SANE nurses facilitate forensic examinations for MWP inmates, as well as, members of the community. SANE training consists of a 41 or 43 hour on-line segment, as well as, three to four clinical examinations (hands-on under the watchful eye of the instructor or senior SANE). The training is facilitated in accordance with International Association of Forensic Nurses (IAFN) strategies. Completion of various training milestones determines when competency is established. The interviewee reports that zero forensic examinations have been missed by her group within the last several years (since 2015). If, for some reason a SANE examination cannot be completed upon the patient's arrival, the examination is ordinarily delayed (short term) until a SANE room or SANE nurse is available. SANEs are available on a 24/7 basis. Pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested. Additionally, sexually transmitted infection prophylaxis is provided for both male and female patients in conjunction with the forensic examination. Generally, one dose of medication is provided to patients free of charge.

In view of the above, the auditor finds MWP substantially compliant with 115.21(c).

115.21(d)

Pursuant to the PAQ, the agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available, to provide these services, a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 10, section IV(J)(6) addresses 115.21(d).

The PCM asserts that if requested by the victim, a victim advocate (VA) from YWCA Billings accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process. A VA from the Victims Advocate Bureau (within MDOC) can be used for investigatory interviews. Provision of the YWCA Billings services is memorialized in a Memorandum of Understanding (MOU).

As mentioned in the narrative for 115.21(c) above, three forensic examinations were facilitated pursuant to investigations conducted during the last 12 months. The auditor notes that in one case, the victim requested a victim advocate (VA) from YWCA Billings and the VA did provide assistance during the examination. The auditor notes that the victim in the last incident (the incident that occurred outside the 120 hour threshold) did not provide assistance given the fact that a forensic examination was not facilitated.

During the onsite visit, the auditor interviewed one inmate, who indicated she reported a sexual abuse/harassment incident at MWP, and she stated that a VA did attend her investigatory interview. In the last two matters, interviewees stated they actually reported sexual abuse incidents that occurred two to three weeks prior to reporting. Both interviewees stated that the incident occurred two years prior to his report. One interviewee stated that staff contacted a VA and the other interviewee stated that she did see a VA. The auditor notes there is no evidence that forensic examinations were facilitated in either of these cases.

In view of the above, the auditor finds MWP substantially compliant with 115.21(d), (e), and (h).

115.21(e)

Pursuant to the PAQ, the Warden asserts that if requested by the victim, a qualified agency staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals. The PCM asserts that victim advocates (VAs) from YWCA Billings can accompany inmate victims of sexual abuse for forensic examinations and VAs from the Victim Advocates Bureau (within MDOC) can be used during investigatory interviews.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 10, section IV(J)(6) addresses 115.21(d).

The PCM asserts that if requested by the victim, a victim advocate (VA) from YWCA Billings accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process. A VA from the Victims Advocate Bureau (within MDOC) can be used for investigatory interviews. Provision of the YWCA Billings services is memorialized in a Memorandum of Understanding (MOU).

The auditor's review of the MOU between MDOC and YWCA Billings validates the PCM's assertion as noted above.

As mentioned in the narrative for 115.21(c) above, three forensic examinations were facilitated pursuant to investigations conducted during the last 12 months. The auditor notes that in one case, the victim requested a VA from YWCA Billings and the VA did provide assistance during the examination. The auditor notes that the victim in the last incident (the incident that occurred outside the 120 hour threshold) did not provide assistance given the fact that a forensic examination was not facilitated.

During the onsite visit, the auditor interviewed one inmate, who indicated she reported a sexual abuse/harassment incident at MWP, and she stated that a VA did attend her investigatory interview. In the last two matters, interviewees stated they actually reported sexual abuse incidents that occurred two to three weeks prior to reporting. Both interviewees stated that the incident occurred two years prior to their report. One interviewee stated that staff contacted a VA and the other interviewee stated that she did see the VA. The auditor notes there is no evidence that forensic examinations were facilitated in either of these cases.

In view of the above, the auditor finds MWP substantially compliant with 115.21(e).

115.21(f)

Pursuant to the PAQ, the Warden self reports the agency is responsible for investigating both administrative and criminal allegations of sexual abuse.

	MWP staff investigate administrative allegations of sexual abuse while MDOC OI investigator(s) facilitate criminal investigations of sexual abuse. In view of the above, the auditor finds that 115.21(f) is not applicable to MWP. 115.21(h) Pursuant to the PAQ, for the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 10, section IV(J)(6) addresses 115.21(h). Minimal screening requirements for YWCA Billings VAs are clearly scripted in the MOU between MDOC and YWCA Billings. In view of the above, the auditor finds MWP substantially compliant with 115.21(h). Accordingly, the auditor finds MWP substantially compliant with 115.21.

115.22	**Policies to ensure referrals of allegations for investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.22(a) Pursuant to the PAQ, the Warden self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. Thirty-five administrative sexual abuse/harassment investigations were opened and 30 were completed during the last 12 months. According to the investigator, collaboration occurs with all sexual abuse/harassment investigations between the MWP Investigator and MDOC OI investigator. Two of the five remaining cases are pending criminal prosecution. One retaliation case, one sexual abuse case, and one sexual harassment case are pending investigation. Seven of the 35 cases were referred for criminal investigation. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(K)(1) addresses 115.22(a). MDOC Policy 3.1.19 entitled Investigations, page 3, section IV(A)(1) addresses 115.22(a)

The auditor's on-site review of 11 random sexual abuse/harassment investigations (one of these cases had both sexual abuse and sexual harassment allegations) validates the above statement regarding investigation opening and completion. Of note, the auditor also reviewed three sexual abuse investigations wherein the victims were transported for forensic examinations and accordingly, the total of investigations reviewed was fourteen.

According to the Agency Head interviewee, it is MDOC policy to complete an administrative investigation or refer allegations of sexual abuse or sexual harassment that are potentially criminal to a law enforcement agency with legal authority to complete criminal investigations. Administrative investigations are conducted in such a manner to not disturb evidence, etc. associated with a criminal investigation. Administrative investigations are completed by a PREA specialty trained MWP investigator and criminal investigations are completed by MDOC OI investigator(s).

The auditor notes that the MWP administrative investigator and the MDOC OI (criminal) investigator collaboratively facilitate nearly all sexual abuse investigations.

In regard to the protocol relative to administrative/criminal sexual abuse or sexual harassment investigations, the Agency Head interviewee asserts that all allegations are reported through the departmental investigations office. All investigations are completed in a prompt, thorough, and objective manner. The allegation(s) are subsequently assigned to an administrative investigator if the allegation(s) are not criminal, in nature.

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

In view of the above, the auditor finds MWP substantially compliant with 115.22(a).

115.22(b)

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

The auditor's review of the MDOC website validates that the policy is maintained on the same, as well as, a narrative regarding both administrative and criminal sexual abuse/harassment investigations.

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(K)(3-5) addresses 115.22(a). MDOC Policy 3.1.19 entitled Investigations, page 3, section IV(A)(1) and (2) addresses 115.22(a). All sexual abuse/harassment allegations are referred to the MDOC Office of Investigation (MDOC OI) where each incident is triaged by the Investigations Bureau Chief to determine whether the case will be investigated as an administrative or criminal matter. Criminal investigations are facilitated by MDOC OI investigators. The administrative investigative staff interviewee states agency policy requires that allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior. Criminal matters are referred to the MDOC OI investigator assigned at MWP, for criminal investigation. The administrative investigative interviewee states that he contacts MDOC OI to determine whether each individual case will be investigated as an administrative or criminal matter. The interviewee commences an administrative investigation unless MDOC OI investigator(s) advise that they are taking the investigation. The criminal investigative interviewee corroborates the statement of the administrative investigative interviewee. In view of the above, the auditor finds MWP substantially compliant with 115.22(b). 115.22(c) The auditor's review of the aforementioned policies reveals that the same clearly articulate investigative responsibilities for both MWP administrative sexual abuse/ harassment investigator(s), as well as, MDOC OI investigator(s). In view of the above, the auditor finds MWP substantially compliant with 115.22(c). Accordingly, based on the evidence articulated throughout this narrative, the auditor finds MWP substantially compliant with 115.22.

115.31	**Employee training**
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	115.31(a)

Pursuant to the PAQ, the Warden self reports the agency trains all employees who may have contact with inmates regarding the 10 topics listed in 115.31(a).

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 4 and 5, section IV(C)(1) and (2)(a-m) addresses 115.31(a).

The auditor's limited review of the MDOC PREA New Employee Training (NET) slides reveals substantial compliance with 115.31(a) in terms of the 10 required topics. Slides reveal that all requisite staff training [as applied to 115.31(a)] is available at MWP.

The auditor's onsite review of 11 of 13 applicable random staff training records (MDOC- staff hired within the last 12 months) reveals substantial compliance with 115.31(a).

During both pre-service and PREA Annual Refresher Training ART), staff sign and date the State of Montana DOC Comprehensive PREA Training Acknowledgment, certifying their understanding of the comprehensive PREA training provided. Additionally, staff completes the Acknowledgment and Disclosure Form on an annual basis and the same addresses review and understanding of PREA-related policies.

All 12 random staff interviewees state they have received PREA training regarding the topics articulated in 115.31(a) above. Minimally, all random staff interviewees hired since the last PREA audit received such training prior to assumption of duties with inmates. When applicable, they again received the same training during ART or annual In-Service training.

In view of the above, the auditor finds MWP substantially compliant with 115.31(a).

115.31(b)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 4 and 5, section IV(C)(1) and (2)(a-m) addresses 115.31(b).

The auditor's review of both curriculum and slides reveals substantial compliance with 115.31(b). According to the MWP PCM, zero staff have transferred to MWP during the last 12 months from facilities wherein male inmates are exclusively housed.

In view of the above, the auditor finds MWP substantially compliant with 115.31(b).

115.31(c)

	Pursuant to the PAQ, the Warden self reports that between trainings, the agency provides employees who may have contact with inmates with refresher information about current policies regarding sexual abuse and sexual harassment. Minimally, staff receive PREA ART or PREA information on an even/odd year annual basis. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 5, section IV(C)(3) addresses 115.31(c). The auditor's review of the aforementioned slides reveals substantial compliance with 115.31(a) and (c). The auditor's onsite review of 13 random 2026 staff training records reveals compliance with 115.31(c). Review of 11 of 13 applicable training records reveals receipt of PREA ART/information on an annual basis. Review of Acknowledgment and Disclosure Forms, completed on an annual basis, reveals review and understanding of PREA-related policies. The signed and dated MDOC forms reflect receipt and understanding of training thereby, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, signifying completion of the same and understanding of the subject-matter presented during pre-service training and ART. During pre-service and PREA ART training, staff sign and date the State of Montana DOC Comprehensive PREA Training Acknowledgment, certifying their understanding of the comprehensive PREA training provided. In view of the above, the auditor finds that MWP exceeds standard requirements with respect to 115.31(c) as PREA ART or provision of information is provided on an annual basis. 115.31(c) requires provision of refresher training on a bi-annual basis. 115.31(d) Pursuant to the PAQ, the Warden self reports the agency documents that employees who may have contact with inmates understand the training they have received through employee signature or electronic verification. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 5, section IV(C)(7) addresses 115.31(d). The auditor's PAQ review of three 2025 State of Montana DEPARTMENT OF CORRECTIONS EMPLOYEE PRE-SERVICE ACKNOWLEDGMENTS reveals substantial compliance with 115.31(d). Specifically, the participant signs and dates the same, memorializing their understanding of the subject-matter presented. Additionally, the auditor's PAQ review of 15 applicable random staff training records (2025 and 2026) also reveals substantial compliance with 115.31(d). Specifically, these 19 staff completed PREA Refresher (PREA R) or PREA Annual Training (PREA AT). The participant signs and dates the Comprehensive PREA Training

	Acknowledgment, memorializing their understanding of the subject-matter presented. The auditor's onsite review of 13 random 2026 staff training records reveals compliance with 115.31(d). Review of 11 of 13 applicable training records reveals receipt of PREA ART on an annual basis. The signed and dated State of Montana DOC Comprehensive PREA Training Acknowledgment forms reflect receipt and understanding of training thereby, establishing compliance with 115.31(a) and (d). Attendees print and sign the document, attesting to completion of the same and understanding of the subject-matter presented during PREA training (the I understand caveat is scripted into the document). In view of the above, the auditor finds that MWP is substantially compliant with 115.31(d). Accordingly, the auditor finds MWP exceeds expectations with respect to 115.31.

115.32	**Volunteer and contractor training**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.32(a) Pursuant to the PAQ, the Warden self reports all contractors and volunteers, who have contact with inmates, have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The Warden further self reports that 22 contractors/volunteers who have contact with inmates, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. Contractors (primarily medical) receive training similar to that of facility employees. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(4) addresses 115.31(a). The three medical contractor interviewees and two volunteer interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person) in such training. The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of inmates, reporting options, description(s) of what

sexual abuse/harassment looks like in a confinement setting, and the impact(s) of sexual abuse/harassment on the prison population.

The auditor's review of two PAQ 2025 State of Montana Department of Corrections Contractor/Volunteer PREA ACKNOWLEDGMENT forms reveals two random contractors completed said training. Two random volunteers also signed and dated the same documents in either 2025 or 2026. The contractors and volunteers signed and dated the above document which bears the "I understand" caveat.

Three medical contractor interviewees (dentist and two dental assistants) state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participated in the MWP ART training (in-person or online). Evidence reflects that two contractor interviewees completed a Montana Department of Corrections Contractor/Volunteer PREA ACKNOWLEDGMENT form, acknowledging their understanding of the relevant policy and Contractor PREA brochure. These documents were signed and dated by both contractors.

In view of the above, the auditor finds MWP substantially compliant with 115.32(a).

115.32(b)

Pursuant to the PAQ, the Warden self reports the level and type of training provided to volunteers and contractors is based on the services they provide and level of contact they have with inmates. The Warden further self reports all volunteers and contractors who have contact with inmates have been notified of the agency's zero tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(4) addresses 115.31(b).

Three medical contractor interviewees and two volunteer interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participate (in person or online) in such training.

The training encompasses, but is not limited to, the agency's zero tolerance policy against sexual abuse/harassment of inmates, reporting options, description(s) of what sexual abuse/harassment looks like in a confinement setting, and the impact(s) of sexual abuse/harassment on the prison population.

The auditor's review of two PAQ 2025 State of Montana Department of Corrections Contractor/Volunteer PREA ACKNOWLEDGMENT forms reveals two random contractors volunteers completed said training. Two random volunteers also completed the same documents in either 2025 or 2026. The contractors and volunteers signed and dated the above documents which bear the "I understand" caveat.

	Three medical contractor interviewees (dentist and two dental assistants) state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participated in the MWP ART training or orientation training (in-person or online). Two contractor interviewees completed a Montana Department of Corrections Contractor/Volunteer PREA ACKNOWLEDGMENT form, acknowledging their understanding of the relevant policy and Contractor PREA brochure. These documents were signed and dated by both contractors. In view of the above, the auditor finds MWP substantially compliant with 115.32(b). 115.32(c) Pursuant to the PAQ, the Warden self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(7) addresses 115.31(b). The auditor's review of two PAQ 2025 State of Montana Department of Corrections Contractor/Volunteer PREA ACKNOWLEDGMENT forms reveals two random contractors volunteers completed said training. Two random volunteers also completed the same documents in either 2025 or 2026. The contractors and volunteers signed and dated the above documents which bear the "I understand" caveat. Three medical contractor interviewees (dentist and two dental assistants) and two volunteer interviewees state they have been trained in their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response, per agency policy and procedure. Specifically, they participated in either the MWP ART or orientation training (in-person or online). Two of the three contractor interviewees completed a Montana Department of Corrections Contractor/Volunteer PREA ACKNOWLEDGMENT form, acknowledging their understanding of the relevant policy and Contractor PREA brochure. These documents were signed and dated by both contractors. In view of the above, the auditor finds MWP substantially compliant with 115.32(c). Accordingly, the auditor finds MWP substantially compliant with 115.32.

115.33	**Inmate education**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion

115.33(a)

Pursuant to the PAQ, the Warden self reports inmates receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The Warden further self reports 172 inmates were admitted to MWP during the last 12 months, of which 100% were provided the requisite information at intake.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(D)(1) addresses 115.33(a).

According to the intake staff interviewee, she provides inmates with a PREA intake packet consisting of an MDOC "End the Silence" tri-fold pamphlet and Policies 1.3.12 entitled Staff Association and Contact with Offenders, 1.1.17 entitled Prison Rape Elimination Act of 2003, and 3.3.3 entitled Offender Grievance Program. Information regarding the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment is contained therein and this information is generally issued during intake on the day of arrival. The PREA video is is generally available during orientation conducted within 30-days of arrival at MWP. During processing, the interviewee provides a verbal overview of reporting options. Additionally, reporting options and other PREA information are captured on posters displayed throughout the facility.

Language Link interpreters can be accessed by the interviewee and other staff for non-English speaking inmates, dependent upon the language spoken. If a cognitively impaired inmate/prisoner is received, she is referred to the medical/mental health department for assistance with translation. For hearing impaired/deaf inmates, they are asked to read the materials, a translation device may be utilized, or sign language may be accessed pursuant to Language Link. For inmates who present with blindness or low vision, the interviewee or another staff member reads materials to them and the "End the Silence" pamphlet is available in Braille.

Ten of 11 random inmate interviewees report they received at least one of the appropriate MDOC "End the Silence" tri-fold pamphlet on the day of arrival and the PREA video at intake (day of arrival) or within 30 days of arrival at MWP. The auditor also notes that MWP inmates can access electronic tablets to order commissary, submit electronic emergency grievances, review the appropriate policies and "End the Silence" pamphlet.

The auditor's review of nine of 11 applicable random inmate MWP Intake Processing Lists (applies only to inmates received at MWP during the last 12 months) reveals the "End the Silence" pamphlet and applicable policies were provided to the respective inmates within one day of arrival in some cases and on the same day in most cases. With respect to the remaining two files, the MWP Intake Processing List was executed outside the 72 hour threshold associated with initial distribution of information.

In view of the above, the auditor finds MWP substantially compliant with 115.33(a).

115.33(b)

Pursuant to the PAQ, the Warden self reports that 172 inmates were admitted to MWP during the last 12 months whose length of stay was 30 days or more. According to the Warden, 158 of those inmates received comprehensive PREA education within 30 days of intake. Upon further review by the PCM, the appropriate number is 168 inmates. Two of the remaining four inmates were released from MWP prior to the expiration of 30 days. One additional inmate recently returned from the Montana State Hospital while another inmate refuses to participate in PREA education.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(D)(2) addresses 115.33(b).

According to the intake staff interviewee, much of the requisite information can be gleaned from the aforementioned pamphlet and PREA video. Information is generally provided within the first week of arrival.

All 11 random inmate interviewees state they did participate in a PREA Orientation program wherein all components of 115.33(b) were addressed. All interviewees report the same occurred at intake or within 30 days of arrival at MWP.

The MWP PREA Education Acknowledgment form memorializes receipt of and understanding of the MDOC "End the Silence" tri-fold pamphlet and Policies 1.3.12 entitled Staff Association and Contact with Offenders, 1.1.17 entitled Prisons Rape Elimination Act of 2003, and 3.3.3 entitled Offender Grievance Program. The inmate recipient of the materials noted signs and dates this form, as well as, a staff witness.

The auditor's review of 10 of 11 applicable random inmate MWP PREA Education Acknowledgment forms (applies only to inmates received at MWP during the last 12 months) reveals that requisite documentation was provided to the respective inmates within two weeks of arrival at MWP. The auditor notes that in a few cases, orientation PREA materials were received within one to two days of arrival at MWP. The auditor does recommend that the time frame for orientation be expanded to within one to two weeks of arrival at MWP.

In view of the above, the auditor finds MWP substantially compliant with 115.33(b).

115.33(c)

Pursuant to the PAQ, current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.

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

	the policies and procedures for the new facility differ from those of the previous facility. According to the PCM, one inmate, due to mental health concerns and refusal to cooperate with training, has not yet received requisite training. One additional inmate, after returning from the state hospital, eventually received PREA Orientation training. Another inmate who displays acute mental health concerns, is asked on a weekly basis if she is wiling to go through the training and thus far, she continues to decline. According to the intake staff interviewee, she provides inmates with a PREA intake packet consisting of an MDOC "End the Silence" tri-fold pamphlet and Policies 1.3.12 entitled Staff Association and Contact with Offenders, 1.1.17 entitled Prisons Rape Elimination Act of 2003, and 3.3.3 entitled Offender Grievance Program. Information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment is contained therein and this information is generally issued during intake on the day of arrival. The PREA video is is generally available during orientation conducted within 30-days of arrival at MWP. During processing, the interviewee provides a verbal overview of reporting options. Additionally, reporting options and other PREA information are captured on posters displayed throughout the facility. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(D)(3) addresses 115.33(c). In view of the above, the auditor finds MWP substantially compliant with 115.33(c) 115.33(d) Pursuant to the PAQ, the Warden self reports education is available in accessible formats for all inmates, including those specific groups listed in the narrative for 115.16(a). MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(D)(4) addresses 115.33(d). According to the intake staff interviewee, she provides inmates with a PREA intake packet consisting of an MDOC "End the Silence" tri-fold pamphlet and Policies 1.3.12 entitled Staff Association and Contact with Offenders, 1.1.17 entitled Prisons Rape Elimination Act of 2003, and 3.3.3 entitled Offender Grievance Program. Information about the zero tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment is contained therein and this information is generally issued during intake on the day of arrival. The PREA video is generally available during orientation conducted within 30-days of arrival at MWP. During processing, the interviewee provides a verbal overview of reporting options. Additionally, reporting options and other PREA information are captured on posters displayed throughout the facility.

	Within the PAQ information, two photographs of a two-way translating device are present. This equipment is available for use by deaf inmates so they can converse with other individuals similarly situated or non-deaf individuals. The auditor notes that the MDOC PREA trifold pamphlet is presented in both English and Spanish. There are no bilingual staff at MWP who provide translation services but rather, Language Link is utilized in such cases. The auditor's review of the Language Link contract documentation reveals a procedure is in place to provide interpretative services for non-English speaking, blind inmates, or deaf inmates. Language Link can be accessed through staff office telephones, cell phones, or laptop/desktop. In view of the above, the auditor finds MWP substantially compliant with 115.33(d). 115.33(e) Pursuant to the PAQ, the Warden self reports the agency maintains documentation of inmate participation in PREA sessions. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(D)(5) addresses 115.33(e). The auditor's review of nine of 11 applicable random inmate MWP Intake Processing Lists (applies only to inmates received at MWP during the last 12 months) reveals the "End the Silence" pamphlet and applicable policies were provided to the respective inmates within one day of arrival in some cases and on the same day in most cases. With respect to the remaining two files, the MWP Intake Processing List was executed outside the 72 hour threshold associated with initial distribution of information. All 11 random inmate interviewees state they did participate in a PREA Orientation program wherein all components of 115.33(b) were addressed. All interviewees report the same occurred at intake or within 30 days of arrival at MWP. The MWP PREA Education Acknowledgment form memorializes receipt of and understanding of the MDOC "End the Silence" tri-fold pamphlet and Policies 1.3.12 entitled Staff Association and Contact with Offenders, 1.1.17 entitled Prisons Rape Elimination Act of 2003, and 3.3.3 entitled Offender Grievance Program. The inmate recipient of the materials noted signs and dates this form, as well as, a staff witness. This document is executed following the inmate's completion of orientation. In view of the above, the auditor finds MWP substantially compliant with 115.33(e). 115.33(f) Pursuant to the PAQ, the Warden self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, inmate/prisoner handbooks, or other written formats.

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(D)(6) addresses 115.33(f). The auditor's review of two posters (one entitled End the Silence and one entitled PREA Reporting) affixed to unit/pod/operational area/program area walls reflects information regarding sexual abuse/harassment incident reporting. Those posters entitled End the Silence and PREA Reporting contain accurate and consistent information in conjunction with the "End the Silence" pamphlet. Additionally, a poster entitled Sexual Abuse Advocacy Services provides accurate information regarding YWCA Billings VAs. In view of the above, the auditor finds MWP substantially compliant with 115.33(f) requirements. In view of the lack of the absence of adverse findings associated with 115.33 provisions, the auditor has determined that MWP is substantially compliant with 115.33.

115.34	**Specialized training: Investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.34(a) Pursuant to the PAQ, the Warden self reports agency policy requires that facility or agency sexual abuse/harassment investigators are trained in conducting sexual abuse investigations in confinement settings. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(6) addresses 115.34(a). The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has

	completed the three hour web based PREA Resource Center PREA Academy Investigations Training regarding investigation of sexual abuse incidents in a confinement setting. Additionally, he completed the MDOC Montana Analysis and Technical Information Center Intelligence Liaison Course. The former training was scenario-based and included a testing component. These trainings included the following topics: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral. The criminal investigative interviewee states he has likewise completed specialty training regarding investigation of sexual abuse in a confinement setting. Specifically, he completed the MDOC Montana Analysis and Technical Information Center Intelligence Liaison Course. The former training was scenario-based and included a testing component. These trainings included the following topics: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral. Additionally, he has completed a plethora of sexual abuse investigative trainings during his tenure as a police officer. The auditor's review of the administrative investigator's PREA Resource Center PREA Academy Investigations Training regarding investigation of sexual abuse incidents in a confinement setting and the MDOC Montana Analysis and Technical Information Center Intelligence Liaison Course certificates reveals substantial compliance with 115.34(c). Additionally, review of the administrative investigative interviewee's 2025 Acknowledgment and Disclosure Form(completed on an annual basis) reveals review and understanding of PREA-related policies. The auditor notes that he has reviewed the training syllabus for the above training and finds the same to be commensurate with 115.34(a) and (b) requirements. In view of the above, the auditor finds MWP substantially compliant with 115.34(a). 115.34(b)

	Pursuant to the PAQ, specialized training shall include the following topics: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(6) addresses 115.34(b). The administrative interviewee states that specialized training included: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral. This is commensurate with the auditor's findings pursuant to his review of the relevant lesson plan. In view of the above, the auditor finds MWP substantially compliant with 115.34(b). 115.34(c) Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing investigator(s) have completed the required training. The Warden further self reports MWP currently employs two administrative PREA investigators and they completed the requisite training. The auditor's review of the administrative investigator's PREA Resource Center PREA Academy Investigations Training regarding investigation of sexual abuse incidents in a confinement setting and the MDOC Montana Analysis and Technical Information Center Intelligence Liaison Course certificates reveals substantial compliance with 115.34(c). Additionally, review of the administrative investigative interviewee's 2025 Acknowledgment and Disclosure Form(completed on an annual basis) reveals review and understanding of PREA-related policies. Pursuant to follow-up with the PCM, there is no second administrative PREA investigator at MWP but rather, the criminal investigative interviewee is an MDOC employee located at MWP. He and the administrative investigative interviewee work collaboratively on nearly all sexual abuse investigations.

	In view of the above, the auditor finds MWP substantially compliant with 115.34(c). Accordingly, the auditor finds MWP substantially compliant with 115.34.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.35(a) Pursuant to the PAQ, the Warden self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the Warden, nine medical and mental health care practitioners or 90 percent who work regularly at the facility, have received the requisite training. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(5) addresses 115.35(a). The auditor's cursory review of the National Institute of Corrections (NIC) PREA Medical Standards random slides reveals substantial compliance with 115.35(a). The four requisite topics are addressed. According to the medical/mental health interviewees, they were unsure whether they completed specialized training regarding sexual abuse and sexual harassment training for medical and mental health practitioners by virtue of a three to five hour on-line class that addressed the following: How to detect and assess signs of sexual abuse and sexual harassment; How to preserve physical evidence of sexual abuse; How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and How and to whom to report allegations or suspicions of sexual abuse and sexual harassment. The auditor's review of training documents for eight of the nine MWP medical/mental health practitioners, capturing medical and mental health staff who have completed specialty PREA Medical and Mental Health training, reveals substantial compliance with 115.31(a-d). In view of the above, the auditor finds MWP substantially compliant with 115.35(a)

	115.35(b) Pursuant to the PAQ, the Warden self reports forensic examinations are not facilitated by MWP SANEs or at MWP. Zero SANEs provide SANE services at MWP. Accordingly, the auditor finds 115.35(b) not-applicable to MWP. 115.35(c) Pursuant to the PAQ, the Warden self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(7) addresses 115.35(a). The auditor's review of training documents for eight of the nine MWP medical/mental health practitioners, capturing medical and mental health staff who have completed specialty PREA medical and mental health training, reveals substantial compliance with 115.31(a-d). In view of the above, the auditor finds MWP substantially compliant with 115.35(c). 115.35(d) Pursuant to the PAQ, medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(7) addresses 115.35(a). The auditor's random review of rosters and individual training acknowledgments capturing five medical staff reveals substantial compliance with 115.35(d). Given the above, the auditor finds MWP substantially compliant with 115.35(d). Accordingly, in view of the absence of adverse findings, the auditor finds MWP substantially compliant with 115.35.

115.41	**Screening for risk of victimization and abusiveness**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.41(a) Pursuant to the PAQ, the Warden self reports the agency has a policy requiring assessment (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness towards other inmates. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E) addresses 115.41(a). According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to MWP or upon transfer from another institution for risk of sexual abuse victimization or sexual abusiveness (pursuant to the PREA Risk Assessment) towards other inmates. The interviewee states that assessments are facilitated one-on-one at a table located approximately 15 feet away from the Clean and Dirty cells in the Booking Area. She discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). She receives an email with sentencing and criminal information and she reviews the same prior to the conduct of the assessment. She does not review classification material already available prior to the inmate's arrival. In an effort to ensure meaningful assessment, the auditor strongly recommends that initial screening staff review any and all pre-arrival materials regarding each incoming inmate. This will allow the screener to ask probing questions to determine any threat level. While the auditor did observe the area in which victimization/aggressor assessments are conducted, he did not observe an actual assessment. As reflected above, the auditor asked specific questions of the interviewee from which to determine protocol and effectiveness in the assessment process. He also reviewed completed initial assessments and reassessments to determine comprehensiveness. Six of seven applicable (arrival dates at MWP within the last 12 months) random inmate interviewees state they did receive an initial PREA assessment on the date of arrival. The auditor notes that four additional interviewees arrived at MWP outside the 12 month window and accordingly, they were not queried regarding either the initial assessment or the 30-day reassessment. All 11 applicable files (arrival dates at MWP within the last 12 months) reveal that subject inmates received an initial PREA assessment at intake (day of arrival or within 24 hours of arrival). During the facility tour, the auditor did randomly question two inmates as to whether they were asked these questions on the day of arrival and both responded in the affirmative. In view of the above, the auditor finds MWP substantially compliant with 115.41(a). 115.41(b)

Pursuant to the PAQ, the Warden self reports policy requires inmates to be screened for risk of sexual victimization or risk of abusing other inmates within 72 hours of their intake. In the last 12 months, the Warden self reports 171 of 172 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(1) addresses 115.41(b).

According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to MWP or upon transfer from another institution for risk of sexual abuse victimization or sexual abusiveness (pursuant to the PREA Risk Assessment) towards other inmates. The interviewee states that assessments are facilitated one-on-one at a table located approximately 15 feet away from the Clean and Dirty cells in the Booking Area. She discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). She receives an email with sentencing and criminal information and she reviews the same prior to the conduct of the assessment. She does not review classification material already available prior to the inmate's arrival.

The PCM asserts that the records specialist, the intake officer, and she review the Pre-Sentence Investigation (PSI) prior to arrival. If any sexual abuse victimization or predation is mentioned in the PSI, the same is highlighted. Inmates are initially placed in an intake cell.

The interviewee states that she generally facilitates initial assessments within 24 hours of arrival at MWP.

If, for some reason, an inmate is not screened on the day of arrival, she is housed in single cell status in either secured housing or intake until the next morning when she can be properly screened. This is the exception and not the rule.

All of the six applicable (arrival dates at MWP within the last 12 months) random inmate interviewees state they did receive an initial PREA assessment on the date of arrival. The auditor notes that four additional interviewees arrived at MWP outside the 12 month window and accordingly, they were not queried regarding either the initial assessment or the 30-day reassessment.

Fourteen of 16 applicable (arrival dates at MWP within the last 18 months) reveal that subject inmates received an initial PREA assessment at intake (day of arrival or within 24 hours of arrival). During the facility tour, the auditor did randomly question two inmates as to whether they were asked these questions on the day of arrival and both responded in the affirmative.

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

15.41(c)

	Pursuant to the PAQ, the Warden self reports the risk assessment is conducted using an objective assessment instrument. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(1) addresses 115.41(c). Pursuant to the auditor's onsite review of the initial assessments cited in the narratives for 115.41(a) and (b), the same do reflect the questions articulated in 115.41(d) and (e). The weighting system is clearly articulated on page 2 of the sample assessment document uploaded into OAS. Pursuant to the same, inmates are classified as either Potential Victims (PVs)/Known Victims (KVs) or Potential Predators (PPs)/Known Predators (KPs). Of note, the weighting system is contingent upon the inmate's responses to specific question(s) and staff observations. Non-Victim (NV) and Non-Predator (NP) designations are also employed for those inmates who do not score as either victim or aggressor. In view of the above, the auditor finds MWP substantially compliant with 115.41(c). 115.41(d) Pursuant to the PAQ, the intake screening shall 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; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (6) Whether the inmate has prior convictions for sex offenses against an adult or child; (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(4)(a-i) addresses 115.41(d). The following issues are addressed in this instrument: Whether the inmate has a mental, physical, or developmental disability; The age of the inmate; The physical build of the inmate; Whether the inmate has previously been incarcerated; Whether the inmate's criminal history is exclusively nonviolent; Whether the inmate has prior convictions for sex offenses against an adult or child;

	Whether the inmate is or is perceived to be gay, lesbian, bisexual (LGB) (question is asked by the screener, as well as, assessed pursuant to observation); Whether the inmate has previously experienced sexual victimization; and The inmate's own perception of vulnerability. The question as to whether the inmate is detained solely for civil immigration purposes is not included in this instrument as MDOC does not house inmates or detainees based on civil immigaration purposes. The staff member who performs initial assessment for risk of victimization and abusiveness interviewee states that assessment questions, minimally, encompass: Sexual victimization history (both institution and community); Violent tendencies; History of perpetuating sexual abuse; LGB status; and Age. According to the staff who performs initial assessment for risk of victimization and abusiveness interviewee, she does screen inmates upon admission to MWP or upon transfer from another institution for risk of sexual abuse victimization or sexual abusiveness (pursuant to the PREA Risk Assessment) towards other inmates. The interviewee states that assessments are facilitated one-on-one at a table located approximately 15 feet away from the Clean and Dirty cells in the Booking Area. She discreetly asks the questions articulated in the assessment tool and subsequently records the inmate's response(s). As previously mentioned, initial assessments are generally completed on the day of arrival and if, for some reason, the same is not possible, inmates are housed in alternative housing arrangements. In view of the above, the auditor finds MWP substantially compliant with 115.41(d). 115.41(e) Pursuant to the PAQ, the initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(5) addresses 115.41(e). As previously indicated, the statement of the staff responsible for risk assessment interviewee, MDOC policy and the auditor's review of the PREA Risk Assessment

reveals that 115.41(e) questions are addressed in the assessment instrument.

In view of the above, the auditor finds MWP substantially compliant with 115.41(e).

115.41(f)

Pursuant to the PAQ, the Warden self reports policy requires that the facility reassess each inmate's risk of victimization or abusiveness within a set time period, not to exceed 30 days following the inmate's arrival at the facility, based upon any additional, relevant information received by the facility since the intake assessment. In the last 12 months, the Warden self reports 171 of 172 inmates entered the facility (either through intake or transfer) whose length of stay in the facility was 30 days or more who were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 30 days of entry into the facility.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(2) addresses 115.41(f).

The staff responsible for risk assessment interviewee states within 30 days of arrival at MWP, the inmate's respective case manager facilitates a reassessment.

Two of the seven applicable (arrival dates within the last 12 months) random inmate interviewees state they did receive a reassessment within 30 days of arrival at MWP. Of note, the auditor's review of one of five files associated with inmates who stated they were not reassessed within 30 days of arrival at MWP, reveals they received reassessments in a timely manner. Of note, the auditor did not review files associated with four of these interviewees.

The auditor's further review of seven of 11 applicable randomly selected inmate files (accompanying files for inmates received at MPC during the last 12 months) reveals reassessments were completed within 30 days of arrival. While all of the reassessments were thorough, four of the reassessments were untimely by two to four days.

In view of the above, the auditor finds MWP substantially compliant with 115.41(f). The auditor does strongly recommend that the PCM reinforce with case management staff the requirement that all reassessments be completed within 30 days if arrival at MWP.

In view of the above, the auditor finds MWP substantially compliant with 115.41(f).

115.41(g)

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

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(3) addresses 115.41(g). The PCM states that during the last 12 months, one reassessment was facilitated when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. Although the reassessment was not completed following the investigation during 2023, a supervisor noted the discrepancy and referred the matter to the PCM. A CM subsequently reassessed the inmate predator in December, 2025. The staff who performs assessment for risk of victimization and abusiveness interviewee states that the case manager assigned to the inmate requiring reassessment as the result of a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness would facilitate the reassessment. The PCM may also facilitate the same reassessment. In view of the above, the auditor finds MWP substantially compliant with 115.41(g). 115.41(h) Pursuant to the PAQ, the Warden self reports the policy prohibits disciplining inmates for refusing to answer (or for not disclosing complete information related to) questions regarding: Whether or not the inmate has a mental, physical, or developmental disability; Whether or not the inmate is or is perceived to be gay, lesbian, bisexual, or gender non-conforming; Whether or not the inmate has previously experienced sexual victimization; and The inmate's own perception of vulnerability. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(6) addresses 115.41(h). The staff who performs assessment for risk of sexual victimization and sexual abusiveness interviewee states inmates are not disciplined for any of the reasons articulated in the preceding two paragraphs. The auditor found no evidence of deviation from either policy or provision. In view of the above, the auditor finds MWP substantially compliant with 115.41(h). 115.41(i)

	Pursuant to the PAQ, the agency shall implement 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. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(8) addresses 115.41(h). According to the MDOC PC, MWP PCM, and the staff who performs assessment for risk of sexual victimization and abusiveness interviewees, the agency has outlined who should have access to an inmate's risk assessment within the facility in order to protect sensitive information from exploitation. According to the MWP PCM, such information consumption is generally limited to the Warden, PCM, case managers, investigator, and mental health staff. The MDOC PC asserts that access is generally limited to the Warden, assistant warden (AW), sergeants (SGT), lieutenants (LT), and case managers. The staff who performs assessment for risk of sexual victimization and abusiveness interviewee states that she forwards each assessment to the PCM and she scans the same to her desktop. Electronic access is granted by privileges. The auditor notes that victimization/aggressor assessments are maintained in electronic files (Sharepoint) that can be accessed only by those staff who have been granted system privileges. The PCM validated the same as reflected in the preceding paragraph. In view of the above, the auditor finds MWP substantially compliant with 115.41(i). In view of the evidence reflected throughout this standard narrative, the auditor finds MWP substantially compliant with 115.41.

115.42	**Use of screening information**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.42(a) Pursuant to the PAQ, the Warden self reports the facility uses information from the risk screening to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(8) addresses 115.42(a). The PCM and the staff responsible for risk screening interviewees state that the

	MDOC system assigns PV, KV, PP, and KP status to each initial and reassessment screening. PVs and KVs can be housed together, as well as PPs and KPs can be housed together. All of the above classifications can be housed with those inmates who present with none of the above classifications. Vs and Ps are not housed in the same cell. The auditor has learned that the PCM maintains final approval for all cell/room/bed assignments. Prior to approving such assignments she reviews each PREA Risk Assessment to assess sexual safety for the affected inmates, using the above formula. She does provide the shift commander the assessment assignment to facilitate safe and prudent placement. If an assignment must be made during non-regular business hours, the shift commander effects the same, using the above formula. Accordingly, the auditor finds MWP substantially compliant with 115.42(a). 115.42(b) Pursuant to the PAQ, the Warden self reports the facility makes individualized determinations about how to ensure the safety of each inmate. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 7, section IV(E)(9) addresses 115.42(a). The staff responsible for risk screening interviewee asserts that the MDOC system assigns PV, KV, PP, KP classifications and those with none of these statuses, to each initial and reassessment screening. Vs and Ps are not housed in the same cell. Housing notes and flags are reviewed during the housing assignment process to address any sexual safety concerns. She does not effect cell/room/bed assignments. Rather, the same are effected pursuant to the protocol identified in the narrative for 115.42(a). In view of the above, the auditor finds MWP substantially compliant with 115.42(b). 115.42(c) The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards. Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections:

	115.15(e); 115.31(a)(9); 115.41(d)(7); 115.42(c) through (g); and 115.86(d)(2). In view of the above, standard provision 115.42(c) is not considered in the auditor's analysis. 115.42(d) The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards. Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections: 115.15(e); 115.31(a)(9); 115.41(d)(7); 115.42(c) through (g); and 115.86(d)(2). In view of the above, standard provision 115.42(d) is not considered in the auditor's analysis. 115.42(e) The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards. Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance

	determinations for the following PREA standard subsections: 115.15(e); 115.31(a)(9); 115.41(d)(7); 115.42(c) through (g); and 115.86(d)(2). In view of the above, standard provision 115.42(e) is not considered in the auditor's analysis. 115.42(f) The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards. Portion(s) of the following PREA standards are in conflict with the requirements in EO 14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections: 115.15(e); 115.31(a)(9); 115.41(d)(7); 115.42(c) through (g); and 115.86(d)(2). In view of the above, standard provision 115.42(f) is not considered in the auditor's analysis. 115.42(g) The auditor notes that on December 2, 2025, a memorandum was issued from the Principal Deputy Director Bureau of Justice Assistance regarding a January 20, 2025 Executive Order(EO) issued by the President of the United States. That EO, entitled "Defending Women from Gender Ideology Extremism and Restoring Biological Truth to the Federal Government", creates certain changes associated with PREA standards. Portion(s) of the following PREA standards are in conflict with the requirements in EO

	14168 and accordingly, auditors are instructed to pause from making compliance determinations for the following PREA standard subsections: 115.15(e); 115.31(a)(9); 115.41(d)(7); 115.42(c) through (g); and 115.86(d)(2). In view of the above, standard provision 115.42(g) is not considered in the auditor's analysis. In view of the absence of adverse findings with respect to the above provisions, the auditor finds MWP substantially compliant with 115.42.

115.43	**Protective Custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.43(a) Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of a sexual safety assessment. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 4, section IV(B)(12) addresses 115.43(a). The Warden asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate can be placed in such status temporarily for up to 24 hours while

alternative placement(s) are researched. If an inmate requests protective custody, she may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures.

In view of the above, the auditor finds MWP substantially compliant with 115.43(a).

115.43(b)

Pursuant to the PAQ, inmates placed in segregated housing for this purpose shall have access to programs, privileges, education, and work opportunities to the extent possible. If the facility restricts access to programs, privileges, education, or work opportunities, the facility shall document:

The opportunities that have been limited;

The duration of the limitation; and

The reasons for such limitations.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 4, section IV(B)(13) addresses 115.43(b).

According to the PCM, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

The staff who supervises inmates in segregated housing interviewee states that inmates would not be placed in segregated housing pursuant to 115.43(a) provisions. Victims are generally moved to another appropriate pod.

If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (Education, Hobby, movement privileges, and tablet);

Privileges (telephone and commissary are available to inmates);

Education (inmates can request access to ABE, GED, and college educational materials); and

Work opportunities [based on security level and Behavioral Management Plan (BMP)].

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the BMP form, documented in OMS, and in the Security Shift Log. The SGT briefs staff regarding BMP issues, the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations.

In view of the above, the auditor finds MWP substantially compliant with 115.43(b).

115.43(c)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 4, section IV(B)(12) addresses 115.43(c).

The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same were to occur, the longest placement under such circumstances would be limited to the time necessary to evaluate a safe situation, generally no longer than seven days. Attempted placement is targeted for resolution within 24 hours.

The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU or the high security pod unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that inmates are not placed in segregated housing for 115.43(a) circumstances.

As previously mentioned, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.

In view of the above, the auditor finds MWP substantially compliant with 115.43(c).

115.43(d)

Pursuant to the PAQ, if an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, the facility shall clearly document:

The basis for the facility's concern for the inmate's safety; and

The reason why no alternative means of separation can be arranged.

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

Pursuant to random review of 11 sexual abuse/harassment investigations, the auditor has not discovered any 115.43 violations and accordingly, requisite 115.43(d) documentation is not available.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 4, section IV(B)(12) addresses 115.43(d).

	In view of the above, the auditor finds MWP substantially compliant with 115.43(d). 115.43(e) Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such inmate a review every 30 days to determine whether there is a continuing need for separation from the general population. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 4, section IV(B)(12) addresses 115.43(e). The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible. As previously mentioned, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted. In view of the above, the auditor finds MWP substantially compliant with 115.43(e). Accordingly, the auditor finds MWP substantially compliant with 115.43.

115.51	**Inmate reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.51(a) Pursuant to the PAQ, the Warden self reports the agency has established procedures allowing for multiple internal ways for inmates to report privately to agency officials about: Sexual abuse or sexual harassment; Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment of inmates; and Staff neglect or violation of responsibilities that may have contributed to such incidents. Reporting options, as articulated in the MWP "End the Silence" poster and researched

during pre-audit review of materials uploaded into OAS, include the following:

Call the internal PREA Hotline (directions noted on the poster);

Verbal report to any staff member, contractor, or volunteer;

Forward a kite to any staff member;

Submit a report to a third party who can subsequently report the information to facility staff;

Write or call the MDOC PC or MWP PCM; and

File a grievance.

The auditor's review of documentation submitted in OAS reveals that MWP inmates can access electronic tablets to order commissary, submit electronic grievances, etc. Accordingly. sexual abuse/harassment reports may be reported via electronic tablet.

According to the "End the Silence" poster, letters to the Nevada Office of the Inspector General's Office (OIG) pursuant to 115.51(b) must be marked "Legal" or "Privileged", enabling special mail handling (not being opened).

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 7, section IV(F)(1) and (3) addresses 115.51(a).

According to the "End the Silence" poster, reports of sexual abuse or sexual harassment to an agency that is not part of MDOC can be written to the following address:

Nevada Department of Corrections (NDOC)

Office of the Inspector General (OIG)

PREA Management Division

P.O. Box 7011

Carson City, NV 89701

Of note, these posters are hung at a height that is readable by the inmate population and the same were present in each housing unit and pod. The auditor notes that posters were readily visible in all pods. Clearly, inmates are afforded the materials necessary for them to properly report sexual abuse/harassment as articulated in 115.51.

The auditor did observe a test of the internal PREA Hotline on March 3, 2026 from an inmate tablet and the test call was successful. A message was recorded and the investigator subsequently received an email regarding the message. The inmate's pin number was entered to access tablet use.

All 12 random staff interviewees were able to cite at least two methods for inmates to

	report sexual abuse/harassment, retaliation, and staff neglect or violation of responsibilities at MWP. Specifically, inmates can report via verbal report(s) to staff, submission of a written report, reporting via the MWP PREA Hotline, report on the tablet, third-party report, and letter report to NDOC OIG. All 11 random inmate interviewees were able to cite at least one method of reporting sexual abuse/harassment at MWP. Methods of reporting cited are as follows: Hotline; Verbal report to staff; Third party; Written; and Tablet. In view of the above, the auditor finds MWP substantially compliant with 115.51(a). 115.51(b) Pursuant to the PAQ, the Warden self reports the agency provides 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. The Warden further self reports the agency does not have a policy requiring inmates detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security as such inmates or detainees are not housed at MWP. The MDOC PC and MWP PCM assert that zero ICE inmates, housed solely for civil immigration purposes, are confined at MWP. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 7, section IV(F)(2) addresses 115.51(a). All 11 random inmate interviewees were able to cite at least one method of reporting sexual abuse/harassment at MWP. Methods of reporting cited are as follows: Hotline; Verbal report to staff; Third party; Written; and Tablet. Eight of 11 random inmate interviewees assert they are allowed to make a report without giving their name.

According to the MWP PCM, inmates can submit a written report to the NDOC OIG to report a sexual abuse/harassment incident pursuant to 115.51(b). The envelope is not opened, searched, and read. Locked mailboxes are located in each of the pods. Mail Room staff pick up the mail Monday through Friday and process the same. NDOC OIG officials subsequently report any allegation(s) to the MWP Warden.

The auditor's review of the aforementioned poster reflects that reports of sexual abuse or sexual harassment to an agency that is not part of MDOC can be written to the following address:

Nevada Department of Corrections (NDOC)

Office of the Inspector General (OIG)

PREA Management Division

P.O. Box 7011

Carson City, NV 89701

The auditor notes that the same information is included in the "End the Silence" poster and all information is congruent across educational mediums.

In view of the above, the auditor finds MWP substantially compliant with 115.51(b).

115.51(c)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 7, section IV(F)(4) addresses 115.51(a).

All 12 random staff interviewees state that when an inmate alleges sexual abuse or sexual harassment, she can do so verbally, in writing, anonymously, and from third parties. Similarly, 10 of 12 random staff interviewees state they immediately document verbal reports of sexual abuse and sexual harassment.

Nine of 11 random inmate interviewees state they can make reports of sexual abuse or sexual harassment both in person or in writing and that someone else can make a report for them without mentioning their name.

The auditor notes that he did inform inmate interviewees, who did not know specific information, regarding anonymous reporting.

In view of the above, the auditor finds MWP substantially compliant with 115.51(c).

	115.51(d) Pursuant to the PAQ, the Warden self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of inmates. Staff are advised of the same pursuant to PREA ART and provision of educational materials during off-training years. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(1) and (2) addresses 115.51(a). All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods: Submission of a written report to the Warden/PCM/ADO/supervisory staff; Closed door verbal report(s) to the same staff; Telephone call to supervisor; PREA Hotline; and Email; In view of the above, the auditor finds MWP substantially compliant with 115.51(d). In view of the lack of adverse findings regarding any of the 115.51 requirements, the auditor finds MWP substantially compliant with 115.51.

115.52	**Exhaustion of administrative remedies**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.52(a) Pursuant to the PAQ, the Warden self reports the agency does have an administrative procedure for dealing with inmate grievances regarding sexual abuse. As reflected in the following policy citation, there is both a policy and a practice in terms of processing sexual abuse reports. MDOC Policy 3.3.3 entitled Inmate Grievance Program, pages 3 and 4, section IV(E) addresses 115.52(a). In view of the above, the auditor finds MWP substantially compliant with 115.52(a).

115.52(b)

Pursuant to the PAQ,

The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse;

The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse;

The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse; and

Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.

MDOC Policy 3.3.3 entitled Inmate Grievance Program, page 3, section IV(E)(2) and (3) addresses 115.52(b).

In view of the above, the auditor finds MWP substantially compliant with the intent of 115.52(b).

115.52(c)

Pursuant to the PAQ, the agency shall 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; and

Such grievance is not referred to a staff member who is the subject of the complaint.

MDOC Policy 3.3.3 entitled Inmate Grievance Program, page 3, section IV(E)(2) addresses 115.52(c).

In view of the above, the auditor finds MWP substantially compliant with the intent of 115.52(c).

115.52(d)

Pursuant to the PAQ,

The agency issues 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;

	The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate, in writing, of any such extension and provide a date by which a decision will be made; and 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, the inmate may consider the absence of a response to be a denial at that level. MDOC Policy 3.3.3 entitled Inmate Grievance Program, pages 3 and 4, section IV(E)(4) through (6) addresses 115.52(d). Pursuant to the PAQ, the Warden asserts that zero grievances alleging sexual abuse were filed within the last 12 months. Throughout the onsite visit, the auditor has not discovered any contradictory evidence. In view of the above, the auditor finds MWP substantially compliant with 115.52(d). 115.52(e) Pursuant to the PAQ: Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be 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; If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate’s decision. MDOC Policy 3.3.3 entitled Inmate Grievance Program, page 4, section IV(E)(8) addresses 115.52(e). Pursuant to the PAQ, the Warden asserts that zero grievances alleging sexual abuse were filed by inmates in the last 12 months in which the inmate declined third-party assistance, containing documentation of the inmate's decision to decline. Throughout the onsite visit, the auditor has not discovered any contradictory evidence. In view of the above, the auditor finds MWP substantially compliant with 115.52(e).

115.52(f)

Pursuant to the PAQ:

The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse; and

After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

MDOC Policy 3.3.3 entitled Inmate Grievance Program, page 4, section IV(E)(7)(a-d) addresses 115.52(f).

Pursuant to the PAQ, the Warden asserts that zero emergency grievances alleging substantial risk of imminent sexual abuse were filed in the last 12 months. Throughout the onsite visit, the auditor has not discovered any contradictory evidence.

In view of the above, the auditor finds MWP substantially compliant with 115.52(f).

115.52(g)

Pursuant to the PAQ, the agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

MDOC Policy 3.3.3 entitled Inmate Grievance Program, page 4, section IV(E)(9) addresses 115.52(g).

Pursuant to the PAQ, the Warden asserts that, in the last 12 months, zero inmate grievances alleging sexual abuse resulted in disciplinary action by the agency against the inmate for having filed the grievance in bad faith. Throughout the onsite visit, the auditor has not discovered any contradictory evidence.

In view of the above, the auditor finds MWP substantially compliant with 115.52(g).

Given the absence of adverse findings with respect to the above provisions, the auditor finds MWP substantially compliant with 115.52.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.53(a) Pursuant to the PAQ, the Warden self reports the facility provides inmates with access to outside victim advocates for emotional support services related to sexual abuse by: Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for local, state, or national advocacy or rape crisis organizations; Giving inmates mailing addresses and telephone numbers (including toll-free Hotline numbers where available) for immigrant services agencies for persons detained solely for civil immigration purposes; and Enabling reasonable communication between inmates and these organizations in as confidential manner as possible. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(J)(6) addresses 115.53(a). The auditor's review of the Sexual Abuse Advocacy Services (SAAS) poster reveals that YWCA Billings is a recognized emotional support service pursuant to 115.53(a). The YWCA Billings telephone number, as well as, address is clearly reflected on this poster that is hung in all units and pods. Additionally, instructions regarding mailing (noting that the material is "legal or privileged") are included on this poster. On March 4, 2026 at 12:16PM, the auditor tested the telephone number reflected within the aforementioned poster to test the YWCA Billings line. The test call was made from an inmate's tablet. The auditor also notes that such calls can be made from inmate and staff office telephones or cell phones. This test was considered successful as the auditor conversed with a VA. The responding VA stated that she provides verbal information regarding coping skills, agencies who may provide further assistance, etc. to any callers who access this crisis line. She further stated that any information regarding the alleged sexual abuse, taking into account the caller's request for anonymity, would be provided to

	the facility investigator. The PCM asserts calls to YWCA Billings are considered confidential in nature and are not recorded, similar to attorney calls. The "End the Silence" brochure reflects verbiage regarding confidentiality as articulated in DOC Policies 3.3.6 entitled Inmate Mail in Secure Facilities and DOC Policy 3.3.7 entitled Offender's Access to Audio and Video Calling. According to the PCM, these policies are provided to inmates during orientation. These policies focus on whether and/or when telephone calls and mail are monitored. These documents are provided to inmates on their tablets as well. Additionally, YWCA Billings is programed into the inmate telephones as a confidential and free telephone call, so as soon as they dial the number, it goes through without issue and is not monitored. All three inmates who reported a sexual abuse incident at MWP interviewees state the facility does provide information (addresses and telephone numbers) regarding community provider(s) who provide victim advocacy services to assist victims with sexual abuse trauma. Two interviewees state that the information is available on posters hung on the walls within pods and the third interviewee states that the information was provided to her subsequent to the sexual abuse incident. One interviewee states that YWCA Billings provides emotional support to victims of sexual abuse at MWP. Two interviewees state such calls can be made during telephone hours or with staff assistance. Nine of the 11 random inmate interviewees state there are services available outside of the facility for dealing with sexual abuse, if needed. Five interviewees cite YWCA Billings VAs and one interviewee cites the Indian Health Service as "go to" agencies for emotional support services related to sexual abuse perpetrated at MWP. Five interviewees could not cite the name of an emotional support service to provide VA services for sexual abuse incidents. Nine of the 11 random inmate interviewees state the facility does provide mailing addresses and telephone numbers for such outside services pursuant to a poster, tablet(s), a pamphlet, and staff resource book. The auditor notes that only two interviewees state they do not know if the facility provides mailing addresses and telephone numbers for the outside services. Eight of 11 random inmate interviewees state that telephone numbers are free to call while three interviewees state they do not know whether such calls would be free of charge. When questioned as to when they could talk to staff from the outside service(s), eight of 11 interviewees state such contact can be made during telephone hours or with staff assistance, one states that calls can be made anytime on the tablets, and two interviewees did not know when the calls can be made. In view of the above, the auditor finds MWP substantially compliant with 115.53(a). 115.53(b)

	Pursuant to the PAQ, the Warden self reports the facility informs inmates, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The Warden further self reports the facility informs inmates, prior to giving them access to outside support services, of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(J)(6) addresses 115.53(b). The auditor's review of the MDOC tri-fold brochure entitled "End the Silence" does not addresses 115.53(b). Furthermore, the poster by the same name does not address the same. At this point, the auditor has not been provided any evidence substantiating that inmates are advised of the mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law, prior to giving them access to outside support services. In view of the above, the auditor finds MWP non-compliant with 115.53(b) and he imposes a 180-day corrective action period wherein the MDOC PC and/or MWP PCM will demonstrate compliance with and institutionalization of 115.53(b) requirements. The corrective action due date is August 31, 2026. To demonstrate compliance with 115.53(b), the MDOC PC and/or MWP PCM will develop a plan to educate inmates regarding mandatory reporting rules governing privacy, confidentiality, and/or privilege that apply to disclosures of sexual abuse made to outside victim advocates, including any limits to confidentiality under relevant federal, state, or local law. When developing this plan, consultation with the Legal Department should be considered as they can identify the parameters of mandatory reporting under these circumstances. For example, if mandatory reporting in Montana includes information conveyed regarding criminal activity or sexual abuse being perpetrated at the facility or within the community, self injurious behavior, information regarding physical or sexual abuse of a child, or any threat to the security of the facility, the same should be included in any publication provided to inmates at intake. Once the requisite information is developed, the auditor recommends that the same be reduced to writing in the "End the Silence" pamphlet or an addendum to the same. Specifically, that information is provided to every inmate during intake and accordingly, all inmates will have the ability to be informed. If this strategy is implemented, the MDOC PC or MWP PCM will upload a copy of the revised pamphlet for review. Once approved, the same will be issued to all incoming inmates at intake. The MDOC PC and/or MWP PCM will then provide training to all staff stakeholders regarding this information as they provide a verbal overview of PREA information during intake. The MWP PCM will upload proof of training including the name of the training, the instructor, the date on which the information is

presented, the typed or printed name(s) of participants, participant signatures, and the date on which the training was received. Additionally, a copy of the lesson plan will likewise be uploaded.

To address this same information with current inmates, the MDOC PC and/or PCM will ensure that either town hall meetings are conducted in each pod relative to this new information or alternatively, an informational memorandum can be generated and posted in each pod, memorializing this new information. A copy of the informational memorandum and/or town hall minutes addressing this new information will be uploaded into OAS.

Subsequent to the above, the auditor will assess compliance or non-compliance.

Ten of the 11 random inmate interviewees state that what they say to staff from these services remains private and five of 11 interviewees state there are no exceptions to this privacy expectation while two interviewees state they do not know. Four interviewees state there would be exceptions to the privacy expectation when criminal activity or reports of self-injurious behavior are discussed with staff from the outside services.

Three interviewees who reported sexual abuse/harassment at MWP stated that the subject-matter of such contacts with outside support services VAs is confidential and one of the three interviewees states there are no exceptions to the confidentiality rule. One of the three interviewees states that there is an exception to the confidentiality rule when the inmate identifies criminal activity being perpetrated. One interviewee also states she doesn't know if there is an exception to the confidentiality rule.

In view of the above, the auditor finds MWP non-compliant with 115.53(b).

115.53(b) Update

The auditor's review of the updated "End the Silence" tri-fold brochure now reflects that YWCA Billings VAs are mandatory reporters and they are bound to report both sexual abuse at MWP and in the community. If they were to report such, it would likely be referred to the MWP criminal investigator, who would then work with other criminal investigators or law enforcement to proceed forward with that report as necessary. MWP staff have received reports of sexual abuse outside of MWP before, and have partnered with Billings Police Department to initiate action and allow BPD to facilitate their official investigations.

In view of the above, MWP inmates are equiped with the tools to be aware of 115.53(b) parameters. As all new arrivals receive the "End the Silence" brochure at intake, they can be aware of both policy and requirements.

Accordingly, the auditor now finds MWP substantially compliant with 115.53(b).

	115.53(c) Pursuant to the PAQ, the Warden self reports the facility maintains a Memorandum of Understanding (MOU) or other agreement with community service providers that are able to provide inmates with emotional support services related to sexual abuse. The Warden further self reports the facility maintains a copy of the agreement. The auditor's review of an MOU between MDOC/MWP and YWCA Billings reveals the same does address provision of emotional support services related to post sexual abuse incidents. Accordingly, the auditor finds MWP compliant with 115.53(c). In view of the corrective action identified in the narrative for 115.53(b) and the compliance findings with respect to all 115.53 provisions, the auditor finds MWP substantially compliant with 115.53.

115.54	**Third-party reporting**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.54(a) Pursuant to the PAQ, the Warden self reports the agency or facility provides a method to receive third-party reports of inmate sexual abuse or sexual harassment. The Warden further self reports the same can be accomplished through submission of a letter to the MDOC PC or MWP PCM or telephone to either of the above individuals (address and telephone number are clearly articulated on the PREA Reporting poster displayed in the front lobby or facility entrance and the visiting room), the external reporting address articulated on the "End the Silence" poster and the End the Silence pamphlet provided to each inmate during the intake process. Pursuant to the auditor's review of the MDOC/MWP website, any inmate or third-party reporter of sexual abuse/sexual harassment may report anonymously to the Warden (via letter or telephone). The MDOC PC's name, telephone number, address, and a general PREA mailbox to which reports can be forwarded are listed on the website for reporting purposes. As articulated in the first paragraph, the Warden self reports the agency or facility distributes information to inmates regarding methods to report inmate sexual abuse or sexual harassment. On April 16, 2026 at 7:52AM, the auditor did test third-party reporting by contacting the MWP PC at 406-247-5121. This telephone number is listed on the PREA Reporting poster as a third-party reporting option. The auditor left a message regarding this test of the system and he received a telephonic response from the MWP PCM at

	8:37AM on the same date. In view of the above, the auditor finds MWP substantially compliant with 115.54(a). Accordingly, the auditor finds MWP substantially compliant with 115.54.

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.61(a) Pursuant to the PAQ, the Warden self reports the agency requires all staff to report immediately and according to agency policy: Any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against inmates or staff who reported such an incident; and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(1) addresses 115.61(a). The auditor's review of 11 random alleged sexual abuse/harassment investigations (one sexual abuse investigation also included sexual harassment qualities) that occurred during the last 12 months reveals substantial compliance with 115.61(a). Investigations commenced in close proximity following report of the alleged sexual abuse or sexual harassment incident. A threshold interview commenced with the victim following the incident to determine the need for a forensic examination/ medical and mental health follow-up, and basic information surrounding the alleged incident. Additionally, there is no evidence of staff failure to report: Any knowledge, suspicion, or information they received regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency; Any retaliation against inmates or staff who reported such an incident; and Any staff neglect or violation of responsibilities that may have contributed to an

	incident or retaliation. Eleven of 12 random staff interviewees assert agency policy requires: All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility; Retaliation against inmates or staff who reported such an incident; and Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation. Eleven of 12 interviewees state these issues must be reported immediately to the shift commander or the highest ranking staff member on site at the time. All 12 interviewees were aware that such reports include supervisors and executive staff. All 12 random staff interviewees state staff can privately report sexual abuse and sexual harassment by any of the following methods: Submission of a written report to the Warden/PCM/ADO/supervisory staff; Closed door verbal report(s) to the same staff; Telephone call to supervisor; Call Ethics Hotline; PREA Hotline; Email; and Written report to supervisor. In view of the above, the auditor finds MWP substantially compliant with 115.61(a). 115.61(b) Pursuant to the PAQ, the Warden self reports that apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(5) addresses 115.61(b). All 12 random staff interviewees assert agency policy requires: All staff to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility;

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

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

Eleven of 12 interviewees state these issues must be reported immediately to the shift commander or the highest ranking staff member on site at the time. All 12 interviewees were aware that such reports include supervisors and executive staff.

In view of the above, the auditor finds MWP substantially compliant with 115.61(b).

115.61(c)

Pursuant to the PAQ, unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(6) addresses 115.61(c).

According to the medical (Med) and mental health (MH) interviewees, disclosure of confidentiality limitations and duty to report is provided to inmates prior to initiation of services. The Med interviewee states that informed consent is addressed with the inmate prior to administration of treatment and the same is documented in the notes. The same is also addressed with each inmate during the intake process and the inmate signs for confidentiality limitations and duty to report. The MH interviewee states that inmates sign an Informed Consent form at intake and the same is verbally provided every time she provides services however, only the first subsequent advisement is documented.

Reporting any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor or official immediately upon learning of the same, is policy driven. The Med and MH interviewees immediately report such incidents to the operations manager (OM), PCM, shift commander, investigator, Warden or the highest ranking official onsite at the time of the report. The MH interviewee states she has become aware of sexual abuse allegation(s) on four occasions during the last 12 months at MWP and she properly reported each of these allegations. The auditor's review of random sexual abuse/harassment investigations validates the same in at least one case.

In view of the above, the auditor finds MWP substantially compliant with 115.61(c).

115.61(d)

Pursuant to the PAQ, if the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall

	report the allegation to the designated State or local services agency under applicable mandatory reporting laws. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(3) and (4) addresses 115.61(d). The Warden asserts zero inmates under the age of 18 are housed at MWP. The MDOC PC would be contacted with respect to sexual abuse of any vulnerable adult(s) and he would make further notifications. According to the MDOC PC, he would contact the Department of Public Health and Human Services (DPHHS) regarding any issues pertaining to a vulnerable adult. Absent any evidence to the contrary, the auditor finds MWP substantially compliant with 115.61(d). 115.61(e) MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(H)(10) addresses 115.61(d). The Warden asserts that the SGT alerts her and she alerts the administrative and criminal investigators. The SGT can also notify the administrative and criminal investigators. The auditor's review of the aforementioned investigations reveals that the investigator is immediately included in the loop whenever sexual abuse/harassment allegations are reported. In view of the above, the auditor finds MWP substantially compliant with 115.61(e). Accordingly, the auditor finds MWP substantially compliant with 115.61.

115.62	**Agency protection duties**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.62(a) Pursuant to the PAQ, the Warden self reports when the agency or facility learns an inmate is subject to substantial risk of imminent sexual abuse, it takes immediate action to protect the inmate (e.g.. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The Warden further

	self reports in the last 12 months, zero instances occurred wherein the facility determined an inmate was at substantial risk of imminent sexual abuse. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 3, section IV(A)(2) addresses 115.62(a). The Agency Head interviewee asserts immediate removal of the potential victim from the area and separation from the potential perpetrator, if known, is the initial response to a report of substantial risk of imminent sexual abuse. This short term action, as well as, long-term safety must be considered. An investigation, inclusive of asking the victim if she feels safe would dictate subsequent steps to address the victim's sexual safety. The potential perpetrator, if known, would be placed in segregated housing status. If placement of the victim in another pod at MWP or placement at Riverside are not feasible or prudent, the Agency Head may initiate contact and conversation to move the victim via Interstate Compact to an out-of-state facility. The Warden asserts the potential victim is removed from the danger zone and moved to a safe location until alternative housing can be arranged. Local staff assess the threat level and the matter is simultaneously investigated. The potential victim may be placed in another pod within the facility or we could coordinate with other department staff to relocate the potential victim if circumstances dictated the same. If movement of the perpetrator is warranted, placement in the high security unit may be required. Eleven of 12 random staff interviewees assert the potential victim would be immediately removed from the danger zone when it is learned she is in imminent danger of sexual abuse. In view of the above, the auditor finds MWP substantially compliant with 115.62.

115.63	**Reporting to other confinement facilities**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.63(a) Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that, upon receiving an allegation an inmate was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred. The Warden further self reports in the last 12 months, zero allegations of sexual abuse were received at MWP where an inmate was sexually abused while confined at another facility.

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(7) addresses 115.63(a). The auditor's review of one PREA Risk Assessment reveals that the subject inmate did allege she had been sexually abused at another facility during 2008. The alleged sexual abuse originating at another facility was not reported to the MWP Warden and accordingly, the requisite 115.63 notification to the Director at the facility at which the alleged incident occurred, was not completed. In view of the above, the auditor finds MWP non-compliant with 115.63(a-c). Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states she was sexually abused while housed at another facility (e.g. county, state, federal, juvenile, private), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known. The PCM will develop a protocol as to how the information is funneled to her and who is responsible for preparation of the letter from the Warden to the Warden/Director, etc. at the facility wherein the alleged sexual abuse allegedly occurred. Additionally, time requirements will be addressed in terms of the timeframe for referral of the notification to the PCM. The PCM will upload a copy of the lesson plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed/emailed by the Warden within 72 hours of notification by the inmate. Between the date of this interim PREA report and August 31, 2026, the PCM will upload any 115.63(a) allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization. In view of the above, the auditor finds MWP non-compliant with 115.63(a). April 29, 2026 Update: On April 27, 2026, a new admission to MWP reported prior sexual victimization at a Montana county jail. The same was reported during her initial victimization/aggressor assessment. On April 28, 2026, the Warden forwarded an email to the commanding officer at that facility, citing the report and some substance regarding the victim's

report. A copy of the assessment and PREA Risk Assessment Questions was also attached to the email. The auditor's review of these documents reveals proper steps were taken towards resolution of 115.63 corrective action.

August 18, 2026 Update:

The auditor's review of a comprehensive training plan and staff education documentation regarding 115.63 requirements reveals substantial compliance with the corrective action plan. A training roster dated June 19, 2026 reveals that 11 staff (inclusive of the Warden and two assistant wardens, two investigators, an intake staff member, and five case managers) completed this requisite training. The auditor is satisfied that the training portion of the corrective action plan is complete.

In view of the above, the auditor finds MWP substantially compliant with 115.63(a).

115.63(b)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(7) addresses 115.63(b).

The auditor's review of one PREA Risk Assessment reveals that the subject inmate did allege she had been sexually abused at another facility during 2008. The alleged sexual abuse originating at another facility was not reported to the MWP Warden and accordingly, the requisite 115.63 notification to the Director at the facility at which the alleged incident occurred, was not completed.

In view of the above, the auditor finds MWP non-compliant with 115.63(a-c). Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is August 31, 2026.

To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states she was sexually abused while housed at another facility (e.g. county, state, federal, juvenile, private), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known. The PCM will develop a protocol as to how the information is funneled to her and who is responsible for preparation of the letter from the Warden to the Warden/Director, etc. at the facility wherein the alleged sexual abuse allegedly occurred. Additionally, time requirements will be addressed in terms of the timeframe for referral of the notification to the PCM.

	The PCM will upload a copy of the lesson plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed/emailed by the Warden within 72 hours of notification by the inmate. Between the date of this interim PREA report and August 31, 2026, the PCM will upload any 115.63(a) allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization. In view of the above, the auditor finds MWP non-compliant with 115.63(b). April 29, 2026 Update: On April 27, 2026, a new admission to MWP reported prior sexual victimization at a Montana county jail. The same was reported during her initial victimization/aggressor assessment. On April 28, 2026, the Warden forwarded an email to the commanding officer at that facility, citing the report and some substance regarding the victim's report. A copy of the assessment and PREA Risk Assessment Questions was also attached to the email. The auditor's review of these documents reveals proper steps were taken towards resolution of 115.63 corrective action. August 18, 2026 Update: The auditor's review of a comprehensive training plan and staff education documentation regarding 115.63 requirements reveals substantial compliance with the corrective action plan. A training roster dated June 19, 2026 reveals that 11 staff (inclusive of the Warden and two assistant wardens, two investigators, an intake staff member, and five case managers) completed this requisite training. The auditor is satisfied that the training portion of the corrective action plan is complete. In view of the above, the auditor finds MWP substantially compliant with 115.63(b). 115.63(c) Pursuant to the PAQ, the Warden self reports the facility documents that it has provided such notification within 72 hours of receiving the allegation. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 8, section IV(H)(7) addresses 115.63(c). The auditor's review of one PREA Risk Assessment reveals that the subject inmate did

	allege she had been sexually abused at another facility during 2008. The alleged sexual abuse originating at another facility was not reported to the MWP Warden and accordingly, the requisite 115.63 notification to the Director at the facility at which the alleged incident occurred, was not completed. In view of the above, the auditor finds MWP non-compliant with 115.63(a-c). Accordingly, the auditor imposes a 180-day corrective action period wherein the PCM will demonstrate compliance with and institutionalization of 115.63 requirements. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.63(a-c) requirements, the PCM will provide training to stakeholders who facilitate victimization/abusiveness screenings regarding the nuances of 115.63. Specifically, all screeners must identify any instances in which the inmate reporter states she was sexually abused while housed at another facility (e.g. county, state, federal, juvenile, private), ensuring that specifics of the alleged abuse include the name of the facility and abusers, if known. The PCM will develop a protocol as to how the information is funneled to her and who is responsible for preparation of the letter from the Warden to the Warden/Director, etc. at the facility wherein the alleged sexual abuse allegedly occurred. Additionally, time requirements will be addressed in terms of the timeframe for referral of the notification to the PCM. The PCM will upload a copy of the lesson plan, inclusive of the protocol, into OAS. Additionally, the PCM will upload a copy of documentation validating stakeholder attendance at and completion of the training. The PCM will ensure that all future such written notifications are signed, dated, and mailed/emailed by the Warden within 72 hours of notification by the inmate. Between the date of this interim PREA report and August 31, 2026, the PCM will upload any 115.63(a) allegations received, the sexual victimization/aggressor screening reflective of the report and/or other documentation regarding the allegation, and notification letters generated under the Warden's signature. The auditor will subsequently review the same and make a determination regarding compliance and institutionalization. In view of the above, the auditor finds MWP non-compliant with 115.63(c). April 29, 2026 Update: On April 27, 2026, a new admission to MWP reported prior sexual victimization at a Montana county jail. The same was reported during her initial victimization/aggressor assessment. On April 28, 2026, the Warden forwarded an email to the commanding officer at that facility, citing the report and some substance regarding the victim's report. A copy of the assessment and PREA Risk Assessment Questions was also attached to the email. The auditor's review of these documents reveals proper steps were taken towards resolution of 115.63 corrective action.

August 18, 2026 Update:

The auditor's review of a comprehensive training plan and staff education documentation regarding 115.63 requirements reveals substantial compliance with the corrective action plan. A training roster dated June 19, 2026 reveals that 11 staff (inclusive of the Warden and two assistant wardens, two investigators, an intake staff member, and five case managers) completed this requisite training. The auditor is satisfied that the training portion of the corrective action plan is complete.

In view of the above, the auditor finds MWP substantially compliant with 115.63(c).

115.63(d)

Pursuant to the PAQ, the Warden self reports MWP requires that allegations received from other facilities/agencies regarding sexual abuse incidents which originated at MPC are investigated in accordance with PREA standards. The Warden further self reports in the last 12 months, one allegation of sexual abuse was received from another facility regarding an incident alleged to have originated at MWP. The auditor's review of the same investigation reveals substantial compliance with 115.63(d).

The Agency Head interviewee asserts that if another agency or facility within another agency refers allegations of sexual abuse or sexual harassment that occurred within an MDOC facility, the Warden or designee is generally the administrator who receives the call or notification letter. The same would be referred to the departmental investigative team who would subsequently determine whether the matter is administrative or criminal and proceed with the investigation accordingly. Any other staff who might receive such a report are well aware that the information must then be forwarded to the Warden for appropriate action.

The Warden asserts a full investigation is initiated by the facility investigator in such scenarios. The Warden further asserts that as far as she is aware, one report was received at MWP during the last 12 months.

The auditor's review of the investigation into this matter reveals substantial compliance with 115.63(d). The investigation commenced within a reasonable time frame and the same was thorough, completed pursuant to standard investigative techniques.

Accordingly, the auditor finds MWP substantially compliant with 115.63(d).

In view of the findings and corrective action articulated in the narratives for 115.63(a-c), the auditor finds MWP non-compliant with 115.63.

	Given the completed corrective action noted in the narratives for 115.63(a-c), the auditor now finds MWP substantially compliant with 115.63.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.64(a) Pursuant to the PAQ, the Warden self reports that the agency has a first responder policy for allegations of sexual abuse. The policy requires that, upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report: Separates the alleged victim and abuser; Preserves and protects any crime scene until appropriate steps can be taken to collect any physical evidence; If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report requests that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and If the abuse occurred within a time period that still allows for the collection of physical evidence, the first security staff member to respond to the report will ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating. The Warden further self reports that in the last 12 months, 22 allegations of inmate sexual abuse have been reported wherein the majority of first responder steps were employed. In 22 of these incidents, the first security staff member to respond to the report separated the alleged victim and abuser. In three of these cases, staff were notified within a time period that still allowed for the collection of physical evidence. In the past 12 months when staff were notified within a time period that still allowed for the collection of physical evidence, the first security staff member to respond to the report did not immediately preserve the crime scene in any of the cases as reporting time frames mitigated this step. All crime scenes were preserved at a later time due to the date of the reports as they came in. They were preserved as soon as investigations was notified. Finally, in one incident, the responding staff member requested that the victim and ensured that the perpetrator not destroy physical evidence as described above.

	Reportedly, crime scene preservation was not practical in all three of these incidents in view of the date of the report vs. the date the incident occurred and the responding staff member did not request that the victim and ensure that the perpetrator not destroy physical evidence in view of the same circumstances. The security first responder interviewee properly cited all four 115.64(a) requirements and responsibilities and the non-security first responder properly stated that he would report the incident to a security supervisor and request the victim not destroy physical evidence. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. One of the remaining random interviewees is a non-security employee and he accurately stated that he would report the incident to security supervisors and request the victim not destroy physical evidence. It is noted that 13 interviewees were in possession of an MDOC laminated card bearing the instructions as required by Standard 115.64(a). The auditor's review of one of three PAQ sexual abuse investigations completed during the last 12 months reveals that responding staff requested that the victim not destroy physical evidence and ensured that the perpetrator did not destroy physical evidence as articulated above. The auditor's onsite review of eight random sexual abuse investigations completed during the last 18 months reveals no conflict with first responder duties as articulated above. The same is validated pursuant to review of the investigations in each matter. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 7 and 8, section IV(G)(1)(a-c) addresses 115.64(a). With respect to the three inmates who stated they were subject to sexual abuse at MWP, the fact pattern in one case appears to be more like sexual harassment. The fact patterns in the remaining two cases clearly constituted sexual abuse. The auditor finds that staff were responsive in all of these fact patterns. In view of the above, the auditor finds MWP substantially compliant with 115.64(a). 115.64(b) Pursuant to the PAQ, the Warden self reports agency policy requires that if the first responder is not a security staff member, the first responder shall be required to: Request the alleged victim not take any actions that could destroy physical evidence; and Notify security staff.

	The Warden further self reports that, of the allegations made that an inmate was sexually abused within the last 12 months, non-security staff members were the first responders on 12 occasions. On four occasions, reports originated from mental health staff. All crime scenes were preserved at a later time due to the date of the reports as they came in. They were preserved as soon as investigations was notified. The security first responder interviewee properly cited all four 115.64(a) requirements and responsibilities and the non-security first responder properly stated that he would report the incident to a security supervisor and request the victim not destroy physical evidence. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. One of the remaining random interviewees is a non-security employee and he accurately stated that he would report the incident to security supervisors and request the victim not destroy physical evidence. It is noted that 13 interviewees were in possession of an MDOC laminated card bearing the instructions as required by Standard 115.64(a). The auditor's review of all eight random sexual abuse investigations reveals zero deficiencies with respect to 115.64(b) expectations. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 8, section IV(G)(2) addresses 115.64(b). In view of the above, the auditor finds MWP substantially compliant with 115.64(b). Accordingly, the auditor finds MWP substantially compliant with 115.64.

115.65	**Coordinated response**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	with the victim115.65(a) Pursuant to the PAQ, the Warden self reports the facility has developed a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 7-13, sections IV(F) through (M) addresses 115.65(a).

	The auditor's review of the MWP PREA Coordinated Response Plan, as scripted in the above policy and unique to MWP, reveals a detailed and understandable document available to all staff. The Warden asserts the facility has a plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse. The Warden further asserts the above policies capture specific coordinated response procedures unique to MWP. In view of the above, the auditor finds MWP substantially compliant with 115.65.

115.66	**Preservation of ability to protect inmates from contact with abusers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.66(a) Pursuant to the PAQ, neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits 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. The Agency Head interviewee asserts that MDOC, as an agency, has renewed its collective bargaining agreement between MDOC and the Montana Federation of Public Employees DOC Consortium, valid between 2025 and 2027. Collective Bargaining Agreements permit the agency to remove alleged staff sexual abusers from contact with any inmate pending an investigation or disciplinary action. Affected staff can be placed on administrative leave or in a non-contact post. The auditor's limited review of the 2025-2027 Collective Bargaining Agreement between Montana Department of Corrections and the Montana Federation of Public Employees DOC Consortium reveals no prohibition or limitation of 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. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 11, section IV(K)(12-14) addresses 115.65(a). As the auditor finds no deviation from standard, he finds MWP substantially compliant with 115.66.

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.67(a) Pursuant to the PAQ, the Warden self reports the agency has a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff. The agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. Five CMs monitor inmate victims or potential victims of sexual abuse/retaliation. The AW serves as retaliation monitor for staff. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(I)(1-10) addresses 115.67(a). In view of the above, the auditor finds MWP substantially compliant with 115.67(a). 115.67(b) Pursuant to the PAQ, the agency shall 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. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(I)(3) addresses 115.67(b). According to the Agency Head interviewee, for both inmates and staff who have reported allegations of sexual abuse, monitoring is provided for a 15/45/90 day period (longer, if needed) to protect against retaliation by inmates or staff. These reviews are documented on a policy attachment. The review takes into consideration any actions which may be perceived as retaliatory whether it be housing and/or job assignments with inmates and shift changes, etc. for staff. These reviews occur for victims of sexual abuse. Perpetrators are normally transferred and probation/parole officials are notified. Policies and practices prohibit retaliation for any reason and this premise is included in staff training. Any violations are acted upon accordingly. The retaliation monitoring interviewee states that he receives notification of an incident of sexual abuse from the PCM. He immediately checks the system to ensure the victim and perpetrator are not housed together. He may move the victim to another pod.

The retaliation monitoring interviewee states that he expeditiously meets with the victim to see where she is at, emotionally. Specifically, he asks the questions reflected on the questionnaire. If necessary, he may recommend enhanced mental health counseling.

The retaliation monitor interviewee states that he ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU).

As soon as he is notified of sexual abuse victimization or any retaliation prevention needs associated with a report of inmate sexual abuse, he reaches out to the victim(s). He subsequently initiates 15/45/90 day retaliation monitoring meetings. The interviewee tracks meeting due dates on his calendar.

If appropriate, the AW who monitors retaliation against staff may recommend that staff are offered emotional support via the Employee Assistance Program (EAP), if appropriate. With respect to staff, the AW assigned staff retaliation monitoring duties may order shift/assignment changes, as well as, recommending transfer to another CC facility as acceptable strategies to circumvent retaliation.

The auditor notes that the Warden concurs with the above strategies and she did not wish to add any additional information.

Retaliation monitoring meetings are facilitated for at least 90 days. The interviewee was aware of documentation requirements pursuant to MDOC policy.

As previously mentioned in the narrative for 115.43, zero inmates were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. Two of the three inmate interviewees who reported a sexual abuse incident at MWP state they do feel safe and free from retaliation following their report of a sexual abuse incident.

The auditor's review of the investigations relative to the three interviewee's allegations referenced in the preceding paragraph, as well as, PREA Retaliation Monitoring Data Sheets reveals 90 days of retaliation monitoring was completed in all three cases. Of the auditor's review of eight random sexual abuse investigations, although initiated, one retaliation monitoring sequence was incomplete as only one meeting is documented. Retaliation monitoring was completed in four cases and in two additional cases, retaliation monitoring was not initiated. In the last case, the victim was housed at another facility and the same does not appear relevant to MWP as a Probation and Parole staff member was the alleged perpetrator. Accordingly, retaliation monitoring could not be facilitated.

Given the above, the auditor finds compliance with 115.67(b), (c), and (d) in seven of ten sexual abuse investigations. Accordingly, the auditor finds substantive evidence of compliance with 115.67(b-d).

In view of the above, the auditor finds MWP substantially compliant with 115.67(b).

115.67(c)

Pursuant to the PAQ, the Warden self reports the facility monitors the conduct and treatment of inmates or staff who reported sexual abuse and of inmates who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by inmates or staff. The Warden further self reports the facility monitors the conduct or treatment for 90 days or more, if necessary. As reflected above, the facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there were two times an incident of retaliation occurred during the last 12 months.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(I)(4) addresses 115.67(c).

As previously mentioned in the narrative for 115.43, zero inmates were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. Two of the three inmate interviewees who reported a sexual abuse incident at MWP state they do feel safe and free from retaliation following their report of a sexual harassment incident.

The auditor's review of the investigations relative to the three interviewee's allegations referenced in the preceding paragraph, as well as, PREA Retaliation Monitoring Data Sheets reveals 90 days of retaliation monitoring was completed in all three cases. Of the auditor's review of eight random sexual abuse investigations, although initiated, one retaliation monitoring sequence was incomplete as only one meeting is documented. Retaliation monitoring was completed in four cases and in two additional cases, retaliation monitoring was not initiated. In the last case, the victim was housed at another facility and the same does not appear relevant to MWP as a Probation and Parole staff member was the alleged perpetrator. Accordingly, retaliation monitoring could not be facilitated.

Given the above, the auditor finds compliance with 115.67(b), (c), and (d) in seven of ten sexual abuse investigations. Accordingly, the auditor finds substantive evidence of compliance with 115.67(b-d).

The retaliation monitoring interviewee states that in regard to inmate victims of retaliation, changes in behavior, changes in staff and inmate associations, hygiene decompensation, abnormal loss/gain of weight, continual bed/cell change requests, continual programming changes and work assignment requests, avoidance and isolation, and acting different around certain staff are some key indicators of retaliation. Additionally, attendance at sick call may increase. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also asserts retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the inmate departs the facility, if necessary. Extension of retaliation monitoring would be approved through the PCM.

In view of the above, the auditor finds MWP substantially compliant with 115.67(c).

115.67(d)

Pursuant to the PAQ, in the case of inmates, such monitoring shall also include periodic status checks.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(I)(5) addresses 115.67(d).

As previously mentioned in the narrative for 115.43, zero inmates were housed in RHU as the result of risk of sexual victimization or being the subject of sexual victimization, during the onsite visit. Two of the three inmate interviewees who reported a sexual abuse incident at MWP state they do feel safe and free from retaliation following their report of a sexual harassment incident.

The auditor's review of the investigations relative to the three interviewee's allegations referenced in the preceding paragraph, as well as, PREA Retaliation Monitoring Data Sheets reveals 90 days of retaliation monitoring was completed in all three cases. Of the auditor's review of eight random sexual abuse investigations, although initiated, one retaliation monitoring sequence was incomplete as only one meeting is documented. Retaliation monitoring was completed in four cases and in two additional cases, retaliation monitoring was not initiated. In the last case, the victim was housed at another facility and the same does not appear relevant to MWP as a Probation and Parole staff member was the alleged perpetrator. Accordingly, retaliation monitoring could not be facilitated.

The retaliation monitoring interviewee states that in regard to inmate victims of retaliation, changes in behavior, changes in staff and inmate associations, hygiene decompensation, abnormal loss/gain of weight, continual bed/cell change requests, continual programming changes and work assignment requests, avoidance and isolation, and acting different around certain staff are some key indicators of retaliation. Additionally, attendance at sick call may increase. The Warden essentially corroborates the statement of the retaliation monitor interviewee with respect to the above.

The interviewee also asserts retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the inmate departs the facility, if necessary. Extension of retaliation monitoring would be approved through the PCM.

In view of the above, the auditor finds MWP substantially compliant with 115.67(d).

115.67(e)

Pursuant to the PAQ, 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. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(I)(10) addresses 115.67(e). When a staff member or inmate who cooperates with an investigation expresses a fear of retaliation, the Agency Head interviewee asserts he or she receives the same benefits and treatment as articulated in the narratives for 115.67(b), (c), and (d) above. A separate investigation regarding the alleged retaliation is initiated and completed to determine the root cause of the retaliation and corrective strategies. The retaliation policy, as well as the Code of Ethics, outlines expectations and consequences for retaliation (whether related to PREA concerns or not). The Warden essentially reiterates the statement of the retaliation monitoring interviewee stating that he receives notification of an incident of sexual abuse from the PCM. He (retaliation monitoring interviewee) immediately checks the system to ensure the victim and perpetrator are not housed together. He may move the victim to another pod and he works with the PCM to move the perpetrator to another facility, if necessary. Movement history and disciplinary records are checked to guard against the perception of retaliation by staff. Furthermore, the retaliation monitor interviewee offers increased mental health services to inmate sexual abuse victims and those inmates who may be subject to retaliation from inmates and staff for reporting sexual abuse of an inmate or cooperated in an investigation of sexual abuse. He closely monitors staff and inmate actions to determine the likelihood of retaliation. The Warden finally states that the retaliation monitor interviewee ensures the perpetrator, if known, is housed in the Restricted Housing Unit (RHU). As soon as he is notified of sexual abuse victimization or any retaliation needs associated with a report of inmate sexual abuse, he reaches out to the victim(s) of the same. If appropriate, the AW who monitors retaliation against staff may recommend that staff are offered emotional support via the Employee Assistance Program (EAP), if appropriate. With respect to "red flags" associated with inmate victims of sexual abuse, the Warden asserts that changes in behavior, changes in associations with staff and/or inmates, hygiene decompensation, abnormal loss/gain of weight, continual programming changes, avoidance and isolation, and increase in disciplinary reports are some key indicators of retaliation. The Warden also asserts retaliation monitoring is facilitated for a minimum of 90 days with check-ins. Retaliation monitoring may continue until the inmate departs the facility, if necessary. The auditor has found no evidence reflecting that another staff member or inmate, who was involved in a sexual abuse or harassment investigation, has requested or been placed under retaliation monitoring within the last 12 months.

	In view of the above, the auditor finds MWP substantially compliant with 115.67(e). Given the absence of adverse findings as noted above, the auditor finds MWP substantially compliant with 115.67.

115.68	**Post-allegation protective custody**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.68(a) Pursuant to the PAQ, the Warden self reports the agency has a policy prohibiting the placement of inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made and a determination has been made that there is no available alternative means of separation from likely abusers. The Warden further self reports zero inmates at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of sexual safety assessment. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 4, section IV(B)(12) and (13) addresses 115.43(a). According to the PCM, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted. The Warden asserts agency policy prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse, in involuntary segregated housing in lieu of other housing areas, unless an assessment has determined there are no alternative means of separation from potential abusers. The Warden further asserts an inmate can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an inmate requests protective custody, she may be placed in segregated housing, subject to Restricted Housing Unit (RHU) policies and procedures. The Warden asserts inmates at high risk for sexual victimization or who have alleged sexual abuse may be placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. If the same

	were to occur, the longest placement under such circumstances would be limited to the time necessary to evaluate a safe situation, generally no longer than seven days. Attempted placement is targeted within 24 hours. The staff member who supervises inmates in RHU interviewee states that sexual abuse victims are not placed in RHU unless an alternative means of separation from likely abusers cannot be arranged. Such victims can request protective custody. He states that inmates are not placed in segregated housing for 115.43(a) circumstances. The staff member who supervises inmates in segregated housing interviewee states that if placed in involuntary RHU housing, a victim would be reviewed every seven days to determine whether general population return is feasible. As previously mentioned, zero inmates have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted. The staff who supervises inmates in segregated housing interviewee states that inmates would not be placed in segregated housing pursuant to 115.43(a) provisions. Victims are generally moved to another appropriate pod. If inmates are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following: Programs (Education, Hobby, movement privileges, and tablet); Privileges (telephone and commissary are available to inmates); Education (inmates can request access to ABE, GED, and college educational materials); and Work opportunities [based on security level and Behavioral Management Plan (BMP)]. If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented on the BMP form, documented in OMIS, and in the Security Shift Log. The SGT briefs staff regarding BMP issues, the opportunities that have been limited, the duration of the limitations, and the reasons for such limitations. In view of the above, the auditor finds MWP substantially compliant with 115.68(a). Accordingly, the auditor finds MWP substantially compliant with 115.43.

115.71	**Criminal and administrative agency investigations**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.71(a) Pursuant to the PAQ, the Warden self reports the facility has a policy related to criminal and administrative agency sexual abuse investigations. Specifically, criminal investigations are facilitated by MDOC OI investigators. Administrative Investigations are conducted by specialty trained facility investigator(s). MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(K)(1) addresses 115.71(a). The administrative investigative staff interviewee states that if he is on site and MDOC OI investigator(s) have authorized commencement of the administrative investigation, the same commences immediately. If a report of sexual abuse is received during non-regular business hours, he reports to the facility with OI investigator(s). In the event of a sexual harassment case, the shift commander assumes initial investigative and notification duties and the interviewee provides guidance regarding first responder duties/investigative steps. The sexual harassment is initiated within 24 hours of occurrence by the administrative investigative interviewee. However, he may report to the facility contingent upon the circumstances. The criminal investigative interviewee states that as soon as MDOC OI is notified of the sexual abuse investigation, a special agent would be assigned to the case. Dependent upon the circumstances, the investigation would commence immediately, maximally within 24 hours of notification. For example, if the incident had occurred within hours prior to institutional notification, he would report to the facility to commence the investigation. The administrative investigative interviewee and the criminal investigative interviewee state there are no differences in investigative protocols between an anonymously reported or third-party report of sexual abuse vs. a regular report of sexual abuse. Every allegation is treated as a serious allegation. The auditor's review of 10 of 11 (one investigation reflects both sexual abuse/ harassment narrative) sexual abuse/harassment investigations reveals substantial compliance with 115.71. Of note, one investigation appears to be incomplete as investigative steps and information are missing. All other investigations are very thorough and reflective of requisite information. In view of the above, the auditor finds MWP substantially compliant with 115.71(a). 115.71(b) Pursuant to the PAQ, where sexual abuse is alleged, the agency shall use investigators who have received specialized training in sexual abuse investigations pursuant to § 115.34.

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 5, section IV(C)(6) addresses 115.71(b). The administrative investigative staff interviewee states he has completed training specific to investigating sexual abuse in confinement settings. Specifically, he has completed the three hour web based PREA Resource Center PREA Academy Investigations Training regarding investigation of sexual abuse incidents in a confinement setting. Additionally, he completed the MDOC Montana Analysis and Technical Information Center Intelligence Liaison Course. The former training was scenario-based and included a testing component. These trainings included the following topics: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral. The criminal investigative interviewee states he has likewise completed specialty training regarding investigation of sexual abuse in a confinement setting. Specifically, he completed the MDOC Montana Analysis and Technical Information Center Intelligence Liaison Course. The former training was scenario-based and included a testing component. These trainings included the following topics: Techniques for interviewing sexual abuse victims; Proper use of Miranda and Garrity warnings; Sexual abuse evidence collection in confinement settings; and The criteria and evidence required to substantiate a case for administrative action or prosecution referral. Additionally, he has completed a plethora of sexual abuse investigative trainings during his tenure as a police officer. In view of the above, the auditor finds MWP substantially compliant with 115.71(b). 115.71(c) Pursuant to the PAQ, investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse

	involving the suspected perpetrator. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 11, section IV(K)(7) addresses 115.71(c). The administrative investigative staff interviewee states that his investigative protocol includes the following: Threshold interview with the victim to identify preliminary facts, staff and inmate witnesses, and evidence (45-90 minutes); Check crime scene and assess whether first responder duties were completed (10 minutes); Contact VA from Probation & Parole (5 minutes); Contact medical and mental health staff (5 minutes); Submit Request for Investigation (10-15 minutes); Secure staff reports (15-20 minutes); Review video, telephone monitoring, tablet and files (30 minutes up to several hours); Interview inmate and staff witnesses (5 minutes to 30 minutes/witness); Review staff and inmate files (30 minutes); Conduct re-interviews (5-10 minutes/reinterviewee); Interview perpetrator (0 to ? hours); and Write report (two hours). The administrative investigative interviewee states he is responsible for review and processing of video/telephone monitoring/tablet evidence, victimization/aggressor screenings, interview notes, memorandums, staff/inmate file materials, electronics, tablets, and clothing and linens. The criminal investigative interviewee states that his protocol overlaps with the administrative protocol. His responsibilities commence with notification from his supervisor regarding the sexual abuse event. He triages the fact pattern, as known, to determine whether a criminal predicate is present and if so, whether a forensic examination is warranted. He would commence his investigation, similar to the administrative protocol within 24 hours of official notification as described above. The criminal investigative interviewee states that he is responsible for the collection of clothing, bedding, mail, weapons, tooth brush, etc., as well as, any sworn statements. In view of the above, the auditor finds MWP substantially compliant with 115.71(c).

115.71(d)

Pursuant to the PAQ, when the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 11, section IV(K)(8) addresses 115.71(d).

According to the administrative and criminal investigative staff interviewees, MDOC OI investigators handle all prosecution liaison. The criminal investigative interviewee states that compelled interviews are not utilized in Montana.

The auditor's review of 11 (one investigation reflects both sexual abuse/harassment narrative) sexual abuse/harassment investigations reveals no deviation(s) from 115.71 prosvisions.

In view of the above, the auditor finds MWP substantially compliant with 115.71(d).

115.71(e)

Pursuant to the PAQ, the credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 11, section IV(K)(9 and 10) addresses 115.71(e).

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

The criminal investigative interviewee states that he refers any potentially prosecutable case to the Attorney General's Office for credibility assessment and potential prosecution.

Both the administrative and criminal investigative staff interviewees further state they would not require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with an investigation.

None of the three inmates who reported a sexual abuse at MWP interviewees state they were required to submit to a polygraph examination or truth-telling device(s) as a condition for proceeding with an investigation.

In view of the above, the auditor finds MWP substantially compliant with 115.71(e).

115.71(f)

Pursuant to the PAQ, administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(K)(20-22) addresses 115.71(f).

The administrative investigative staff interviewee states he checks the fact pattern, timeline, and evidence against the Code of Conduct and policy to determine if any Code of Ethics issues are existent. All sexual abuse investigations are facilitated in tandem by the administrative and criminal investigative interviewees. Body cam footage, institutional camera footage, and logs are checked to determine any policy violations that may have facilitated the incident. In regard to report preparation, the administrative investigative staff interviewee states he does document administrative investigations in written reports. The following topics are included in the report:

Allegations;

Synopsis of allegation(s), time line, chronological investigative steps;

List of interviewees;

Interview synopsis and findings;

Documentation reviews:

Video, telephone monitoring, and tablet reviews;

Victim and perpetrator, witness information and backgrounds; and

Credibility analysis of physical evidence.

Conclusion.

The auditor notes he has been advised that locked file cabinets are located in the administrative/criminal investigative staff interviewee's locked office wherein all hard copy investigations are housed. Electronic copies are retained on a server wherein only those staff with privileges can access documents. The auditor found no concerns.

The auditor's review of the aforementioned 12 administrative investigations validates compliance with 115.71(f). Accordingly, the auditor finds MWP substantially compliant with 115.71(f).

115.71(g)

Pursuant to the PAQ, criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(K)(21) addresses 115.71(g).

According to the administrative investigative interviewee, criminal investigations are documented however, he is not able to retrieve the same despite both reports being maintained in the same system.

The criminal investigative interviewee states that he uses the initial incident report from which to develop the criminal report. He writes the narrative regarding every component of the investigation and enters the same into the system. The system automatically populates all information and collates the same into a system generated report format. The information entered into the system is similar to the information used in the administrative report with the addition of a credibility assessment regarding physical evidence.

In view of the above, the auditor finds MWP substantially compliant with 115.71(g).

115.71(h)

Pursuant to the PAQ, the Warden self reports substantiated allegations of conduct that appear to be criminal shall be referred for prosecution by MDOC OI investigators. The Warden further self reports two allegations of conduct that appeared to be criminal were referred for criminal investigation during the last 12 months.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(K)(24) addresses 115.71(h).

The administrative investigative interviewee states he does not refer cases for prosecution as the same falls under the purview of MDOC OI. He does confer with MDOC OI regarding all sexual abuse cases as the administrative and criminal investigative interviewees collaborate on each case.

The criminal investigative interviewee validates the statement of the administrative interviewee. Referrals for prosecution generally occur when a criminal code violation is identifiable and the evidentiary standard meets probable cause. He refers all facility sexual abuse cases to the Montana Attorney General's Office for review and decision regarding prosecution.

In view of the above, the auditor finds MWP substantially compliant with 115.71(h).

115.71(i)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(K)(23) addresses 115.71(i).

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

In view of the above, the auditor finds MWP substantially compliant with 115.71(i).

115.71(j)

Pursuant to the PAQ, the departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(K)(25) addresses 115.71(j).

Both the administrative and criminal investigative interviewees state that when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct, the investigation continues. This is also the case when an inmate victim who alleges sexual abuse or sexual harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. The auditor has not discovered any evidence contrary to the meaning and intent of 115.71(j).

In view of the above, the auditor finds MWP substantially compliant with 115.71(j).

115.71(l)

Pursuant to the PAQ, when outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12,

	section IV(K)(26) addresses 115.71(l). The Warden asserts that the administrative investigator remain(s) in routine contact with MDOC OI investigator(s) to obtain case updates. Such communication is accomplished as they work together on all sexual abuse cases and work out of the same office. The MDOC PC and MWO PCM relate that the MDOC OI investigator works with the administrative investigator on each criminal case and accordingly, they maintain constant contact. The administrative investigative staff interviewee states he provides constant support as a liaison/facilitator and assists with investigative organization, interviews, information collection, evidence collection, etc. In view of the above, the auditor finds MWP substantially compliant with 115.71(l). Accordingly, based on the above, the auditor finds MWP substantially compliant with 115.71.

115.72	**Evidentiary standard for administrative investigations**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.72(a) Pursuant to the PAQ, the Warden self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether administrative allegations of sexual abuse or sexual harassment are substantiated. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 11, section IV(K)(17) addresses 115.72(a). The administrative investigative staff interviewee states the standard of proof in an administrative matter is "preponderance". Preponderance can best be described as more evidence is present that the incident occurred than not. Metaphorically, the evidentiary scale is tipped just over the middle. The criminal investigative interviewee states that probable cause is the standard of proof necessary for referral for prosecution and "evidence beyond a reasonable doubt" is required for a conviction. The auditor's on-site review of 14 random sexual abuse/harassment investigations reveals substantial compliance with 115.72(a). In view of the above, the auditor finds MWP substantially compliant with 115.72.

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.73(a) Pursuant to the PAQ, the Warden self reports the agency has a policy requiring that any inmate who makes an allegation she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The Warden further self reports 22 criminal and/or administrative investigations of alleged sexual abuse were completed by the facility during the last 12 months and 19 alleged inmate victims were notified in writing upon completion of the sexual abuse investigation regarding 115.73(a) findings. Three investigations currently await either closure or prosecution. The breakdown of the auditor's onsite review of nine random sexual abuse investigations conducted during the last 18 months is as follows: One victim was housed at a reentry facility during the investigation and therefore, she did not receive the requisite 115.73(a) notification in accordance with 115.73(f); Four of eight 115.73(a) notifications were provided to sexual abuse victims; and Pursuant to one investigation, the requisite 115.73(a) notification was not provided to the victim(s). As previously indicated, governing MDOC policy likewise requires 115.73(a) notification with respect to sexual harassment investigations. Pursuant to review of four allegations appearing more like sexual harassment (one of which reflected both sexual abuse/sexual harassment behaviors), requisite notification was accomplished in three of the four matters; One staff (contractor) on inmate case is pending prosecution however, per agency protocol and concurrence of the criminal investigator, the administrative investigation was completed. It is the auditor's interpretation that a 115.73(a) notification should have been provided to the victim under these circumstances. Specifically, the standard requires that whenever an inmate who makes an allegation that she suffered sexual abuse in an agency facility must be informed verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The standard and the Department of Justice (DOJ) "Frequently Asked Questions" are silent as to whether the criminal investigation takes precedence over the administrative investigative results in terms of reporting to the victim. The administrative and criminal investigations are clearly separate and distinct. In view of the above, the auditor finds MWP non-compliant with 115.73(a) and he imposes a 180-day corrective action period wherein the MDOC PC and/or the MWP

	PCM will ensure compliance with and institutionalization of 115.73(a) requirements. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.73(a) requirements, the MDOC PC and/or MWP PCM will assess existing policy and determine whether additional language should be added regarding this subject-matter. If deemed necessary, the PCM will upload a copy of the amended policy(ies). In addition to the above, the PCM will provide a roster of sexual abuse/harassment investigations completed between the date of this interim report and August 31, 2026. The auditor will randomly select a sample of sexual abuse/harassment investigations and the corresponding 115.73(a) notification(s) for review. The auditor will subsequently make a compliance finding. May 28, 2026 Update: Following the onsite visit, the auditor revisited this provision, as well as, the totality of 115.73. Based on this second review, the auditor reverses his initial decision given the fact that the requirements of 115.73(b) suggest that when an allegation/ investigation is referred for criminal investigation, facility staff must maintain contact with the criminal investigator to determine the status of the investigation for the purpose of 115.73 notification to the victim. In an effort to avoid convoluting the criminal investigation, it does not appear prudent to notify the victim of the outcome of the administrative investigation as the criminal investigation is the final arbiter of the matter. The MDOC PC advises in an email dated May 19, 2026 that the criminal matter has not yet been adjudicated. Accordingly, the auditor finds that his initial finding is inappropriate and 115.72(a) should have been determined to be compliant. Accordingly, the auditor finds MWP substantially compliant with 115.73(a). MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(L)(1) addresses 115.73(a). The auditor notes that this policy requires 115.73(a) reporting of outcome(s) to victims in both sexual abuse/harassment cases. The Warden asserts the PCM notifies an inmate who makes an allegation of sexual abuse when the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. A written Notification Form is completed and issued to the affected inmate. The administrative investigative staff interviewee states that agency procedures require that an inmate who makes an allegation of sexual abuse/harassment must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. He further states that the PCM makes such written notification(s). One inmate who reported a sexual abuse incident at MWP interviewee states that she

	received written notification regarding the status of her sexual abuse report while two additional interviewees who reported a sexual abuse incident at MWP state they do not know if they received such notification. Of note, all three interviewees were subject victims in one of the nine sexual abuse investigations reviewed by the auditor. Evidence clearly reflects that both victims who espoused sexual victimization at MWP received requisite written notice. In view of the above, the auditor finds that MWP is substantially compliant with 115.73(a). 115.73(b) Since the Office of Investigation is the criminal investigative branch of MDOC, 115.73(b) is deemed not applicable to MWP. As previously referenced, the MDOC OI investigator shares an office with the administrative investigator at MWP and both investigators collaborate on investigations. Accordingly, the administrative investigator and PCM are continuously aware of the status of criminal investigations. In view of the above, the auditor finds MWP substantially compliant with 115.73(b). 115.73(c) Pursuant to the PAQ, following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the facility subsequently informs the inmate (unless the agency has determined that the allegation is unfounded) whenever: The staff member is no longer posted within the inmate's pod; The staff member is no longer employed at the facility; The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(L)(3)(a-d) addresses 115.73(c). The auditor's review of a blank document entitled PREA Allegation- Status of Staff Member or Inmate reveals that all 115.73(c) tenets are addressed should the document be executed. The auditor's review of one of three random staff-on-inmate sexual abuse investigations reveals that one contractor-on-inmate case is pending prosecution however, per agency protocol and concurrence of the criminal investigator, the

	administrative investigation was completed. It is the auditor's interpretation that a 115.73(c) notification, if applicable, should have been provided to the victim under these circumstances. Specifically, the standard requires that whenever an inmate who makes an allegation that he or she suffered sexual abuse in an agency facility must be informed verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The standard and the PRC "Frequently Asked Questions" are silent as to whether the criminal investigation takes precedence over the administrative investigative results in terms of reporting to the victim. The administrative and criminal investigations are clearly separate and distinct. In this case, zero 115.73 notifications have been provided to the victim(s) despite the completion of an administrative investigation. There is no evidence substantiating that any of the 115.73(c) tenets are applicable and therefore, notification is not applicable. In one other random staff-on-inmate sexual abuse investigation, the victim was housed at a reentry facility during the investigation and therefore, she did not receive any 115.73 notifications as pursuant to 115.73(f), the victim was not housed at MWP. As none of the 115.73(c) tenets are applicable in the third random staff-on-inmate sexual abuse case, a 115.73(c) notification is not applicable. In view of the above, the auditor finds MWP substantially compliant with 115.73(c). 115.73(d) Pursuant to the PAQ, the Warden self reports following an inmate's allegation that he or she has been sexually abused by another inmate at MWP, the agency subsequently informs the alleged victim whenever: The agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or The agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(L)(4)(a and b) addresses 115.73(d). With respect to the five random inmate-on-inmate sexual abuse allegations, none of the same were determined to be substantiated. Furthermore, there is no evidence of indictment or conviction in any of these matters. The auditor notes that the facility investigator clearly exhausted investigative tools to compile his findings, inclusive of Milestone video surveillance review, interviews with identified victim(s)/perpetrator(s)/ and witness(es), review of logs, statements, etc. In view of the above, the auditor finds MWP substantially compliant with 115.73(d).

115.73(e)

Pursuant to the PAQ, all such notifications or attempted notifications shall be documented. The Warden self reports that 21 notifications to inmates described in this standard are documented. The Warden further self reports that 21 documented notices were provided to victims of sexual abuse as described in 115.73(a-d).

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 12, section IV(L)(5) addresses 115.73(e).

The auditor finds that seven of 13 applicable random written sexual abuse/ harassment notifications [115.73(a)] were completed and written notifications were not warranted with respect to 115.73(c and d) requirements. Specifically, criteria for notification issuance had not been met. This pertains to investigations and notifications randomly reviewed by the auditor.

In addition to the above, one of the remaining 14 sexual abuse/harassment investigations pertained to an inmate victim who was not housed at MWP during the audit period.

The auditor's review of one of three random staff-on-inmate sexual abuse investigations reveals that one contractor)-on-inmate case is pending prosecution however, per agency protocol and concurrence of the criminal investigator, the administrative investigation was completed. It is the auditor's interpretation that a 115.73(a) notification, if applicable, should have been provided to the victim under these circumstances. Specifically, the standard requires that whenever an inmate who makes an allegation that he or she suffered sexual abuse in an agency facility must be informed verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency. The standard and the PRC "Frequently Asked Questions" are silent as to whether the criminal investigation takes precedence over the administrative investigative results in terms of reporting to the victim. The administrative and criminal investigations are clearly separate and distinct. In this case, the 115.73(a) written notification should have been provided to the victim despite the completion of an administrative investigation.

As previously referenced, MDOC policy clearly stipulates that 115.73 notifications also apply to sexual harassment investigations. Pursuant to the auditor's review, written 115.73 notifications were issued in three of four random sexual harassment investigations. Accordingly, written notifications were issued in seven of 13 completed sexual abuse/harassment investigations facilitated during the last 12 months and the auditor finds MWP substantially compliant with 115.73(e).

Given the absence of adverse findings associated with 115.73 provisions, the auditor finds MWP substantially compliant with 115.73.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.76(a) Pursuant to the PAQ, the Warden self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(1) addresses 115.76(a). In view of the above, the auditor finds MWP substantially compliant with 115.76(a). 115.76(b) Pursuant to the PAQ, termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse. The Warden self reports three facility staff members violated agency sexual abuse or sexual harassment policies during the last 12 months and their employment was terminated. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(1) addresses 115.76(b). The auditor's review of the investigations in these three staff-on-inmate cases reveals that the same were conducted in a comprehensive fashion. One administrative case resulted in the alleged staff perpetrator resigning from her position. The two remaining cases were investigated as criminal matters and both cases were referred for prosecution. The investigations were substantiated and the employment of both perpetrators was terminated. In view of the above, the auditor finds MWP substantially compliant with 115.76(b). 115.76(c) Pursuant to the PAQ, the Warden self reports disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories. Reportedly, during the last 12 months, zero facility staff were disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies (other than actually engaging in sexual abuse).

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(2) addresses 115.76(c). In view of the above, the auditor finds MWP substantially compliant with 115.76(c). 115.76(d) Pursuant to the PAQ, the Warden self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The Warden further self reports in the last 12 months, two staff from the facility were reported to criminal investigators or licensing agencies. As previously stated throughout this report, both the administrative and criminal investigative interviewees collaborate on most investigations. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(3) addresses 115.76(d). The auditor's review of the investigations in three staff-on-inmate cases reveals that the same were conducted in a comprehensive fashion. One administrative case resulted in the alleged staff perpetrator resigning from her position. The two remaining cases were investigated as criminal matters and both cases were referred for prosecution. The investigations were substantiated and the employment of both perpetrators was terminated. Based on the above, the auditor finds MWP substantially compliant with 115.76(d). In view of the above, the auditor finds MWP substantially compliant with 115.76.

115.77	**Corrective action for contractors and volunteers**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.77(a) Pursuant to the PAQ, the Warden self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, one contractor or volunteer has been reported to law enforcement agencies and/or relevant licensing bodies for engaging in sexual abuse of inmates.

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(4) addresses 115.77(a). The auditor's review of the one criminal investigation of a contractor-on-inmate case reveals that the same was conducted in a comprehensive fashion. The case was investigated as a criminal matter and was subsequently referred for prosecution. The investigation was substantiated and the perpetrator's contract was not renewed. Accordingly, he was separated from the victim(s). In view of the above, the auditor finds MWP substantially compliant with 115.77(a). 115.77(b) Pursuant to the PAQ, the Warden self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with inmates in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(4) addresses 115.77(b). The Warden asserts a contractor or volunteer's access privileges would be suspended pending investigation in the case of any alleged violation of agency sexual abuse or sexual harassment policies. The contractor/volunteer would have no access to the facility and consequently, inmates. If the investigation is substantiated, privileges would be rescinded on a permanent basis. In view of the above, the auditor finds MWP substantially compliant with 115.77(b). Accordingly, the auditor finds MWP substantially compliant with 115.77.

115.78	**Disciplinary sanctions for inmates**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.78(a) Pursuant to the PAQ, the Warden self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse. The Warden further self reports inmates are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for inmate-on-inmate sexual abuse. The Warden further self reports that during the last 12 months, two

	administrative investigative findings of inmate-on-inmate sexual abuse occurred at the facility. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(5) addresses 115.78(a). The auditor's review of one sexual abuse investigation reveals that the fact pattern is more like sexual harassment as the same involved inappropriate touching however, intent to arouse is not clear. Nonetheless, a misconduct report was written for inappropriate touching. A due process hearing was facilitated by the facility discipline hearing officer (DHO) and 10 days disciplinary detention (DD), suspended for 90 days pending no further major violations, was imposed. There is no record of a misconduct report being written in another matter. According to the MWP PCM, the MWP investigator recommended that the perpetrator be administratively charged following completion of the investigation however, the same did not occur. In view of the above, the auditor finds MWP non-compliant with 115.78(a) and he imposes a 180-day corrective action period during wherein the MDOC PC and/or the MWP PCM will ensure compliance with and institutionalization of the provision requirements. The corrective action due date is August 31, 2026. As reflected in the standard provision, inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse. Accordingly, this restrictive language requires that the disciplinary process commence in the event of a substantiated finding unless there is a compelling basisto the contrary. To demonstrate compliance with 115.78(a), the MDOC PC and/or MWP PCM will provide training to all stakeholders regarding the restrictive nature of this 115.78(a) requirement. Minimally, training participants must include the investigator, PCM, CMs, SGTs, and LTs. Reiteration of the provision, in writing, and provision of a scenario may constitute effective training. Upon completion of the training, the MDOC PC and/or MWP PCM will upload the lesson plan and requisite training documentation to substantiate stakeholder attendance and completion. Between the date of this interim report and August 31, 2026, the MWP PCM will monitor inmate-on-inmate sexual abuse investigations (both administrative and criminal), ensuring that the administrative inmate disciplinary procedure is invoked in substantiated cases. Copies of the investigation(s) and disciplinary documentation will subsequently be uploaded into OAS for the auditor's review and compliance consideration. In view of the above, the auditor finds MWP non-compliant with 115.78(a). August 18, 2026 Update:

	The auditor's review of a comprehensive email to 17 staff regarding the training plan and staff education documentation applicable to 115.78 requirements reveals substantial compliance with the corrective action plan. The auditor's separate review of both the training plan and staff education documentation, inclusive of the two scenarios, reveals accurate content with respect to the training. The auditor is satisfied that the training portion of the corrective action plan is complete. In addition to the above, the auditor's review of one staff-on-resident case reveals that the incident was reported following the staff's departure from employment at MWP. As there was insufficient evidence to charge him criminally, charges were not filed. In another case, the aggressor was released from MWP prior to conclusion of the investigation. Accordingly, a misconduct report was not issued. In a third case, the alleged perpetrator was found to have committed resident-on-resident sexual abuse and accordingly, a misconduct report was written. A copy of the investigation, sexual abuse incident review (SAIR), and the misconduct report are uploaded into OAS. In view of the above, the auditor now finds MWP substantially compliant with 115.78(a). 115.78(b) Pursuant to the PAQ, sanctions shall be 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. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(6) addresses 115.78(b). The Warden asserts varying degrees of sanctions are available pursuant to the MDOC disciplinary process. Specifically, disciplinary charges are separated by Major and Minor offenses. MWP staff write and investigate the misconduct report and subsequently refer the same to a trained MDOC DHO to conduct a hearing when major sanctions will be imposed. MWP staff hear all levels of incidents and can recommend certain sanctions and the DHO can impose RHU placement, as well as, privilege sanctions. The Warden further asserts sanctions are proportionate to the nature and circumstances of the abuses committed, the inmate's disciplinary history, and the sanction(s) imposed for similar offenses by other inmates with similar histories. Additionally, assessment of mental disability or mental illness is built into the policy. Specifically, the DHO can refer the inmate to mental health staff whenever potential competency questions arise.

In view of the above, the auditor finds MWP substantially compliant with 115.78(b).

115.78(c)

Pursuant to the PAQ, the disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(7) addresses 115.78(c).

The Warden asserts that assessment of mental disability or mental illness is built into the policy. Specifically, the DHO can refer the inmate to mental health staff whenever potential competency questions arise.

As previously noted, during the last 12 months, two administrative investigative findings of inmate-on-inmate sexual abuse were realized at MWP.

In view of the above, the auditor finds MWP substantially compliant with 115.78(c).

115.78(d)

Pursuant to the PAQ, the Warden self reports the facility does offer therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The Warden further self reports that the facility does consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits although such services are voluntary.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(8) addresses 115.78(d).

According to the mental health interviewee, therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse are generally offered to the perpetrator. Inmate access to programming or other benefits would not be contingent upon participation in such services as the same are voluntary.

In view of the above, the auditor finds MWP substantially compliant with 115.78(d).

115.78(e)

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

	MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(9) addresses 115.78(e). During the last 12 months, zero inmates were disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact. In view of the above, the auditor finds MWP substantially compliant with 115.78(e). 115.78(f) Pursuant to the PAQ, the Warden self reports the agency prohibits disciplinary action for a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation(s). MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(10) addresses 115.78(f). During the last 12 months, zero disciplinary actions were adjudicated for a report of sexual abuse made in bad faith. Of note, the auditor has not located any contradictory evidence. In view of the above, the auditor finds MWP substantially compliant with 115.78(f). 115.78(g) Pursuant to the PAQ, the Warden self reports the agency prohibits all sexual activity between inmates. The Warden further self reports the agency disciplines inmates for sexual abuse only if it is determined the same activity was coerced. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 14, section IV(O)(11) addresses 115.78(g). The auditor has not discovered nor has he been provided any evidence validating that inmates have been found guilty or convicted of non-coerced sexually abusive activity during the last 12 months. The auditor did review one disciplinary action wherein the inmate was disciplined for inappropriately touching another inmate in the absence of coercion. In view of the above, the auditor finds MWP substantially compliant with 115.78(g). In view of the adverse finding articulated in the narrative for 115.78(a), the auditor finds MWP non-compliant with 115.78. Given the completed corrective action associated with 115.78(a), the auditor now

	finds MWP substantially compliant with 115.78.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.81(a)(c) Pursuant to the PAQ, the Warden self reports all inmates at this facility who have disclosed any prior sexual victimization during a screening pursuant to 115.41, are offered a follow-up meeting with a medical or mental health practitioner. The Warden further self reports the follow-up meeting is offered within 14 days of the intake screening. The PCM self reports that in the last 12 months, 100 percent of inmates who disclosed both prior victimization and sexually aggressive behavior during the screening process, were offered a followup meeting with a medical and/or mental health practitioner. Reportedly, medical and mental health staff maintain secondary materials (e.g., form, log) documenting compliance with the above required services. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(7) addresses 115.81(a). Pursuant to the auditor's onsite review of six applicable (inmates received at MWP within the last 12 months) random referrals for sexual victimization, all initial or 30-day victimization/aggressor screenings and corresponding PREA Risk Assessment forms reveals that timely 115.81 follow-up occurred in two cases. In two of the remaining four cases, the interviewees declined mental health follow-up within 14 days of arrival at MWP. In regard to one of the remaining two cases, the auditor has not been provided evidence of the 115.81(a) follow-up mental health assessment and in the last case, mental health staff state the requisite meeting did not occur. In view of the above, the auditor finds MWP non-compliant with 115.81(a) and he imposes a 180-day corrective action period wherein the MDOC PC and/or MWP PCM will demonstrate compliance with and institutionalization of 115.81(a) requirements. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.81(a), the MDOC PC and/or MWP PCM will provide training to staff stakeholders regarding provision of 115.81(a) meeting offerings to applicable inmates. The MDOC PC and/or MWP PCM will upload into OAS a copy of the lesson plan and any associated documents, as well as, a training roster or evidence of attendee receipt of training. This roster will include the name of the training, the attendee's printed name and signature, and date on which the training was conducted. Minimally, intake staff, CMs, and Med/MH staff should be designated as participants. In addition to the above, the MWP PCM will provide to the auditor a roster reflecting

	the names of all inmates who either reported sexual abuse incidents in the community or within a confinement setting, commencing on the date of this interim report until August 31, 2026. The auditor will select a random sample of inmates similarly situated and the PCM will upload applicable victimization/aggressor assessments and/or 30-day reassessments, as well as, referral documentation and clinician notes regarding the specific encounter. The auditor will subsequently make a compliance or non-compliance finding. The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she forwards the initial assessment to the PCM and to the best of her knowledge, the PCM refers the inmate to a medical and/or mental health practitioner whenever the screening indicates an inmate has experienced prior sexual victimization or predation, whether in an institutional setting or in the community. The staff who performs initial screening for risk of sexual victimization interviewee secures the affected inmate's election regarding the encounter, on the PREA Risk Assessment form. One inmate interviewee who reported prior sexual abuse in the community stated she reported community sexual abuse during her 30-day reassessment. She claims that she never met with the mental health practitioner following her report. Pursuant to research, the auditor determined that she did meet with mental health staff within 14 days of her initial assessment. In view of the above, the auditor finds MWP non-compliant with 115.81(a). August 18, 2026 Update: The auditor's review of a comprehensive email dated July 21, 2026 to nine stakeholder staff regarding the training plan and staff education documentation applicable to 115.81(a) requirements reveals substantial compliance with the corrective action plan. The auditor's separate review of both the training plan, staff education documentation, and a scenario reveals accurate content with respect to the training. The auditor is satisfied that the training portion of the corrective action plan is complete. The auditor notes that the PCM has inserted herself in the protocol to ensure the referral from intake staff and/or case management staff is directed to medical/mental health practitioners in a timely manner. The PCM subsequently tracks facilitation of the14-day meeting, in addition to other standard requirements. In addition to the above, the auditor's review of two applicable initial assessments reveals that both inmates reported sexual abuse either in a confinement setting or in the community. The referral was completed the same day and the 14-day meetings were facilitated in a timely manner. September 9, 2026 Update:

	The auditor's review of three of five applicable initial assessments reveals that all five inmates reported sexual abuse either in a confinement setting or in the community. The referral was completed the same day and the 14-day meetings were facilitated in a timely manner. Given the fact that five of seven total mental health follow-up meetings were facilitated in a timely manner, the auditor now finds MWP substantially compliant with 115.81(a). 115.81(b) Pursuant to the PAQ, the Warden self reports if inmates previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The Warden further self reports the followup meeting is offered within 14 days of the intake screening. In the last 12 months, 100 percent of inmates who previously perpetrated sexual abuse incidents, as indicated during the screening pursuant to § 115.41, were offered a follow-up meeting with a mental health practitioner within 14 days of the screening. Mental health staff reportedly maintain secondary materials (e.g., form, log) documenting compliance with the above required services. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(7) addresses 115.81(b). The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states she forwards the initial assessment to the PCM and to the best of her knowledge, the PCM refers the inmate to a medical and/or mental health practitioner whenever the screening indicates an inmate has experienced prior sexual victimization or predation, whether in an institutional setting or in the community. The staff who performs initial screening for risk of sexual victimization interviewee secures the affected inmate's election regarding the encounter, on the PREA Risk Assessment form. The auditor's review of 17 random victimization/aggressor assessments pertaining to MWP inmates received at MWP within the last 36 months reveals no evidence of sexual aggression either in the community or within an institution. Accordingly, evidence related to a follow-up meeting is non-existent with respect to this sample of inmates. In view of the above, the auditor finds MWP substantially compliant with 115.81(b). 115.81(d) Pursuant to the PAQ, the Warden self reports information related to sexual

	victimization or abusiveness that occurred in an institutional setting is not strictly limited to medical and mental health practitioners. The same is available to other staff to inform treatment plans and security and management decisions, including housing, bed assignment, work assignment, education, and program assignments, or as otherwise required by Federal, State, or local law. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 6, section IV(E)(8)addresses 115.81(d). As mentioned throughout this report, investigative materials, inclusive of forensic medical documentation associated with the respective investigations, as well as, digital information are securely maintained by the investigator. Documentation and information maintained in the system is limited to those staff with privileges. Medical/MH information is likewise stored in password protected systems and hard copies of referral documentation are stored in secure file cabinet(s) in MH staff secured offices and medical files in the Medical Department. In view of the above, the auditor finds MWP substantially compliant with 115.81(d). 115.81(e) Pursuant to the PAQ, the Warden self reports medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The medical staff interviewee states, as a matter of routine, she does ensure that she advises inmates regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. The verbal informed consent is documented in the notes or the equivalent of an informed consent, completed at intake, is maintained in the inmate's file. The mental health interviewee states, as a matter of routine, she does ensure that she advises inmates regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18. However, she does not document the same. Of note, zero inmates under the age of 18 are housed at MWP. In view of the above, the auditor finds MWP substantially compliant with 115.81(e). Accordingly, in view of the corrective action completed as reflected in the narrative for 115.81(a), the auditor now finds MWP substantially compliant with 115.81.

115.82	**Access to emergency medical and mental health services**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.82(a) Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The Warden further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. According to the Warden, medical and mental health staff do not maintain secondary materials (e.g., form, log) documenting the timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. Upon further inquiry, a blank medical log was uploaded into OAS which essentially tracks important medical events. Additionally, medical and mental health files are maintained by practitioners. In the last 12 months, the Warden self reports four forensic medical examinations were conducted relative to MWP inmates who alleged sexual abuse. However, pursuant to request, the auditor was provided three forensic examination reports from Billings Clinic. The PCM asserts that three examinations were actually conducted and in the fourth matter, the reported abuse occurred outside the threshold for preservation of physical evidence. Accordingly, the inmate received a general examination at another hospital. With respect to the examinations provided to the auditor, forensic examinations were completed in two of the three cases while an examination was not completed in the last case. In that case, the sexual abuse incident occurred outside the 120 day threshold for the conduct of a forensic examination and the victim declined assessment. The medical and mental health staff interviewees state victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. This occurs almost immediately following decision-making and a brief life-saving medical examination at MWP. The nature and scope of these services are determined according to the professional judgment of the provider. Of note, the MH provider stated she is generally alerted by medical staff whenever inmates are escorted to the medical department as the result of a sexual abuse report. Additionally, designated MH staff are on call 24 hours per day. Three inmates who reported a sexual abuse allegation were confined at MWP during the on-site visit and two of the three victims stated they saw MH staff or a VA right away. In one of these two cases, the incident was not reported within the time frame for collection of physical evidence and accordingly, a forensic examination was not conducted. The auditor's review of the fact pattern in all three investigations reveals no concerns with first responder duties employed throughout the incident or medical

care rendered.

According to the MWP PCM, the time at which the initial interview of a sexual abuse victim is conducted depends upon the fact pattern. With a case of alleged sexual abuse, they are seen immediately by the PCM or by investigators to secure a threshold interview directly from the victim. At that time, they are asked if they would like to see mental health or a VA. If they say yes to either, one or both is pursued as soon as possible (typically within a day or so). If they decline, the same is documented in the reports.

If the case involves sexual abuse, a couple interviews are completed, the initial on the same day as the report to ensure the victim is transported for a timely forensic examination, if necessary, and then another a short time after that to secure a full interview.

In view of the above, the auditor finds MWP substantially compliant with 115.82(a).

115.82(b)

Pursuant to the PAQ, if no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62, and shall immediately notify the appropriate medical and mental health practitioners.

The security first responder interviewee properly cited all four 115.64(a) requirements and responsibilities and the non-security first responder properly stated that he would report the incident to a security supervisor and request the victim not destroy physical evidence. All 12 random staff interviewees state they are aware of the uniform evidence protocol utilized to ensure maximum possibility of obtaining usable physical evidence (first responder duties). Ten of 12 interviewees state that the victim and perpetrator are separated, the crime scene is secured, and they request that the victim not destroy physical evidence while ensuring the perpetrator doesn't destroy physical evidence. One of the remaining random interviewees is a non-security employee and he accurately stated that he would report the incident to security supervisors and request the victim not destroy physical evidence. It is noted that 13 interviewees were in possession of an MDOC laminated card bearing the instructions as required by Standard 115.64(a).

Accordingly, the auditor finds no evidence validating non-compliance with 115.82(b). Additional information regarding first responder duties is articulated in the narrative for 115.21(a). Additionally, seven of twelve random staff interviewees state that they would report the sexual abuse incident to medical and mental health staff.

In view of the above, the auditor finds MWP substantially compliant with 115.82(b).

115.82(c)

	Pursuant to the PAQ, the Warden self reports inmate victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care where medically appropriate. Medical and mental health staff maintain secondary materials (e.g., form, log) documenting timeliness of emergency medical treatment and crisis intervention services that were provided; the appropriate response by non-health staff in the event health staff are not present at the time the incident is reported; and the provision of appropriate and timely information and services concerning contraception and sexually transmitted infection prophylaxis. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(2)(c) addresses 115.82(c). The medical staff interviewee states victims of sexual abuse are offered timely information about access to emergency transmitted infection prophylaxis. She states such information is provided at the hospital in conjunction with the forensic examination. According to the three inmate interviewees who reported sexual abuse at MWP, none of their cases involved penetration and accordingly, a forensic examination was not completed. None of the interviewees were removed from the facility for a forensic examination. In view of the above, the auditor finds MWP substantially compliant with 115.82(c). 115.82(d) Pursuant to the PAQ, the Warden self reports treatment services shall 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. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(2) addresses 115.82(c). The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at MWP during the last 12 months. In view of the above, the auditor finds MWP substantially compliant with 115.82(d). In view of the lack of adverse findings with respect to the provisions addressed above, the auditor finds MWP substantially compliant with 115.82.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.83(a) Pursuant to the PAQ, the Warden self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all inmates who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(J)(3)(a-c) addresses 115.83(a). Pursuant to the auditor's review of one random sexual abuse investigation wherein the inmate victim was removed from the facility for a forensic examination, he finds that the requisite examination was conducted and procedures were followed. In view of the above, the auditor finds MWP substantially compliant with 115.83(a). 115.83(b) Pursuant to the PAQ, the Warden self reports that the evaluation and treatment of such victims shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(2)(a-d) addresses 115.83(b). In regard to medical care provided at the facility following a sexual abuse event, the medical staff interviewee states she takes vitals and facilitates a clothed body inspection, if necessary, looking for cuts or bruising, etc. If the same is discovered, basic first-aid is administered. Basic threshold questioning is accomplished to determine the potential extent of injury and to calm the victim. The mental health staff interviewee states she reaches out to the victim and offers a voluntary assessment. She employs calming techniques, providing space and employing active listening. If the victim is ready to talk, she facilitates threshold questioning of the victim. Once the victim returns from the hospital, she employs talk therapy, educating her regarding available resources to assist in overcoming the trauma of sexual abuse. Based on the auditor's review of nine random sexual abuse investigations facilitated during the last 18 months, there is no evidence of failure to comply with the requirements of 115.83(b).

In view of the above, the auditor finds MWP substantially compliant with 115.83(b).

115.83(c)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(1) addresses 115.83(c).

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

In view of the above, the auditor finds MWP substantially compliant with 115.83(c).

115.83(d)

Pursuant to the PAQ, the Warden self reports that only female inmates are housed at MWP. The auditor's observations during the facility tour and female inmate interviews validates the Warden's assertion.

Pursuant to the PAQ, female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(2)(c) addresses 115.83(d).

None of the three inmates who reported sexual abuse interviewees reported penetration was involved in the sexual abuse incidents of which they were involved. Accordingly, forensic examinations were not completed in any of these cases. Pursuant to review of the investigations in these matters, the auditor finds there is no evidence substantiating the conduct of a pregnancy test.

According to the SANE interviewee, pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested.

Additionally, sexually transmitted infection prophylaxis is provided for MWP patients in conjunction with the forensic examination. Generally, one dose of prophylactic medication is provided to patients free of charge.

In view of the above, the auditor finds MWP substantially compliant with 115.83(d).

115.83(e)

	Pursuant to the PAQ, the Warden self reports that if pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(2)(c) addresses 115.83(e). The medical staff interviewee states that if pregnancy results from sexual abuse while incarcerated, victims are provided timely information and access to all lawful pregnancy-related services. Specifically, the same are offered at the local hospital in conjunction with the forensic examination. Such information and access to services are continued upon return to the facility from the forensic examination. According to the SANE interviewee, pregnancy tests are provided for female patients in conjunction with forensic examinations. Information and referrals for pregnancy-related services can be provided to the patient, if requested. Additionally, sexually transmitted infection prophylaxis is provided for MWP patients in conjunction with the forensic examination. Generally, one dose of medication is provided to patients free of charge. In view of the above, the auditor finds MWP substantially compliant with 115.83(e). 115.83(f) Pursuant to the PAQ, the Warden self reports that inmate victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(2)(c) addresses 115.83(f). Tests for sexually transmitted infections and administration of infection prophylaxis are administered in conjunction with the forensic examination. To be specific, such tests are administered at the hospital where the forensic examination is conducted. According to the SANE interviewee, sexually transmitted infection prophylaxis is provided for both male and female patients in conjunction with the forensic examination. Generally, one dose of medication is provided to patients free of charge. In view of the above, the auditor finds MWP substantially compliant with 115.83(f). 115.83(g) Pursuant to the PAQ, the Warden self reports that treatment services are provided to the victim without financial cost and regardless of whether the victim names the

	abuser or cooperates with any investigation arising out of the incident. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 9, section IV(J)(2) addresses 115.83(g). The auditor has not found evidence suggesting that any charges were assessed to victims of sexual abuse at MWP during the last 12 months. In view of the above, the auditor finds MWP substantially compliant with 115.83(g). 115.83(h) Pursuant to the PAQ, the Warden self reports that If the facility is a prison, appropriate staff attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 10, section IV(J)(5) addresses 115.83(h). The mental health staff interviewee states she does conduct a mental health screening of all known inmate-on-inmate sexual abusers on the day of arrival and offers treatment, if appropriate. She determines the need for a mental health evaluation and if required, the same is completed within 30-days of arrival at MWP. The auditor has not discovered nor has he been provided any evidence of inmate-on-inmate (perpetrator) sexual abuse cases discovered during the intake process (applicable to the last 12 months). In view of the above, the auditor finds MWP substantially compliant with 115.83(h). Given the absence of adverse findings relative to the above provision narratives, the auditor finds MWP substantially compliant with 115.83.

115.86	**Sexual abuse incident reviews**
	Auditor Overall Determination: Meets Standard

	Auditor Discussion
	115.86(a) Pursuant to the PAQ, the Warden self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded. The Warden further self reports that in the last 12 months, 17 criminal and/or administrative investigations of alleged sexual abuse were completed. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(M)(1) addresses 115.87(a). The auditor notes that all of the nine random sexual abuse investigations reviewed were determined to be either substantiated or unsubstantiated. The breakdown of the auditor's onsite review of nine random sexual abuse investigations conducted during the last 18 months is as follows: One victim was housed at a reentry facility during the investigation and following the same, however, a Sexual Abuse Incident Review SAIR) was conducted; Four of eight requisite SAIRs were not facilitated. Of note, two of the four SAIRs that were conducted were untimely and one SAIR report is incomplete. One staff (contractor) on inmate case is pending prosecution however, per agency protocol and concurrence of the criminal investigator, the administrative investigation was completed. It is the auditor's interpretation that a SAIR should have been conducted under these circumstances. Specifically, the standard requires that the facility shall 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. There is no differentiation between completion of an administrative or criminal investigation in terms of when completion of the SAIR should occur. The standard and the DOJ "Frequently Asked Questions" are silent as to whether the criminal investigation takes precedence over the administrative investigative results in terms of the conduct of the SAIR. The administrative and criminal investigations are clearly separate and distinct. In view of the above, the auditor finds MWP partially compliant with 115.86(a) and he imposes a 180-day corrective action period wherein the MDOC PC and/or the MWP PCM will ensure compliance with and institutionalization of 115.86(a) requirements. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.86(a) requirements, the MDOC PC and MWP PCM will assess existing policy and determine whether additional language should be added regarding this subject-matter. If policy amendment is deemed necessary, the MWP PCM will upload a copy of the amended policy(ies). In addition to the above, the MDOC PC and/or the MWP PCM will facilitate a training

	session for all stakeholders regarding the conduct of SAIRs following completion of an administrative or criminal sexual abuse investigation. Minimally, all members of the SAIR team will participate in this training and the same will address composition of the SAIR team, requirements for the conduct of SAIRs (inclusive of timelines), issues to be addressed during the SAIR meeting, and identification of and management of recommendations in conjunction with the SAIR meeting. The MDOC PC and/or MWP PCM will upload a copy of the training or lesson plan, as well as, a training roster reflecting the typewritten or printed name(s)/title(s) of participant(s), signature(s), date(s) of training, title of training class, and the name(s)/title(s) of the instructor(s). In addition to the above, the PCM will provide a roster of investigations completed between the date of this interim report and August 31, 2026. The auditor will randomly select a sample of investigations and the corresponding 115.86 SAIRs for review. The auditor will subsequently make a compliance finding. May 28, 2026 Update: Following the onsite visit, the auditor revisited this provision, as well as, the totality of 115.86. Based on this second review, the auditor reverses his initial decision given the fact that the requirements of 115.73(b) suggest that when an allegation/ investigation is referred for criminal investigation, facility staff must maintain contact with the criminal investigator to determine the status of the investigation. In an effort to avoid convoluting the criminal investigation, it does not appear prudent to facilitate the 115.86 SAIR review until the criminal investigation is completed as the final arbiter of the matter. The MDOC PC advises in an email dated May 19, 2026 that the criminal investigation has not yet been completed. Accordingly, the auditor finds that his initial finding is inappropriate and 115.86(a) should have been determined to be compliant. Accordingly, the auditor finds MWP substantially compliant with 115.86. The auditor notes that given the above, seven random sexual abuse investigations were actually reviewed, as opposed to, nine. The breakdown for applicable investigations is now: Three of seven requisite SAIRs were not facilitated. Of note, two of the four SAIRs that were conducted were untimely and one SAIR report is incomplete. In view of the above, the auditor finds MWP non-compliant with 115.86(a). August 18, 2026 Update: The auditor's review of a comprehensive email to eight staff regarding the training plan and staff education documentation applicable to 115.86 requirements reveals substantial compliance with the corrective action plan. The auditor's separate review of both the training plan and staff education documentation reveals accurate content

with respect to the training. The auditor is satisfied that the training portion of the corrective action plan is complete.

In addition to the above, the auditor's review of one closed substantiated sexual abuse investigation and accompanying SAIR report (completed since issuance of the interim PREA audit report on April 28, 2026) reveals substantial compliance with 115.86(a). The same was completed within 30 days of completion of the investigation and all other 115.86 requirements are met.

In view of the above, the auditor now finds MWP substantially compliant with 115.86(a).

115.86(b)

Pursuant to the PAQ, the Warden self reports the facility ordinarily conducts a SAIR within 30 days of the conclusion of the criminal or administrative sexual abuse investigation. The Warden further self reports that in the last 12 months, 14 criminal and/or administrative investigations of alleged sexual abuse were completed.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(M)(1) addresses 115.87(b).

The breakdown of the auditor's onsite review of nine random sexual abuse investigations conducted during the last 18 months is as follows:

One victim was housed at a reentry facility during the investigation and following the same, however, a Sexual Abuse Incident Review SAIR) was conducted;

Four of eight SAIRs were conducted subsequent to completion of sexual abuse investigations. **Of note, two of the four SAIRs were conducted in an untimely manner (outside the 30-day threshold following completion of the investigation)**;

One staff (contractor) on inmate case is pending prosecution however, per agency protocol and concurrence of the criminal investigator, the administrative investigation was completed. It is the auditor's interpretation that a SAIR should have been conducted under these circumstances. Specifically, the standard requires that the facility shall 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. There is no differentiation between completion of an administrative or criminal investigation in terms of when completion of the SAIR should occur. The standard and the DOJ "Frequently Asked Questions" are silent as to whether the criminal investigation takes precedence over the administrative investigative results in terms of the conduct of the SAIR. The administrative and criminal investigations are clearly separate and distinct.

	May 28, 2026 Update: Following the onsite visit, the auditor revisited this provision, as well as, the totality of 115.86. Based on this second review, the auditor reverses his initial decision given the fact that the requirements of 115.73(b) suggest that when an allegation/ investigation is referred for criminal investigation, facility staff must maintain contact with the criminal investigator to determine the status of the investigation for purposes of follow-up. In an effort to avoid convoluting the criminal investigation, it does not appear prudent to facilitate the 115.86 SAIR review until the criminal investigation is completed as the final arbiter of the matter. The MDOC PC advises in an email dated May 19, 2026 that the criminal investigation has not yet been completed. Accordingly, the auditor finds that his initial finding is inappropriate and 115.86(a) should have been determined to be compliant. Accordingly, the auditor finds MWP substantially compliant with 115.86. The auditor notes that given the above, seven random sexual abuse investigations were actually reviewed, as opposed to, nine. The breakdown for applicable investigations is now: Three of seven requisite SAIRs were not facilitated. Of note, two of the four SAIRs that were conducted were untimely and one SAIR report is incomplete. In view of the untimeliness associated with the SAIRs as reflected in the preceding paragraphs, the auditor finds MWP non-compliant with 115.86(b) and he imposes a 180-day corrective action period wherein the MDOC PC and/or the MWP PCM will ensure compliance with and institutionalization of 115.86(a) requirements. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.86(a) requirements, the MDOC PC and MWP PCM will assess existing policy and determine whether additional language should be added regarding this subject-matter. If policy amendment is deemed necessary, the PCM will upload a copy of the amended policy(ies). In addition to the above, the MDOC PC and/or the MWP PCM will facilitate a training session for all stakeholders regarding the conduct of SAIRs following completion of an administrative or criminal sexual abuse investigation. Minimally, all members of the SAIR team will participate in this training and the same will address composition of the SAIR team, requirements for the conduct of SAIRs (inclusive of timelines), issues to be addressed during the SAIR meeting, and identification of and management of recommendations in conjunction with the SAIR meeting. The MDOC PC and/or MWP PCM will upload a copy of the training or lesson plan, as well as, a training roster reflecting the typewritten or printed name(s)/title(s) of participant(s), signature(s), date(s) of training, title of training class, and the name(s)/title(s) of the instructor. In addition to the above, the PCM will provide a roster of investigations completed between the date of this interim report and August 31, 2026. The auditor will randomly select a sample of investigations and the corresponding 115.86 SAIRs for

review. The auditor will subsequently make a compliance finding.

In view of the above, the auditor finds MWP non-compliant with 115.86(b).

August 18, 2026 Update:

The auditor's review of a comprehensive email to eight staff regarding the training plan and staff education documentation applicable to 115.86 requirements reveals substantial compliance with the corrective action plan. The auditor's separate review of both the training plan and staff education documentation reveals accurate content with respect to the training. The auditor is satisfied that the training portion of the corrective action plan is complete.

In addition to the above, the auditor's review of one closed substantiated sexual abuse investigation and accompanying SAIR report (completed since issuance of the interim PREA audit report on April 28, 2026) reveals substantial compliance with 115.86(a). The same was completed within 30 days of completion of the investigation and all other 115.86 requirements are met.

In view of the above, the auditor now finds MWP substantially compliant with 115.86(b).

115.86(c)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(M)(2) addresses 115.87(c).

The Warden asserts that a SART team is utilized and available at MWP. The team does include upper-level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners.

Pursuant to the auditor's review of the aforementioned nine random sexual abuse investigations, he finds that SAIR staff composition is appropriate in completed SAIRs.

In view of the above, the auditor finds substantially compliant with 115.86(c).

115.86(d)

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

Consider whether the allegation or investigation indicates a need to change policy or

practice to better prevent, detect, or respond to sexual abuse;

Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

Assess the adequacy of staffing levels in that area during different shifts;

Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and

Prepare a report of its findings, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PCM.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(M)(3)(a-f) addresses 115.87(d).

The Warden asserts that the SART team assesses issues noted above to make necessary changes, if required, and/or highlight positive performance or failures. If staff disciplinary action is apparent and appropriate, the same can be identified pursuant to the SAIR process. The mission of the SAIR team is to "enhance all things PREA" at MWP.

The PCM asserts that the SAIR team does prepare a report of the review proceedings encompassing the issues articulated above. She serves as a member of the SAIR and she writes the SAIR report. The Warden, AW, Operations Manager, medical representative, and mental health manager signs and dates the report.

If there are recommendations, she follows through with the same or documents the basis for non-compliance. The same is generally documented on the SAIR report. She has not noted any trends in terms of issues discovered pursuant to SAIR reviews.

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

In view of the above, the auditor finds MWP substantially compliant with 115.86(d).

115.86(e)

Pursuant to the PAQ, the Warden self reports that the facility implements the recommendations for improvement or documents its reasons for not doing so. The auditor notes that all recommendations were implemented and accordingly, required documentation of the rationale for non-implementation is not required.

The auditor's review of one completed PAQ MDOC Sexual Abuse Incident Review Form reveals that space is allotted to document implementation of or non-implementation of recommendations. In this matter, the recommendation was implemented.

	In view of the above, the auditor finds MWP substantially compliant with 115.86(e). Accordingly, based on the findings and corrective action articulated in 115.86(a) and (b), the auditor finds MWP non-compliant with 115.86. Pursuant to the auditor's review of the completed 115.86(a) and (b) corrective action, he now finds MWP substantially compliant with 115.86.

115.87	**Data collection**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.87(a) Pursuant to the PAQ, the Warden self reports the agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(N)(2) addresses 115.87(a). The PCM has uploaded Forms SSV-1A and SSV-2 into OAS. These documents are descriptive in terms of substantiated cases and provide relevant information required for sexual abuse/harassment monitoring. The aforementioned forms cover 2023 and 2024. 2025 forms have not yet been collated and uploaded. In addition to the above, the MDOC PC asserts that he provides quarterly updates to MDOC leadership regarding the status of PREA throughout MDOC. Copies of those cumulative documents are uploaded into OAS. In view of the above, the auditor finds MWP substantially compliant with 115.87(a). 115.87(b) Pursuant to the PAQ, the Warden self reports the agency aggregates the incident-based sexual abuse data at least annually. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(N)(5) addresses 115.87(b). The auditor's cursory review of Forms SSV-1A and SSV-2 provide relevant information required for sexual abuse/harassment monitoring. These documents are descriptive

in terms of substantiated cases. The aforementioned forms cover 2023 and 2024. 2025 forms have not yet been collated and uploaded.

In addition to the above, the MDOC PC asserts that he provides quarterly updates to MDOC leadership regarding the status of PREA throughout MDOC. Copies of those cumulative documents are uploaded into OAS and all of the above reveals annual aggregation of incident-based sexual abuse data for MWP.

In view of the above, the auditor finds MWP substantially compliant with 115.87(b).

115.87(c)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(N)(3) addresses 115.87(c).

In view of the above, the auditor finds MWP substantially compliant with 115.87(c).

115.87(d)

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

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(N)(6) addresses 115.87(d).

The auditor's review of 14 random (sexual abuse/harassment investigative packets) (one investigations encompasses both sexual abuse and sexual harassment characteristics) reveals that requisite information is available in the same. These documents form the basis for the SSV-1A reports.

In view of the above, the auditor finds MWP substantially compliant with 115.87(d).

115.87(e)

The auditor has learned MDOC does contract with CoreCivic for the confinement of inmates designated to their care, custody, and control.

The auditor's review of the 2023 and 2024 CoreCivic Annual PREA reports reveals substantial compliance with 115.87(e).

	In view of the above, the auditor finds MWP and MDOC substantially compliant with 115.87(e). 115.87(f) Pursuant to the PAQ, the Warden asserts that the Department of Justice (DOJ) has not requested SSV data from the previous calendar year however, the MDOC PC does provide the same upon request. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), page 13, section IV(N)(6) addresses 115.87(f). In view of the above, the auditor finds MWP substantially compliant with 115.87(f). In view of the absence of adverse findings associated with the above provisions, the auditor finds MWP substantially compliant with 115.87.

115.88	**Data review for corrective action**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.88(a) Pursuant to the PAQ, the agency reviews data collected and aggregated pursuant to 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training, including: Identifying problem areas; Taking corrective action on an ongoing basis; and Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The Agency Head interviewee asserts that year after year, MDOC examines trends related to PREA reporting. Specifically, category, demographics of those involved in sexual abuse/harassment incidents, and substantiation rates to study trends and indicators of strengths or weaknesses in the program, are reviewed. Outside of metrics related to reports, corrective action data is aggregated internally to identify trends in compliance efforts and auditor feedback.

Executive staff are briefed by the PREA Coordinator on a quarterly basis and there is a PREA Committee that meets to review and monitor the health of the MDOC PREA Program.

The MDOC PC asserts the agency does review data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. Files and information relative to investigations of sexual abuse/harassment allegations are retained in the IRIS system. All investigations are maintained electronically and accessible only to those staff with privileges. This database is retained on a secure server and hard copies of investigative files are secured in the PCM and investigator's locked offices. The auditor observed these processes throughout the on-site audit.

The MDOC PC further advises that the agency takes corrective action on an ongoing basis based on this data. For example, anything identified pursuant to a mock audit or SAIR review is considered for implementation.

The MWP PCM asserts agency reviews of data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training, are handled at the MDOC office in Helena, MT. Investigations and SAIRs are electronically transmitted to that office. The MDOC PC also has access to computerized daily population reports, etc. The MWP investigator maintains hard copies of investigations in a locked cabinet in his office and the PCM likewise maintains hard copies in the same manner in her office. Data is published by MDOC staff.

Pursuant to the auditor's review of the MDOC website, he finds that there is no evidence of written Annual PREA Reports for 2024 and 2025. The MDOC PC asserts that there has been a lapse in terms of Annual PREA Reports in view of staffing vacancies and accordingly the same is the basis for this finding. The MDOC PC asserts that he is currently working on the 2025 Annual PREA Report however, the same is not yet complete.

In view of the above, the auditor finds MWP non-compliant with 115.88(a-d) and he places MWP in a 180-day corrective action period wherein the MDOC PC and/or MWP PCM will develop and/or conclude the 2025 Annual PREA Report. The corrective action due date is August 31, 2026.

To demonstrate compliance with and institutionalization of 115.88(a-d), corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2025 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same to the overall sexual safety of inmates. This will provide a synopsis for the agency, providing a point of reference going forward, as to the progress in addressing inmate sexual safety at MWP. An analysis of demographics related to sexual abuse/harassment will likewise capture future gains realized and serve as a basis for comparison of the current year's data and corrective actions implemented going forward. In summary, the annual report will address all tenets of 115.88. The completed reports will also be signed by the Director and posted on the MDOC website.

	Upon completion of the 2025 Annual PREA Report, the same will be uploaded to OAS and the auditor will assess the same for compliance. In view of the above, the auditor finds MWP non-compliant with 115.88(a). September 9, 2026 Update: The auditor's review of the signed and dated (August 31, 2026) PREA Annual Report for 2025 now reveals substantial compliance with 115.88(a-d). Successful completion of the same provides a roadmap for continued compliance with 115.88. Each provision is represented in the report narrative based on available information. In view of the above, the auditor now finds MWP substantially compliant with 115.88(a). 115.88(b) Pursuant to the PAQ, the Warden self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The Warden further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse. Pursuant to the auditor's review of the MDOC website, he finds that there is no evidence of written Annual PREA Reports for 2023, 2024, or 2025. The MDOC PC asserts that there has been a lapse in terms of Annual PREA Reports in view of staffing vacancies and accordingly the same is the basis for this finding. The MDOC PC asserts that he is currently working on the 2025 Annual PREA Report however, the same is not yet complete. In view of the above, the auditor finds MWP non-compliant with 115.88(a-d) and he places MWP in a 180-day corrective action period wherein the MDOC PC and/or MWP PCM will develop and/or conclude the 2025 Annual PREA Report. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.88(a-d), corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2025 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same to the overall sexual safety of inmates. This will provide a synopsis for the agency, providing a point of reference going forward as to the progress in addressing inmate sexual safety at MWP. An analysis of demographics related to sexual abuse/harassment will likewise capture future gains realized and serve as a basis for comparison of the current year's data and corrective actions implemented going forward. In summary, the annual report will address all tenets of 115.88. The completed reports will also be signed by the Director and posted on the MDOC website. I

	Enhancements enacted as the result of pre-audits completed by MDOC and MWP staff and PREA audits conducted during audit year(s), should also be discussed in the annual report(s). Finally, a synopsis should be included in the annual report, addressing the "State of PREA" within MDOC. Upon completion of the 2025 Annual PREA Report, the same will be uploaded to OAS and the auditor will assess the same for compliance. In view of the above, the auditor finds MWP non-compliant with 115.88(b). September 9, 2026 Update: The auditor's review of the signed and dated (August 31, 2026) PREA Annual Report for 2025 now reveals substantial compliance with 115.88(a-d). Successful completion of the same provides a roadmap for continued compliance with 115.88. Each provision is represented in the report narrative based on available information. In view of the above, the auditor now finds MWP substantially compliant with 115.88(b). 115.88(c) Pursuant to the PAQ, the Warden self reports the agency makes its annual report readily available to the public at least annually through its website. The Warden further self reports the annual reports are approved by the Agency Head. Pursuant to the auditor's review of the MDOC website, he finds that there is no evidence of written Annual PREA Reports for 2023, 2024, or 2025. The MDOC PC asserts that there has been a lapse in terms of Annual PREA Reports in view of staffing vacancies and accordingly the same is the basis for this finding. The MDOC PC asserts that he is currently working on the 2025 Annual PREA Report however, the same is not yet complete. In view of the above, the auditor finds MWP non-compliant with 115.88(a-d) and he places MWP in a 180-day corrective action period wherein the MDOC PC and/or MWP PCM will develop and/or conclude the 2025 Annual PREA Report. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.88(a-d), corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2025 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same to the overall sexual safety of inmates. This will provide a synopsis for the agency, providing a point of reference going forward as to the progress in addressing inmate sexual safety at MWP. An analysis of demographics related to sexual abuse/harassment will likewise capture future gains realized and serve as a basis for comparison of the current year's

data and corrective actions implemented going forward. In summary, the annual report will address all tenets of 115.88. The completed reports will also be signed by the Director and posted on the MDOC website. I

Enhancements enacted as the result of pre-audits completed by MDOC and MWP staff and PREA audits conducted during audit year(s), should also be discussed in the annual report(s). Finally, a synopsis should be included in the annual report, addressing the "State of PREA" within MDOC.

Upon completion of the 2025 Annual PREA Report, the same will be uploaded to OAS and the auditor will assess the same for compliance.

According to the Agency Head interviewee, although he has not reviewed a PREA Annual Report in this new position, he would always review the same prior to signature, and publishing.

In view of the above, the auditor finds MWP non-compliant with 115.88(c).

September 9, 2026 Update:

The auditor's review of the signed and dated (August 31, 2026) PREA Annual Report for 2025 now reveals substantial compliance with 115.88(a-d). Successful completion of the same provides a roadmap for continued compliance with 115.88. Each provision is represented in the report narrative based on available information.

In view of the above, the auditor now finds MWP substantially compliant with 115.88(c).

115.88(d)

Pursuant to the PAQ, the Warden self reports when the agency redacts material from an annual report for publication, the redactions are limited to specific materials where publication would present a clear and specific threat to the safety and security of the facility. If information or material is redacted, the agency indicates the nature of material redacted.

MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 13 and 14, section IV(N)(7) addresses 115.88(d).

The MDOC PC asserts that the Annual PREA Reports do not contain the identity or personal/medical information of inmates or staff. Additionally, some security information may warrant redaction.

Pursuant to the auditor's review of the MDOC website, he finds that there is no evidence of written Annual PREA Reports for 2023, 2024, or 2025. The MDOC PC asserts that there has been a lapse in terms of Annual PREA Reports in view of staffing vacancies and accordingly the same is the basis for this finding. The MDOC

	PC asserts that he is currently working on the 2025 Annual PREA Report however, the same is not yet complete. In view of the above, the auditor finds MWP non-compliant with 115.88(a-d) and he places MWP in a 180-day corrective action period wherein the MDOC PC and/or MWP PCM will develop and/or conclude the 2025 Annual PREA Report. The corrective action due date is August 31, 2026. To demonstrate compliance with and institutionalization of 115.88(a-d), corrective action will be accomplished through articulation of Sexual Abuse Incident Review (SAIR) findings during 2025 and recommendations implemented during that period, in the annual report, comparing the positive impact of the same to the overall sexual safety of inmates. This will provide a synopsis for the agency, providing a point of reference going forward as to the progress in addressing inmate sexual safety at MWP. An analysis of demographics related to sexual abuse/harassment will likewise capture future gains realized and serve as a basis for comparison of the current year's data and corrective actions implemented going forward. In summary, the annual report will address all tenets of 115.88. The completed reports will also be signed by the Director and posted on the MDOC website. Enhancements enacted as the result of pre-audits completed by MDOC and MWP staff and PREA audits conducted during audit year(s), should also be discussed in the annual report(s). Finally, a synopsis should be included in the annual report, addressing the "State of PREA" within MDOC. Upon completion of the 2025 Annual PREA Report, the same will be uploaded to OAS and the auditor will assess the same for compliance. In view of the above, the auditor finds MWP non-compliant with 115.88(d). September 9, 2026 Update: The auditor's review of the signed and dated (August 31, 2026) PREA Annual Report for 2025 now reveals substantial compliance with 115.88(a-d). Successful completion of the same provides a roadmap for continued compliance with 115.88. Each provision is represented in the report narrative based on available information. In view of the above, the auditor now finds MWP substantially compliant with 115.88(d). In view of the successfully completed corrective action noted in the 115.88(a-d) provision narratives, the auditor now finds MWP substantially compliant with 115.88.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.89(a) Pursuant to the PAQ, the Warden self reports the agency ensures incident-based and aggregate data are securely retained. Files and information relative to investigations of sexual abuse/harassment allegations are retained in the IRIS system. All investigations are maintained electronically and accessible only to those staff with privileges. This database is retained on a secure server and hard copies of investigative files are secured in the PCM and investigator's locked offices. Of note, sexual abuse/harassment investigation reports and ancillary documentation are electronically generated however, a safely secured filing cabinet is located in the MWP Investigator's Office and the PCM's Office. The auditor observed these processes throughout the on-site audit. During the onsite visit, the auditor validated the MDOC PC's statement. In view of the above, the auditor finds MWP substantially compliant with 115.89(a). 115.89(b) Pursuant to the PAQ, the Warden self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 13 and 14, section IV(N)(7) addresses 115.88(b). The auditor verified compliance with this provision pursuant to review of the CoreCivic (CC) website, inclusive of the two facilities in which MDOC inmates are housed. Such information is available to the public through the CoreCivic website, under the Tallahatchie County Correctional Facility (TCCF) and Crossroads Correctional Center (CCC) tabs. The auditor has previously audited both facilities. MDOC contracts with CC to house inmates committed to their custody and control. In view of the above, the auditor finds MWP substantially compliant with 115.89(b). 115.89(c) Pursuant to the PAQ, the Warden self reports before making aggregated sexual abuse

	data publicly available, the agency removes all personal identifiers. Additionally, the agency maintains sexual abuse data collected pursuant to §115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 13 and 14, section IV(N)(7) addresses 115.88(c). In view of the lack of Annual PREA Reports for this audit period, the auditor has found no instances wherein personal identifiers have been necessarily excised from subject reports. In view of the above, the auditor finds MWP substantially compliant with 115.89(c). 115.89(d) Pursuant to the PAQ, the Warden self reports the agency maintains sexual abuse data collected pursuant to 115.87 for at least 10 years after the date of initial collection, unless federal, state, or local law requires otherwise. MDOC Policy 1.1.17 entitled Prison Rape Elimination ACT OF 2003 (PREA), pages 13 and 14, section IV(N)(7) addresses 115.88(d). The auditor has found no deviation(s) from either policy or standard provision with respect to 115.89(d). In view of the above, the auditor finds MWP substantially compliant with 115.89(d). In view of the absence of adverse findings with respect to the above provisions, the auditor finds MWP substantially compliant with 115.89.

115.401	**Frequency and scope of audits**
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.401(a) Pursuant to the auditor's cursory review of the MDOC website, he finds compliance with 115.401(a) unless facilities were not occupied for some reason. In view of the above, the auditor finds MDOC substantially compliant with 115.401(a).

115.401(b)

Pursuant to the auditor's cursory review of the MDOC website, he finds compliance with 115.401(b) unless facilities were not occupied.

In view of the above, the auditor finds MDOC substantially compliant with 115.401(b).

115.401(h)

During the on-site visit at MWP, the auditor was granted access to all areas of the facility. He did observe mechanical rooms, cleaning supply closets, staff and inmate bathrooms, inmate cells and open bay areas, etc.

In view of the above, the auditor finds MWP substantially compliant with 115.401(h).

115.401(i)

The auditor was granted access to documentation, both paper and electronic, throughout the course of the audit. Staff were very prompt and facilitative in this regard.

In view of the above, the auditor finds MWP substantially compliant with 115.401(i).

115.401(m)

The auditor was granted offices throughout the facility wherein he conducted private interviews with inmates.

In view of the above, the auditor finds MWP substantially compliant with 115.401(m).

115.401(n)

The auditor did receive correspondence from inmates regarding PREA matters at MWP. Generally, outgoing mail to the auditor is treated as Legal Mail and the same is not opened and read. Audit Notices were posted in a timely manner and inmate interviewees did not voice any concerns regarding inability to correspond with the auditor.

In view of the above, the auditor finds MWP substantially compliant with 115.401(n).

	Given the fact zero deviations are noted regarding the above provisions, the auditor finds MWP substantially compliant with 115.401.

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	115.403(f) The auditor's research of the MDOC/MWP website reveals that the last Final PREA Audit Report dated February 24, 2023 is posted on the same. In view of the above, the auditor finds MDOC/MWP substantially compliant with 115.403(f).

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	yes

	that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	
115.13 (a)	**Supervision and monitoring**	
	Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift?	yes
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into	yes

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

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

	facility does not have female inmates.)	
115.15 (c)	**Limits to cross-gender viewing and searches**	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes
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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.15 (f)	**Limits to cross-gender viewing and searches**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	consent or refuse?	
	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	yes

	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?	
	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	yes

	agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	
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.)	yes

	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.)	yes
115.22 (a)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
115.22 (b)	**Policies to ensure referrals of allegations for investigations**	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes

	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
115.22 (c)	**Policies to ensure referrals of allegations for investigations**	
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
115.31 (a)	**Employee training**	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates’ right to be free from sexual abuse and sexual harassment	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	Does the agency train all employees who may have contact with	yes

	inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	
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?	no
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	yes

	health care practitioners who work regularly in its facilities.)	
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	yes

	criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	
	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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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?	no
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	yes

	being sexually abusive, to inform: Education Assignments?	
	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**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (d)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (e)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (f)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
115.42 (g)	**Use of screening information**	
	This provision is no longer applicable to your compliance finding, please select N/A.	na
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	yes

	are at high risk of sexual victimization have access to: Programs to the extent possible?	
	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	yes

	can be arranged?	
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.	no
115.52 (b)	**Exhaustion of administrative remedies**	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
115.52 (c)	**Exhaustion of administrative remedies**	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from 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,	yes

	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.)	
	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?	yes

	(N/A if agency is exempt from this standard.)	
	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	yes

	understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	
	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	yes

	confidentiality, at the initiation of services?	
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	yes

	required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	
	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	yes

	with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	
	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	yes

	evidence, including any available physical and DNA evidence and any available electronic monitoring data?	
	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?	no
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	yes

	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?	
	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	yes

	have engaged in sexual abuse?	
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.)	yes
115.83 (e)	**Ongoing medical and mental health care for sexual abuse victims and abusers**	
	If pregnancy results from the conduct described in paragraph §	yes

	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.)	
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
	The subsection of this provision is no longer applicable to your compliance finding, please select N/A.	na
	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,	yes

	investigation files, and sexual abuse incident reviews?	
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	yes

	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?	
115.89 (a)	**Data storage, publication, and destruction**	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
115.89 (b)	**Data storage, publication, and destruction**	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
115.89 (c)	**Data storage, publication, and destruction**	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
115.89 (d)	**Data storage, publication, and destruction**	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
115.401 (a)	**Frequency and scope of audits**	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes
115.401 (b)	**Frequency and scope of audits**	
	Is this the first year of the current audit cycle? (Note: a “no” response does not impact overall compliance with this standard.)	no
	If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is not the second year of the current audit cycle.)	na
	If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by	yes

	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.)	
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