

# PREA Facility Audit Report: Final

**Name of Facility:** Sanction Treatment Assessment and Revocation Transition (START) Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** NA

**Date Final Report Submitted:** 04/24/2025

## 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:** 04/24/2025

## AUDITOR INFORMATION

**Auditor name:** Arnold, Kenneth

**Email:** kenarnold220@gmail.com

**Start Date of On-Site Audit:** 11/19/2024

**End Date of On-Site Audit:** 11/20/2024

## FACILITY INFORMATION

**Facility name:** Sanction Treatment Assessment and Revocation Transition (START) Center

**Facility physical address:** 801 Highway 48, Anaconda, Montana - 59711

**Facility mailing address:**

## Primary Contact

<b>Name:</b>	Marwan Saba
<b>Email Address:</b>	msaba@cccscorp.com
<b>Telephone Number:</b>	406-491-0245

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Bob Olson
<b>Email Address:</b>	bolson@cccscorp.com
<b>Telephone Number:</b>	406-563-7002 ex404

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	152
<b>Current population of facility:</b>	148
<b>Average daily population for the past 12 months:</b>	149
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>What is the facility's population designation?</b>	Mens/boys
<b>In the past 12 months, which population(s) has the facility held? Select all that apply (Nonbinary describes a person who does not identify exclusively as a boy/man or a girl/woman. Some people also use this term to describe their gender expression. For</b>	

<b>definitions of “intersex” and “transgender,” please see <a href="https://www.prearesourcecenter.org/standard/115-5">https://www.prearesourcecenter.org/standard/115-5</a>)</b>	
<b>Age range of population:</b>	18-80
<b>Facility security levels/inmate custody levels:</b>	Alt Secure
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	46
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	1
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	2

<b>AGENCY INFORMATION</b>	
<b>Name of agency:</b>	Community, Counseling, and Correctional Services, Inc.
<b>Governing authority or parent agency (if applicable):</b>	
<b>Physical Address:</b>	471 East Mercury Street, Butte, Montana - 59701
<b>Mailing Address:</b>	471 E Mercury Street, Butte, Montana - 59701
<b>Telephone number:</b>	4067820417

<b>Agency Chief Executive Officer Information:</b>	
<b>Name:</b>	Mike Thatcher
<b>Email Address:</b>	mthatcher@cccscorp.com
<b>Telephone Number:</b>	406-782-0417

## Agency-Wide PREA Coordinator Information

<b>Name:</b>	Marwan Saba	<b>Email Address:</b>	msaba@cccscorp.com
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## 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:

4

- 115.31 - Employee training
- 115.32 - Volunteer and contractor training
- 115.73 - Reporting to inmates
- 115.86 - Sexual abuse incident reviews

#### Number of standards met:

41

#### Number of standards not met:

0

## POST-AUDIT REPORTING INFORMATION

### GENERAL AUDIT INFORMATION

#### On-site Audit Dates

1. Start date of the onsite portion of the audit:	2024-11-19
2. End date of the onsite portion of the audit:	2024-11-20

#### 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?	<input checked="" type="radio"/> Yes <input type="radio"/> No
a. Identify the community-based organization(s) or victim advocates with whom you communicated:	Director at Safe Space. Safe Space is engaged in an MOU with START to provide post incident victim advocacy (VA) services. The Director related that she has been at Safe Space for approximately three years and contact has been made cumulatively on two occasions within that period of time between BPRC/WTC, CCP-E, and START. Specifically, contact is minimal.

### AUDITED FACILITY INFORMATION

14. Designated facility capacity:	152
15. Average daily population for the past 12 months:	149
16. Number of inmate/resident/detainee housing units:	4

<b>17. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</b>	<input type="radio"/> Yes  <input checked="" type="radio"/> No  <input type="radio"/> Not Applicable for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)
<b>Audited Facility Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>Inmates/Residents/Detainees Population Characteristics on Day One of the Onsite Portion of the Audit</b>	
<b>18. Enter the total number of inmates/residents/detainees in the facility as of the first day of onsite portion of the audit:</b>	146
<b>19. Enter the total number of inmates/residents/detainees with a physical disability in the facility as of the first day of the onsite portion of the audit:</b>	3
<b>20. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>21. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>22. Enter the total number of inmates/residents/detainees who are Deaf or hard-of-hearing in the facility as of the first day of the onsite portion of the audit:</b>	0

<b>23. Enter the total number of inmates/residents/detainees who are Limited English Proficient (LEP) in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>24. Enter the total number of inmates/residents/detainees who identify as lesbian, gay, or bisexual in the facility as of the first day of the onsite portion of the audit:</b>	4
<b>25. Enter the total number of inmates/residents/detainees who identify as transgender or intersex in the facility as of the first day of the onsite portion of the audit:</b>	1
<b>26. Enter the total number of inmates/residents/detainees who reported sexual abuse in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>27. Enter the total number of inmates/residents/detainees who disclosed prior sexual victimization during risk screening in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>28. Enter the total number of inmates/residents/detainees who were ever placed in segregated housing/isolation for risk of sexual victimization in the facility as of the first day of the onsite portion of the audit:</b>	0
<b>29. Provide any additional comments regarding the population characteristics of inmates/residents/detainees in the facility as of the first day of the onsite portion of the audit (e.g., groups not tracked, issues with identifying certain populations):</b>	None.

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

<b>30. Enter the total number of STAFF, including both full- and part-time staff, employed by the facility as of the first day of the onsite portion of the audit:</b>	48
<b>31. 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:</b>	2
<b>32. 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:</b>	1
<b>33. 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:</b>	The auditor notes that only one contractor and two volunteers were utilized at START as of the first day of the onsite visit.

**INTERVIEWS****Inmate/Resident/Detainee Interviews****Random Inmate/Resident/Detainee Interviews**

<b>34. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:</b>	11
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<p><b>35. Select which characteristics you considered when you selected RANDOM INMATE/RESIDENT/DETAINEE interviewees: (select all that apply)</b></p>	<p><input checked="" type="checkbox"/> Age</p> <p><input checked="" type="checkbox"/> Race</p> <p><input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic)</p> <p><input checked="" type="checkbox"/> Length of time in the facility</p> <p><input checked="" type="checkbox"/> Housing assignment</p> <p><input checked="" type="checkbox"/> Gender</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> None</p>
<p><b>36. How did you ensure your sample of RANDOM INMATE/RESIDENT/DETAINEE interviewees was geographically diverse?</b></p>	<p>Interviewees were selected from each of the four units.</p>
<p><b>37. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?</b></p>	<p><input checked="" type="radio"/> Yes</p> <p><input type="radio"/> No</p>
<p><b>38. Provide any additional comments regarding selecting or interviewing random inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b></p>	<p>None.</p>
<p><b>Targeted Inmate/Resident/Detainee Interviews</b></p>	
<p><b>39. Enter the total number of TARGETED INMATES/RESIDENTS/DETAINEES who were interviewed:</b></p>	<p>11</p>

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

<b>40. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</b>	3
<b>41. Enter the total number of interviews conducted with inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	3
<b>42. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (i.e., visually impaired) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	0
<b>42. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>42. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Pursuant to the facility tour, random staff interviews, and random offender interviews, the auditor was unable to identify any offenders who presented with either blindness or low vision.</p>
<b>43. Enter the total number of interviews conducted with inmates/residents/detainees who are Deaf or hard-of-hearing using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>43. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>43. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Pursuant to the facility tour, random staff interviews, and random offender interviews, the auditor was unable to identify any offenders who presented with either deafness or low hearing.</p>
<b>44. Enter the total number of interviews conducted with inmates/residents/detainees who are Limited English Proficient (LEP) using the "Disabled and Limited English Proficient Inmates" protocol:</b>	<p>0</p>
<b>44. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<b>44. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Pursuant to the facility tour, random staff interviews, and random offender interviews, the auditor was unable to identify any LEP offenders.</p>
<b>45. Enter the total number of interviews conducted with inmates/residents/detainees who identify as lesbian, gay, or bisexual using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	<p>4</p>
<b>46. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex using the "Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates" protocol:</b>	<p>1</p>
<b>47. Enter the total number of interviews conducted with inmates/residents/detainees who reported sexual abuse in this facility using the "Inmates who Reported a Sexual Abuse" protocol:</b>	<p>0</p>
<b>47. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<b>47. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>Pursuant to the auditor's review of all three sexual abuse/harassment interviews facilitated during the last 12 months and comparison of victim names against a current offender roster, the auditor determined zero victims were housed at the facility during the onsite visit.</p>

<b>48. Enter the total number of interviews conducted with inmates/residents/detainees who disclosed prior sexual victimization during risk screening using the "Inmates who Disclosed Sexual Victimization during Risk Screening" protocol:</b>	0
<b>48. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>
<b>48. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	Pursuant to review of initial victimization/ aggressor assessments and comparison of names against the current offender roster, as well as, review of PAQ documentation regarding 115.81(a), the auditor determined none of the offenders who reported prior sexual abuse, either community or institutional, were housed at START during the onsite audit.
<b>49. Enter the total number of interviews conducted with inmates/residents/detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization using the "Inmates Placed in Segregated Housing (for Risk of Sexual Victimization/Who Allege to have Suffered Sexual Abuse)" protocol:</b>	0
<b>49. Select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</b>	<div> <input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. </div> <div> <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed. </div>

<b>49. Discuss your corroboration strategies to determine if this population exists in the audited facility (e.g., based on information obtained from the PAQ; documentation reviewed onsite; and discussions with staff and other inmates/residents/detainees).</b>	<p>The auditor's random review of D Unit documentation reveals that none of the offenders housed in the unit during the onsite visit were paced in involuntary segregation as the result for risk of sexual victimization. Additionally, the auditor's review of the one substantiated sexual abuse investigation reveals that while the victim was placed in D unit for separation purposes, he was treated as a general population offender assigned to the unit.</p>
<b>50. Provide any additional comments regarding selecting or interviewing targeted inmates/residents/detainees (e.g., any populations you oversampled, barriers to completing interviews):</b>	<p>None.</p>
<b>Staff, Volunteer, and Contractor Interviews</b>	
<b>Random Staff Interviews</b>	
<b>51. Enter the total number of RANDOM STAFF who were interviewed:</b>	<p>12</p>
<b>52. Select which characteristics you considered when you selected RANDOM STAFF interviewees: (select all that apply)</b>	<p> <input checked="" type="checkbox"/> Length of tenure in the facility  <input checked="" type="checkbox"/> Shift assignment  <input checked="" type="checkbox"/> Work assignment  <input checked="" type="checkbox"/> Rank (or equivalent)  <input checked="" type="checkbox"/> Other (e.g., gender, race, ethnicity, languages spoken)  <input type="checkbox"/> None </p>
<b>If "Other," describe:</b>	<p>Gender and race.</p>
<b>53. Were you able to conduct the minimum number of RANDOM STAFF interviews?</b>	<p> <input checked="" type="radio"/> Yes  <input type="radio"/> No </p>

<b>54. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, barriers to ensuring representation):</b>	None.
<b>Specialized Staff, Volunteers, and Contractor Interviews</b>	
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.	
<b>55. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):</b>	13
<b>56. Were you able to interview the Agency Head?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>56. Explain why it was not possible to interview the Agency Head:</b>	The auditor has audited CCCS facilities for the last nine years and accordingly, he has interviewed the Agency Head. The CCCS PC, who works directly for the Agency Head, has advised that the Agency Head's responses remain the same.
<b>57. Were you able to interview the Warden/Facility Director/Superintendent or their designee?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>58. Were you able to interview the PREA Coordinator?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No
<b>58. Explain why it was not possible to interview the PREA Coordinator:</b>	The auditor has audited CCCS facilities for the last nine years and accordingly, he has interviewed the CCCS PREA Coordinator (PC). The CCCS PC has advised that his responses remain the same.

**59. 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)



**60. Select which SPECIALIZED STAFF roles were interviewed as part of this audit from the list below: (select all that apply)**

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

	<input type="checkbox"/> Other
<b>61. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>61. Enter the total number of VOLUNTEERS who were interviewed:</b>	2
<b>61. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Mental health/counseling <input checked="" type="checkbox"/> Religious <input type="checkbox"/> Other
<b>62. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<b>62. Enter the total number of CONTRACTORS who were interviewed:</b>	1
<b>62. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit from the list below: (select all that apply)</b>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input checked="" type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other

<b>63. Provide any additional comments regarding selecting or interviewing specialized staff.</b>	The auditor notes that despite numerous attempts to contact the criminal investigator and a SANE interviewee, he was unable to interview both individuals. Accordingly, those interviews were not facilitated.
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## **SITE REVIEW AND DOCUMENTATION SAMPLING**

### **Site Review**

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

<b>64. Did you have access to all areas of the facility?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
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### **Was the site review an active, inquiring process that included the following:**

<b>65. Observations of all facility practices in accordance with the site review component of the audit instrument (e.g., signage, supervision practices, cross-gender viewing and searches)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>66. Tests of all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., risk screening process, access to outside emotional support services, interpretation services)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>67. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No

<b>68. Informal conversations with staff during the site review (encouraged, not required)?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>69. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</b>	None.
<b>Documentation Sampling</b>	
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.	
<b>70. 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?</b>	<input checked="" type="radio"/> Yes  <input type="radio"/> No
<b>71. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</b>	Human Resources (HR) Files- 12 Staff Training Files- 12 Offender Files- 13 Sexual Abuse/Harassment Investigations- 3
<b>SEXUAL ABUSE AND SEXUAL HARASSMENT ALLEGATIONS AND INVESTIGATIONS IN THIS FACILITY</b>	
<b>Sexual Abuse and Sexual Harassment Allegations and Investigations Overview</b>	
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.	

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

	# of sexual abuse allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual abuse</b>	1	0	0	1
<b>Staff-on-inmate sexual abuse</b>	0	0	0	0
<b>Total</b>	1	0	0	1

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

	# of sexual harassment allegations	# of criminal investigations	# of administrative investigations	# of allegations that had both criminal and administrative investigations
<b>Inmate-on-inmate sexual harassment</b>	1	0	1	0
<b>Staff-on-inmate sexual harassment</b>	1	0	1	0
<b>Total</b>	2	0	2	0

## Sexual Abuse and Sexual Harassment Investigation Outcomes

### Sexual Abuse Investigation Outcomes

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

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

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

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

	Ongoing	Unfounded	Unsubstantiated	Substantiated
Inmate-on-inmate sexual abuse	0	0	0	1
Staff-on-inmate sexual abuse	0	0	0	0
Total	0	0	0	1

### Sexual Harassment Investigation Outcomes

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

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

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

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

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

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

**Sexual Abuse Investigation Files Selected for Review**

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

1

<b>79. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual abuse investigation files)
<b>Inmate-on-inmate sexual abuse investigation files</b>	
<b>80. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	1
<b>81. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>82. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual abuse investigation files)
<b>Staff-on-inmate sexual abuse investigation files</b>	
<b>83. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:</b>	0
<b>84. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)



<b>85. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?</b>	<input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> NA (NA if you were unable to review any staff-on-inmate sexual abuse investigation files)
<b>Sexual Harassment Investigation Files Selected for Review</b>	
<b>86. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	2
<b>87. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any sexual harassment investigation files)
<b>Inmate-on-inmate sexual harassment investigation files</b>	
<b>88. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:</b>	1
<b>89. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT files include criminal investigations?</b>	<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)
<b>90. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?</b>	<input checked="" type="radio"/> Yes <input type="radio"/> No <input type="radio"/> NA (NA if you were unable to review any inmate-on-inmate sexual harassment investigation files)

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

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

1

**92. 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)

**93. 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)

**94. 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**

**95. 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

**96. 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

**97. 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	
<ul style="list-style-type: none"> <li>Exceeds Standard (Substantially exceeds requirement of standard)</li> <li>Meets Standard (substantial compliance; complies in all material ways with the stand for the relevant review period)</li> <li>Does Not Meet Standard (requires corrective actions)</li> </ul>	
Auditor Discussion Instructions	
<p>Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.</p>	

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.11(a)</p> <p>Pursuant to the Pre-Audit Questionnaire (PAQ), the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse/harassment in facilities it operates directly or under contract. The PA further self reports the facility has a written policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse/harassment. The policy includes definitions of prohibited behaviors regarding sexual abuse/harassment and sanctions for those found to have participated in such prohibited behaviors. The policy includes a description of agency strategies and responses to reduce and prevent sexual abuse/harassment of offenders.</p> <p>Sanction Treatment Assessment and Revocation Transition Center (START) PREA General Requirements Policy 3-1, pages 1-8 addresses 115.11(a).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.11(a).</p>

115.11(b)

Pursuant to the PAQ, the PA self reports the agency employs or designates an upper level, agency-wide PREA Coordinator, Community Counseling and Correctional Services PREA Coordinator (CCCS PC), who has sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its community confinement and prison/jail facilities. The PA reports the CCCS PC is in the agency's organizational structure and the auditor verified the same pursuant to review of the CCCS, Inc. Organizational Chart.

Pursuant to the CCCS Organizational Chart, the CCCS PC reports to the Director of Development, Administration, and Contract Management who reports directly to the Chief Executive Officer (CEO). As the Director of Development, Administration, and Contract Management position is vacant at this time, the CCCS PC reports directly to the CCCS Chief Executive Officer (CEO). Clearly, the CCCS PC has sufficient access to upper corporate management to address "all things PREA".

The PA also self reports that a designated PREA Manager (PM) is assigned to address PREA matters at START. The auditor's review of the START Organizational Chart reveals the START PM is in the facility's organizational structure, reporting directly to the PA.

START PREA General Requirements Policy 3-1, pages 5 and 6, section V(A)(1) addresses 115.11(b).

According to the CCCS PC, he has sufficient time to manage all of his PREA-related duties. He oversees seven facilities with collateral compliance manager duties.

Seven PMs and one compliance/PREA specialist report to him and facilitate PREA related duties at the respective facilities.

As the CCCS PC, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of the Staffing Plan is a critical step when confronted with any PREA issue, as well as, review of camera needs and placements.

In view of the above, the auditor finds START substantially compliant with 115.11(b).

115.11(c)

Pursuant to the PAQ, the PA self reports the facility has designated a PM with sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

The START PM asserts that in her current institutional role, she serves as both the intake coordinator and PM. As intake coordinator, she is very close to the pulse of incoming offenders. She facilitates 30-day victimization/aggressor assessments and she is a retaliation monitor. She is very much involved with sexual abuse

	<p>investigations throughout the company as she is a trained and certified sexual abuse/harassment investigator.</p> <p>As a general rule, she makes sexual safety rounds throughout the facility every other day. During "management by wandering around" (MBWA) rounds throughout the facility, she assesses staff post positioning, blind spots, poster placements, camera placements, and accessibility to staff and offenders. She demonstrates compassion for all offenders, regardless of their situation.</p> <p>In addition to the above, the PM reviews the PREA Handbook (attentive to both content and context). She also reviews policy and makes recommendation(s) for amendment, if warranted. She also coordinates security recommendations with the PA and behavioral technician coordinator (BTC) regarding offender sexual safety. With respect to addition of cameras, a procedure regarding capital projects is utilized and she assists with development of justifications.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.11(c).</p> <p>Based on the lack of findings, the auditor finds that START is substantially compliant with 115.11.</p>
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<b>115.12</b>	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.12(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has not entered into or renewed a contract with another agency for confinement of START offenders since the last PREA audit. Accordingly, it has been determined 115.12(a) and (b) are not applicable to START.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.12(a).</p> <p>115.12(b)</p> <p>Pursuant to the PAQ, the PA self reports since August 20, 2012, the agency has not entered into any contracts with a private agency or other entity that failed to comply with PREA standards.</p> <p>In view of the above, the auditor finds that 115.12(b) is not applicable to START.</p>

	Absent any evidence of failure with respect to the requirements of this standard, the auditor finds START substantially compliant with 115.12.
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<b>115.13</b>	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.13(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency develops and documents a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring to protect offenders against sexual abuse. The PA self reports the average daily number of offenders since the last PREA audit is 149 and the average daily number of offenders on which the staffing plan is predicated is 149.</p> <p>START Policy 3-1 entitled PREA General Requirements, pages 6 and 7, section V(A)(5)(a-k) addresses 115.13(a).</p> <p>The auditor's review of the 2022, 2023, and 2024 START Staffing Plans reveals the facility meets standard expectations. Direct supervision on each of the four units during all three shifts is employed to meet this goal. Additionally, coverage is augmented by counselor technicians, case managers, and administrative staff.</p> <p>Thirty-six cameras are monitored inside and five cameras are monitored outside the facility. Cameras are strategically placed in hallways and on walls, capturing entrance and egress into cells.</p> <p>During the facility tour, the auditor noted that direct supervision is employed throughout the facility. Camera surveillance throughout the facility is substantial and camera placements appear to be appropriate. The auditor's review of monitors reveals that camera resolution is very good and all cameras were operational during the facility tour. Staff acknowledge that inoperative cameras are given priority in terms of repair(s). Both staffing and electronic surveillance is appropriate for this facility.</p> <p>Additionally, review of the aforementioned Annual Staffing Plans reveals all 11 of the requisite prison/jail issues are considered during development and documentation of the staffing plan. The staffing plan is extremely thorough, addressing coverage supplementation by position, as well as, temporary cancellation of programs and services as an absolute last resort.</p> <p>The staffing plan is documented and the hard copy and electronic copy is maintained by the PA, CCCS PC, and PM. These staff have individual access to the staffing plan through individual privileges on a server.</p> <p>The PA asserts that review of incidents is a key indicator with respect to staffing</p>

needs. Fellow staff involved in the Sexual Abuse Incident Review (SART) provide valuable input regarding recommended changes to the staffing plan.

As previously indicated, pursuant to MBWA rounds by executive staff, supervisors, and line staff, blind spots are addressed on a daily basis. The PA reviews the roster on a daily basis and inquires of call-offs from control center (CC) staff and supervisors. The BTC is the primary resource for this information on a daily basis. The disciplinary coordinator (likewise a supervisor) acts as a layer of supervision during weekend days. On board staffing strength is assessed by either the PA, BTC, or Disciplinary Coordinator/Supervisor, as well as, other supervisors.

Both the PA and the PM assert the following factors are considered when developing the staffing plan. Each area is addressed with a narrative regarding the dynamics considered:

1. The physical layout of the facility: The ratio of staff to offenders, as established by MDOC, is the starting point in terms of staffing plan development at START. Analysis by the PA, BTC, and PM is employed with respect to staffing. Video surveillance is determined pursuant to review of the physical plant by the CCCS PC, PA, BTC, and PM. Observation of offender actions is invaluable as the same assists in diagnosis of weaknesses;
2. Any judicial findings of inadequacy: NA;
3. Any findings of inadequacy from Federal investigative agencies: NA;
4. Any findings of inadequacy from internal or external oversight bodies: NA;
5. All components of the facility's physical plant (including "blind-spots" or areas where staff or offenders may be isolated): Video surveillance is determined pursuant to review of the physical plant by the CCCS PC, PA, BTC, and PM. Observation of offender actions is invaluable as the same assists in diagnosis of weaknesses. Additionally, MBWA rounds provides an opportunity for executive staff, supervisors, and line staff to diagnose remote areas, as well as, all areas of the institution for blind spots;
6. The composition of the offender population: The facility racial and ethnic composition is primarily caucasian and native american. A handful of black offenders and a little more than a handful of hispanic offenders are also currently housed at the facility. Six validated gang members and quite a few associates are also currently housed at START.

Five gay and bisexual offenders, as well as, a transgender offender are currently housed at START. Zero problems have been realized with this population, as well as, those offenders presenting with medical and mental health issues. A handful of violent offenders have thus far not presented any serious issues.

Based on observation, the auditor notes that substantial pairing and matching of offenders with one another facilitates a calm mellieu. The PM's knowledge of the offender population, as well as, observation of issues forwarded to her, facilitates



effective management of the population;

7. The number and placement of supervisory staff: Two behavioral technician supervisors (BTS) are generally assigned per each of the three shifts. The same is sufficient for the total offender population, as well as, staff population;

8. Institution programs occurring on a particular shift: Most programming is completed between the hours of 8:00AM and 4:00PM when staffing is plentiful;

9. Any applicable State or local laws, regulations, or standards: MDOC policies, CCCS policies and Montana Code Annotated are the primary policy and statutory resources relied upon at START;

10. The prevalence of substantiated and unsubstantiated incidents of sexual abuse: One sexual abuse investigation completed during the last 12 months. SART recommendations are generally followed; and

11. Any other relevant factors: Sexual offenders are considered in the previously mentioned housing strategy.

In the event of a vacancy, a strategy is subsequently developed to cover the vacancy. At times, treatment staff, etc. are used to offset post vacancies during regular business hours and overtime may also be employed, dependent upon the circumstances. During non-regular business hours, administrative duty officers(ADOs) may provide supplementation coverage, as needed.

A Deviation Form is completed whenever a vacancy occurs, complete with rationale and strategy used to fill the same.

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

115.13(b)

Pursuant to the PAQ, the PA self reports each time the staffing plan is not complied with, the facility documents and justifies all deviations from the staffing plan. The PA further self reports the six most common reasons for deviating from the staffing plan in the last 12 months are as follows: staff shortage; sick call; staff vacations; transportation; lack of same sex staff; court/medical trips.

START Policy 3-1, page 7 section V(A)(6) addresses 115.13(b).

The auditor's review of two PAQ random 2023, and five random 2024 START Deviation Forms reveals substantial compliance with 115.13(b). Of note, the auditor finds there are no deviations from the staffing plan as essential positions are covered as articulated in the Annual Staffing Plan Reviews.

The PA asserts a Deviation Form is completed, signed, and dated by both the employee and BTC whenever coverage must be established for an unfilled post. While there has been no vacated posts or deviations as noted above, the form tracks

overtime, fill-ins, etc.

In view of the above, the auditor finds START substantially compliant with 115.13(b).

#### 115.13(c)

Pursuant to the PAQ, the PA self reports at least once every year, the facility reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;

Prevailing staffing patterns;

The deployment of video monitoring systems and other monitoring technologies; or

The allocation of facility/agency resources to commit to the staffing plan to ensure compliance with the same.

START PREA Policy 3-1, page 7, section V(A)(6)(a)(i-iv) addresses 115.13(c).

The 2024 staffing plan review reveals no disparity in terms of the four assessment areas addressed in the narrative for 115.13(c). The staffing plan review was facilitated on July 16, 2024 and minutes of the same are uploaded into OAS. Additionally, 2022 and 2023 staffing plan reviews are uploaded into OAS.

The CCCS PC asserts the staffing plan is reviewed at least once every year and he is part of the writing and review process. As mentioned in the preceding paragraph, the auditor's review of the 2024 staffing plan review reveals substantial compliance with 115.13(c). Specifically, all four considerations are clearly given weight on an annual basis.

In view of the above, the auditor finds START substantially compliant with 115.13(c).

#### 115.13(d)

Pursuant to the PAQ, the PA asserts that a policy and practice is implemented whereby intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Such policy and practice is implemented for all three shifts. Additionally, a policy is implemented to prohibit 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.

START PREA Policy 3-1, page 7, section V(A)(7) addresses 115.13(d).

The intermediate or higher-level facility staff interviewee states that he does facilitate unannounced sexual safety rounds throughout the units whenever he works. On Friday and Saturday, he makes unannounced sexual safety rounds based on the

	<p>requirements of his position. He makes rounds in each unit, inclusive of both tiers where applicable, signs logs, coaches and mentors staff, and talks with offenders. To ensure randomness, he never follows the same routine. He may start rounds, stop rounds, return to the unit several hours later, and reverse his traverse throughout the facility.</p> <p>The interviewee does sign the supervisor's log. He signs, dates, and registers times on each pod.</p> <p>The interviewee states that he varies his rounds so much that staff cannot detect where he is within the facility.</p> <p>The auditor's PAQ review of three 2023 and nine 2024 emails regarding unannounced sexual safety checks at START reveals that results are documented in a detailed email on each occasion wherein checks are completed. Unannounced sexual safety checks were completed by administrative duty officer (ADO) staff across all three shifts. In many cases, the writer clearly articulated that he/she directed the shift supervisor to ensure that staff did not know he/she was in the facility and conducting sexual safety checks.</p> <p>The auditor checked the B Pod Unit Log and sexual safety rounds log and determined that entries were consistent across all three shifts with several entries reviewed during different months. Supervisors, as well as, administrative staff noted either PREA rounds or sexual safety rounds.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.13(d).</p> <p>Given the lack of findings as articulated in the above narrative, the auditor finds START substantially compliant with 115.13.</p>
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<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.14(a-c)</p> <p>Pursuant to the PAQ, the PA self reports that youthful offenders are not housed at START and accordingly, youthful offenders are not placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult offender through use of a shared dayroom or other common space, shower area, or sleeping quarters. Similarly, in areas outside of housing units, there is no basis to:</p> <p>Maintain sight and sound separation between youthful inmates and adult inmates; or</p>

	<p>Provide direct staff supervision when youthful offenders and adult offenders have sight, sound, or physical contact.</p> <p>Finally, there is no basis for avoiding placement of youthful offenders in isolation to comply with this provision.</p> <p>During the facility tour, the auditor observed no evidence suggesting that youthful offenders are housed at START. Additionally, pursuant to staff interviews, the auditor did not learn of any youthful offenders housed at START. Finally, review of offender rosters reveals zero offenders under the age of 18 are housed at START.</p> <p>Given the fact there is no evidence of deviation from 115.14, the auditor finds START substantially compliant with 115.14.</p>
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<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.15(a)</p> <p>Pursuant to the PAQ, the PA self reports facility staff do not conduct cross-gender strip or cross-gender visual body cavity searches of offenders at START. In the last 12 months, the PA self reports one cross-gender strip or cross-gender visual body cavity searches of offenders were facilitated by START staf as the result of a transgender offender request.</p> <p>START PREA Policy 3-1, page 7, section V(A)(8) addresses 115.15(a). This policy allows for cross-gender strip or cross-gender visual body cavity searches of offenders pursuant to exigent circumstances. The auditor notes that exigent circumstances are defined within this policy.</p> <p>The non-medical staff involved in cross-gender strip or visual searches interviewee asserts that strip searches are conducted only if approved by the CCCS CEO. If staff reasonably suspect an offender is trafficking a weapon in his/her rectum, then a cross-gender strip or visual search can be requested if no same sex staff are available. The other example is that of a transgender female who requests strip search by a female staff member.</p> <p>The auditor's review of the Exigent Circumstances Logs validated the PA's statement above regarding the frequency of such searches. Specifically, on February 23, 2024 pursuant to the offender's request, a female staff member strip searched her. The auditor's on-site review of the same log during the facility tour validated the findings</p>

articulated in the preceding sentence. The auditor's examination of the urinalysis room substantiates the fact that cross-gender strip or visual searches can be conducted in private. While camera coverage covers entrance and egress to and from the room, there is no camera located inside the same.

In view of the above, the auditor finds START substantially compliant with 115.15(a).

#### 115.15(b)

Pursuant to the PAQ, the PA self reports the facility does not house female offenders.

START PREA Policy 3-1, pages 7 and 8, sections V(A)(9) addresses 115.15(b).

As female offenders are not housed at START, staff and offender interviews were not facilitated with respect to this subject-matter.

In view of the above, the auditor finds START substantially compliant with 115.15(b).

#### 115.15(c)

Pursuant to the PAQ, the PA self reports facility policy requires that all cross-gender strip searches and cross-gender visual body cavity searches are documented.

START Policy 3-1, page 8, section IV(A)(11) addresses 115.15(c).

As referenced in the narrative for 115.15(a), one cross-gender visual or body cavity search of an offender was conducted during the last 12 months. The auditor's review of the Exigent Circumstances Logs validated the PA's statement above regarding the frequency of such searches. Specifically, on February 23, 2024 pursuant to the transgender offender's request, a female staff member strip searched her. The auditor's on-site review of the same log during the facility tour validated the findings articulated in the preceding sentence.

In view of the above, the auditor finds START substantially compliant with 115.15(c).

#### 115.15(d)

Pursuant to the PAQ, the PA self reports the facility has implemented policies and procedures that enable offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera). The PA further self reports policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit.

START Policy 3-1, page 8, section V(A)(10 and 11) addresses 115.15(d).

Ten of 11 random offender interviewees state that opposite gender staff announce their presence when entering housing areas. Additionally, all 11 interviewees state they are not naked, or in full view, of opposite gender staff (not including medical staff such as doctors or nurses) when showering, toileting, or changing clothes.

All 12 random staff interviewees state that staff announce their presence when entering a housing unit wherein offenders of the opposite gender are housed. Additionally, offenders are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour and throughout the onsite visit, the auditor observed both male and female staff clearly and audibly announce their presence when entering units wherein opposite gender offenders are housed, stating, "Male or Female on the floor" or some equivalent thereof. Additionally, the auditor observed camera monitors, noting offender privacy is maintained in accordance with 115.15(d).

The auditor also noted that based on the physical plant layout and barriers, compliance with 115.15(d) is maintained in bathroom/shower areas. In A, B, and D Units, toilets are part of the individual cells. Showers are located in separate cells shielded by a steel slider door. A sliding window shade allows privacy for the showering offender. In C Unit (the open dorm), PREA curtains provide privacy for users in the three showers. Toilets are likewise shielded by walls. The auditor found zero evidence of non-compliance with respect to these privacy measures.

In view of the above, the auditor finds START substantially compliant with 115.15(d).

#### 115.15(e)

Pursuant to the PAQ, the PA self reports the facility has a policy prohibiting staff from searching or physically examining a transgender or intersex offender for the sole purpose of determining the offender's genital status. According to the PA, no such searches were facilitated during the last 12 months.

START PREA Policy 3-1, page 8, section V(A)(9)(a)(iii) addresses 115.15(e).

All 12 random staff interviewees state they are aware that staff are prohibited from searching or physically examining transgender/intersex offenders for the sole purpose of determining the offender's genitalia.

The transgender offender interviewee states that she has not been placed in a housing area only for transgender or intersex offenders. Furthermore, she has no reason to believe she has been strip-searched for the sole purpose of determining her genital status.

In view of the above, the auditor finds START substantially compliant with 115.15(e).

#### 115.15(f)

	<p>Pursuant to the PAQ, the PA self reports 100% of all security staff have received training on conducting cross-gender pat-down searches and searches of transgender and intersex offenders in a professional and respectful manner, consistent with security needs.</p> <p>START PREA Policy 3-1, page 8, section V(A)(12)(a) addresses 115.15(f).</p> <p>In addition to the above, the auditor's review of 15 PAQ Staff Development &amp; Training Record Forms [covering 2024 PREA Annual Refresher Training (ART)] reveals substantial compliance with 115.15(f).</p> <p>The auditor's onsite random review of 12 Staff Development &amp; Training Record Forms (covering 2024 PREA ART or PREA Orientation) reveals staff completed and understand Gender Responsive Strategies/LGBTI training. This training was provided to staff representing several different institutional disciplines, inclusive of security.</p> <p>The auditor's review of the aforementioned files reveals all affected staff completed and understand Cross Gender and Transgender/Intersex offender pat search techniques, pursuant to either PREA Orientation or annual in-service (PREA ART) training. The auditor is satisfied this practice is institutionalized at START.</p> <p>The auditor's review of the National PREA Resource Center (PRC) video entitled Guidance on Cross-Gender and Transgender Pat Searches and accompanying CCCS Power Point reveals substantial compliance with 115.15(f).</p> <p>All 12 random staff interviewees state they received training on how to conduct cross-gender pat down and searches of transgender/intersex offenders in a professional and respectful manner. Generally, training was presented in a combination of video, Power Point, discussion, and/or demonstration formats. They received this training during either PREA Pre-Service, PREA ART, or separate training.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.15(f).</p> <p>Given the lack of findings regarding the above 115.15 narratives, the auditor finds START substantially compliant with 115.15.</p>
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<b>115.16</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.16(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has established procedures to</p>

provide disabled offenders equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and harassment.

START PREA Policy 3-3 entitled Intake Screening, page 2, section II(A)(1) addresses 115.16(a).

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2022 between CCCS and a special education teacher with the Butte Public School System reveals substantial compliance with 115.16(a). This MOU addresses those offenders who may be low functioning or somewhat cognitively impaired.

The auditor's review of the large print CCCS PREA Handbook provides assistance to those offenders with low vision.

The Agency Head asserts the agency has established procedures to provide offenders with disabilities and offenders who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with LanguageLink, compliance regarding LEP offenders is accomplished. In terms of MOUs for cognitively impaired, low functioning offenders, there is a Corporate agreement with a special education teacher to provide services to this population, when necessary.

The seven offenders with disabilities (three developmentally disabled, three physically disabled, and one speech impaired) interviewees state the facility provides information about sexual abuse/harassment they are able to understand. Posters are adequately posted, enabling them to easily read the same. Additionally, written materials are adequate for their reference. This is commensurate with the auditor's observations.

According to two random offender interviewees selected by the auditor during the facility tour, PREA information is readily available and presented in understandable formats.

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

115.16(b)

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide offenders with limited English proficiency 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.

START PREA Policy 3-3 entitled Intake Screening, pages 2 and 3, section II(B) addresses 115.16(b).

The auditor's review of the contract between CCCS and LanguageLink Interpreter



Services for provision of services to non-English speaking offenders reveals substantial compliance with 115.16(b). Services for 240-plus languages are provided pursuant to this service.

The PM asserts zero LEP offenders were housed at START during the onsite visit. Accordingly, such interview could not be conducted.

The auditor's review of 13 completed 2024 Staff Training Record Forms reveals that staff from different disciplines completed LanguageLink training regarding the mechanics of the system.

The auditor's review of the CCCS and LanguageLink contract reveals that CCCS is assessed a \$50.00 monthly charge for provision of the translation/interpretation services articulated above. This fee is assessed in view of the minimal usage of the service. In addition to the aforementioned charge, translation/interpretation service calls are assessed at the rate of \$1.45 per minute (domestic) and \$3.25 per minute (international).

At approximately 1:50 PM on February 9, 2025, the auditor facilitated a test of the LanguageLink Interpreter Services Line from his office telephone. He entered the 1-800 access number and the account number for CCCS. The contact call was then routed to a language menu and the auditor terminated the call. The auditor determined that the test was successful at that time. The auditor notes that LanguageLink contacts would be made on staff telephones and throughout the START onsite visit, staff telephone lines were operational.

In view of the above, the auditor finds START substantially compliant with 115.16(b).

#### 115.16(c)

Pursuant to the PAQ, the PA self reports agency policy prohibits use of offender interpreters, offender readers, or other types of offender assistants, except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the offender's safety, the performance of first-response duties, or the investigation of the offender's allegations. The PA further self reports the facility documents the limited circumstances in individual cases where offender interpreters, readers, or other types of offender assistants are used for such translation. Finally, in the last 12 months, the PA self reports there were no instances wherein offender interpreters, readers, or other types of offender assistants have been used and it was not the case that an extended delay in obtaining another interpreter could compromise the offender's safety, the performance of first response duties, or the investigation of the offender's allegations.

START PREA Policy 3-3 entitled Intake Screening, page 3, section II(C) addresses 115.16(c).

All 12 random staff interviewees state the agency does allow the use of offender interpreters, readers, and assistants to assist disabled offenders or LEP offenders

	<p>when making an allegation of sexual abuse/harassment. The 12 interviewees cited a delay in obtaining an effective interpreter could either compromise the offender's safety or lead to further physical injury, and impeding the investigation of the offender's allegations, or cause loss of evidence. All 12 interviewees assert, to the best of their knowledge, that during the last 12 months, offender interpreters, readers, or other assistants have not been used in relation to allegations of sexual abuse/harassment.</p> <p>The auditor notes that his findings and observations corroborate those of the random staff interviewees.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.16(c).</p> <p>Given the lack of findings as articulated in the above narratives, the auditor finds START substantially compliant with 115.16.</p>
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115.17	Hiring and promotion decisions
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.17(a)</p> <p>Pursuant to the PAQ, the PA self reports agency policy prohibits hiring or promoting anyone who may have contact with offenders and prohibits enlisting the services of any contractor who may have contact with offenders who:</p> <p>Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;</p> <p>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</p> <p>Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.</p> <p>CCCS Policy 1.3.1.12, pages 1 and 2, section IV(B)(1-3) addresses 115.17(a).</p> <p>The auditor's on-site review of four of four random staff files (hired during 2024) reveals substantial compliance with 115.17(a). In five additional cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle. The questions articulated at 115.17(a) were also asked with responses documented by the three promoted staff either prior to or during the year of promotion pursuant to Disclosure of PREA Employment Standards Violation forms.</p>

As mentioned throughout this 115.17 narrative, staff execute the Disclosure of PREA Employment Standards Violation Forms on an annual basis to address performance evaluation, as well as promotions effected during the calendar year. The auditor notes that since promotion applicants are generally in the continuous employ of START prior to promotion dates, knowledge of 115.17(a) violations incurred prior to or after the promotion consideration would be widely known and accordingly, the auditor finds that this process satisfies the intent of 115.17(a).

The CCCS PC asserts that the contract nurse practitioner's contract is open so an annual criminal background record check is not requested. He is required to be licensed through the Department of Labor and they complete his background check prior to renewal of his license. The auditor's review of an October 20, 2022 criminal background record check relative to the contract physician reveals no evidence of 115.17(a) or (b) violations.

The auditor's review of a Disclosure of PREA Employment Standards Violation form, signed and dated by the contract nurse practitioner on January 28, 2025, reveals substantial compliance with 115.17(a) and (b). Of note, the contractor commenced provision of services during 2006. The auditor's review of either initial criminal background record checks or five-year reinvestigations reveals non-existence of affirmative responses to the three questions articulated in 115.17(a) and/or the sexual harassment question articulated in 115.17(b).

In view of the above, the auditor finds START substantially compliant with 115.17(a).

#### 115.17(b)

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

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph b addresses 115.17(b).

The auditor notes that the Disclosure of PREA Employment Standards Violation form also includes the language of 115.17(b) as one of the questions however, the application for employment does not contain 115.17(b) language. Accordingly, the Disclosure of PREA Employment Standards Violation form must be administered, minimally, upon application. The auditor also notes that aside from the candidate's statement, there is no way to validate the same unless the candidate presents with prior institutional employment.

The auditor's on-site review of four of four random staff files (hired during 2024) reveals substantial compliance with 115.17(a). In five additional cases, staff were hired prior to the implementation of PREA or during the last PREA audit cycle. The questions articulated at 115.17(a) were also asked with responses documented by

the three promoted staff either prior to or during the year of promotion pursuant to Disclosure of PREA Employment Standards Violation forms.

As mentioned throughout this 115.17 narrative, staff execute the Disclosure of PREA Employment Standards Violation Forms on an annual basis to address performance evaluation, as well as promotions effected during the calendar year. The auditor notes that since promotion applicants are generally in the continuous employ of START prior to promotion dates, knowledge of 115.17(a) violations incurred prior to or after the promotion consideration would be widely known and accordingly, the auditor finds that this process satisfies the intent of 115.17(a) and (b).

The auditor's review of a Disclosure of PREA Employment Standards Violation form, signed and dated by the contract nurse practitioner on January 28, 2025, reveals substantial compliance with 115.17(b). Of note, the contractor commenced provision of services during 2006. The auditor's review of either the initial criminal background record check or five-year reinvestigation reveals non-existence of affirmative responses to the 115.17(b) question.

In view of the above, the auditor finds START substantially compliant with 115.17(b).

#### 115.17(c)

Pursuant to the PAQ, the PA self reports agency policy requires that before it hires any new employees who may have contact with offenders, it:

Conducts criminal background record checks; and

Consistent with federal, state, and local law, makes 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.

The PA further self reports in the last 12 months, 12 staff who may have contact with offenders have had criminal background record checks.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A)(1 and 2) addresses 115.17(c).

The HR interviewee states the facility performs criminal background record checks or considers pertinent civil or administrative adjudications for all newly hired employees who may have contact with offenders and all employees, who may have contact with offenders, who are considered for promotion. The PA notifies CCCS Human Resources staff and they request requisite background checks through the State of Montana.

Corporate tracks five-year re-investigations. The same procedure applies to contractors who may have contact with offenders.

The auditor's PAQ review of four random staff HR files regarding staff hired at START during the last 12 months reveals that the requisite CCCS Reference Check Form was completed pursuant to contact with officials at institutional employer(s). The same

was well documented by HR staff, inclusive of notations when the previous institutional employer declined to provide information regarding the specific 115.17(a) and (b) requirements, as well as, PREA investigative information.

Of the four applicable random staff files (staff hired during 2024) reviewed by the auditor onsite, one of the applicants documented a prior institutional employer. A CCCS Reference Check Form was completed as referenced in the preceding paragraph with respect to that employee. As previously referenced, five additional random files pertained to staff hired prior to PREA implementation or during previous audit years. With respect to the three promotion files, two of the three staff hired during this audit period reported no prior institutional employment while the third promotion applicant was initially hired during a previous audit cycle.

Pursuant to the auditor's review of the HR files for the four random staff hired during 2024, criminal background record checks were completed either prior to or on the date of hire in all four cases. With respect to those five staff hired during previous audit cycles, a five-year reinvestigation was completed within the last five years. With respect to the promotion applicants, all initial criminal background record checks and five-year reinvestigations, if applicable, were timely.

In view of the above, the auditor finds START substantially compliant with 115.17(c).

#### 115.17(d)

Pursuant to the PAQ, the PA 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 offenders. The PA further self reports, in the last 12 months, zero contracts for services were issued.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 1, section IV(A) addresses 115.17(d).

The CCCS PC asserts that the contract nurse practitioner's contract is open so an annual criminal background record check is not requested. He is required to be licensed through the Department of Labor and they complete his criminal background record check prior to renewal of his license. However, the auditor's review of a 10/20/2022 criminal background record check relative to the contract physician reveals no evidence of 115.17(a) or (b) violations.

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

#### 115.17(e)

Pursuant to the PAQ, the PA self reports agency policy requires that either criminal background record checks are conducted at least every five years for current employees and contractors who may have contact with offenders or that a system is

in place for otherwise capturing such information for current employees.

CCCS Policy 1.3.1.12 entitled Employee, Contractors and Volunteers Clearance Check, page 2, section IV(C) addresses 115.17(e).

The HR interviewee asserts the Montana Department of Justice (DOJ) and National Lookup for Sexual Abuse Registry conducts criminal background record checks for current employees and contractors who may have contact with offenders. HR staff utilize a spreadsheet to track due dates for employee 5-year reinvestigations.

Additionally, initial requests for criminal background record checks are requested by CCCS HR Department staff.

The auditor notes the Montana Public Criminal History Record encompasses only those arrests/convictions occurring within the State of Montana. Given the transient society in which we work, this process presents the possibility of hiring employees who have been involved in the offenses articulated in provision 115.17(a) in a State other than Montana.

Accordingly, in an effort to facilitate the best hiring/promotion decision-making, the auditor recommends that a different background check procedure be implemented.

As an example, utilization of NCIC would provide a better snapshot from a national perspective. This is recommended as a PREA "Best Practice" in an attempt to facilitate sexual safety at START.

This may require coordination with MDOC as access to NCIC may be limited to MDOC.

It appears to this auditor that direct MDOC intervention and assistance is essential to sexual safety at START, given the ramifications of 115.17(d) and (e). Provision of the best practice is certainly advantageous to MDOC, as well as, START.

The auditor's onsite review of five 5-year re-investigations applicable to random staff reveals compliance with 115.17(e). Of the 12 random HR files reviewed, these files were the only ones applicable to 115.17(e) requirements.

Accordingly, the auditor finds START substantially compliant with 115.17(e).

#### 115.17(f)

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph f addresses 115.17(f).

As previously mentioned throughout this narrative, the three questions noted in 115.17(a) are generally asked pursuant to the application, during hiring and promotion interviews, and annually in conjunction with the performance review process. The Disclosure of PREA Employment Standards Violation form is signed and dated by all employees on an annual basis. This document includes the three questions referenced in the narrative for 115.17(a), as well as, sexual harassment [115.17(b)], an affirmative duty to report any such misconduct, and an admonition that material omissions regarding such misconduct or the provision of materially false

information are grounds for termination. The employee must sign and date this document on an annual basis, as does a staff witness.

The auditor notes this form is completed during the application and hiring/ promotion interview phases of the employment process. As previously indicated in the narrative for 115.17(a), the auditor reviewed 12 random staff HR files to determine compliance with the totality of 115.17. All 12 files included the above properly executed form for calendar year 2024.

The questions articulated at 115.17(a) were also asked with responses documented by the three promoted staff either prior to or during the year of promotion pursuant to completion of Disclosure of PREA Employment Standards Violation forms. As mentioned throughout this 115.17 narrative, staff execute the Disclosure of PREA Employment Standards Violation Forms on an annual basis to address performance evaluation, as well as promotions effected during the calendar year. The auditor notes that since promotion applicants are generally in the continuous employ of START prior to promotion dates, knowledge of 115.17(a) violations incurred prior to or after the promotion consideration would be widely known and accordingly, the auditor finds that this process satisfies the intent of 115.17(a).

The HR interviewee asserts the facility asks all applicants and employees who may have contact with offenders about previous misconduct as described in the narrative for 115.17(a) in written applications for hiring or promotions, and in any interviews or written self-evaluations conducted as part of reviews of current employees.

Additionally, the facility imposes upon employees a continuing affirmative duty to disclose any such misconduct.

In view of the above, the auditor finds START non-compliant with 115.17(f).

#### 115.17(g)

Pursuant to the PAQ, the PA self reports agency policy states material omissions regarding 115.17(a and b) misconduct, or the provision of materially false information, shall be grounds for termination.

CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph g addresses 115.17(g).

The auditor's review of the CCCS Disclosure of PREA Employment Standards Violation form addresses the majority of 115.17 provision(s), inclusive of 115.17(g). The auditor's random review of completed documents (relative to the randomly selected HR files referenced throughout the narrative for 115.17) validates substantial compliance with 115.17(g).

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

	<p>115.17(h)</p> <p>The HR interviewee asserts when a former employee applies for work at another institution, the facility provides information on substantiated allegations of sexual abuse/harassment involving the former employee, unless prohibited by law. The interviewee asserts such information has not been asked of her.</p> <p>CCCS Policy 1.3.5.12 entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraph h addresses 115.17(h).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.17(h).</p> <p>Given the above findings, the auditor finds START substantially compliant with 115.17.</p>
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115.18	Upgrades to facilities and technologies
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.18(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>START Policy 3-8 entitled Video Monitoring, page 2, section II(A)(12)(a) addresses 115.18(a).</p> <p>During the PA's interview, he stated the agency/facility has not acquired a new facility or made a substantial expansion or modification to existing facilities since the last PREA audit.</p> <p>In view of the above, the auditor finds 115.18(a) not applicable to START.</p> <p>115.18(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>START Policy 13-8 entitled Video Monitoring, page 2, section II(A)(12)(b) addresses 115.18(b).</p>



	<p>The Agency Head asserts the agency uses monitoring technology (either newly installed or updated) to enhance the protection of offenders from incidents of sexual abuse. The agency considers line of sight, blind spots, and potential obstructions which may inhibit effective supervision. Camera systems are always considered to augment direct staff supervision.</p> <p>Therefore, camera upgrades and expansions, as well as, necessary basic staffing patterns are considered. Contractor(s) often assist in evaluation of blind spots, etc.</p> <p>The PA asserts the facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since the last PREA audit.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.18(b).</p> <p>Given the fact there are no deviations from either standard or policy, the auditor finds START substantially compliant with 115.18.</p>
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<b>115.21</b>	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.21(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (inclusive of offender-on-offender sexual abuse or staff sexual misconduct). Criminal investigations are conducted by Anaconda Deer Lodge County Law Enforcement (ADLC LE) investigator(s). When conducting a sexual abuse investigation, CCCS investigator(s) follow a uniform evidence protocol and ADLC LE investigator(s) adhere to their protocol(s).</p> <p>START PREA Policy 3-4 entitled Reporting, pages 8 and 9, section II(G)(1 and 7) addresses 115.21(a). START PREA Policy 3-10 entitled Investigations, page 1, sections II(A) and (B) also addresses 115.21(a). ADLC LE investigator(s) secure all crime scene physical evidence. Commensurate with 115.64(a), START staff assist in the evidence preservation process pursuant to the protocol defined in the aforementioned standard provision.</p> <p>Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted in the narrative for 115.64.</p> <p>Eleven of 12 random staff interviewees properly state their role in the uniform evidence protocol includes:</p>

Separation of the victim and perpetrator;

Securing the crime scene;

Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.64(a). Additionally, they contact medical/mental health practitioners.

ADLC LE investigator(s) facilitate criminal sexual abuse/sexual harassment investigations.

In view of the above, the auditor finds START substantially compliant with 115.21(a).

#### 115.21(b)

Pursuant to the PAQ, the PA self reports zero youth are housed at START and accordingly, 115.21(b) is not applicable to that extent. The PA further self reports the evidence preservation protocol was adapted from or is otherwise based on the most recent edition of the DOJ 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.

The auditor's review of an October 23, 2024 MOU between START and ADLC LE addresses the tenets of 115.21(b). Pursuant to controlling policy and the findings noted throughout the narrative for 115.21, staff are clearly aware of investigative responsibilities.

In view of the above, the auditor finds START substantially compliant with 115.21(b).

#### 115.21(c)

Pursuant to the PAQ, the Director self reports the facility offers all offenders who experience sexual abuse access to forensic medical examinations. Forensic medical examinations are offered without financial cost to the victim and where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) and when SANEs or SAFEs are not available, a qualified medical practitioner performs forensic medical examinations. The facility documents efforts to provide SANEs or SAFEs. The auditor further self reports that zero forensic medical examinations were facilitated during the last 12 months.

In a May 22, 2024 letter, the Director, ICU and Trauma Services outlines forensic medical examination services at St. James Hospital. As of the date of this writing, the auditor has not been able to contact the aforementioned Director regarding interview specifics. Accordingly, the SANE interview cannot be facilitated.

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

115.21(d)

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate (VA) from a rape crisis center available to the victim, either in person or by other means, and these efforts are documented. The PA further self reports the facility provides VA services pursuant to an MOU between CCCS and Safe Space dated March 9, 2024.

START PREA Policy 3-4 entitled Reporting, page 8, section II(G)(4) addresses 115.21(d).

The auditor's review of the MOU between START and Safe Space reveals substantial compliance with 115.21(d). The PM asserts there is an MOU between START and Safe Space regarding provision of victim advocates (VAs) for post-incident offenders in need of the same. The PM asserts that Safe Space VAs complete the PREA Resource Center (PRC) VA training course prior to provision of services.

Accordingly, the auditor finds START substantially compliant with 115.21(d) and (h). Of note, the MOU, as referenced above, stipulates Safe Space VAs are properly trained.

The PM asserts that both SAFE SPACE and CCCS staff provide training to their staff regarding provision of trauma informed care within a confinement setting. One trained VA (completed the VINE VA course) are employed at START.

The PM asserts zero offenders who reported a sexual abuse incident at START were confined at the facility during the on-site visit. Accordingly, such interview(s) could not be conducted.

In view of the above, the auditor finds START substantially compliant with 115.21(d).

115.21(e)

Pursuant to the PAQ, the PA self reports if requested by the victim, a VA accompanies and supports the victim throughout the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

START PREA Policy 3-4 entitled Reporting, page 8, section II(G)(5) addresses 115.21(e).

The PM asserts if requested by the victim, a VA, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interview(s). She states the clinical director (CD) is an in-house VA at START and the facility is also engaged in an MOU with Safe Space. The CD is properly trained to provide VA services in her limited

role. NOTE: The PM possesses a digital copy of the VA training provided to Safe Space VAs.

The auditor's review of a Development and Training Record dated October 5, 2023 reveals that the CD completed an online VA Training course (VINE). Accordingly, he can accompany an offender victim during investigatory interviews.

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

#### 115.21(f)

The CCCS PC facilitates administrative investigations at START. ADLC LE facilitates criminal investigations pursuant to an MOU.

START PREA Policy 3-4 entitled Reporting, pages 8 and 9, section II(G)(6) addresses 115.21(f). The verbiage reflected in 115.21(f) is clearly articulated in the aforementioned MOU between START and ADLC LE. The auditor's review of the MOU confirms compliance with 115.21(f) in terms of the conduct of criminal investigations. The letter further expounds upon investigative protocols and the roles of both START investigator(s) and ADLC LE investigators. The auditor finds the cumulative approach compliant with 115.21(f).

In view of the above, the auditor finds START substantially compliant with 115.21(f).

#### 115.21(h)

For purposes of this provision, 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 abuse and forensic examination issues, in general.

The CCCS PC asserts that he maintains contact with officials at Safe Space and that they maintain standards for VAs who provide services to victims at START.

Specifically, the auditor's review of six PRC PREA Victim Services: A Trauma Informed Approach tests reveals that Safe Space staff have completed education germane to their function within a community confinement facility population. As mentioned throughout this report, Safe Space VAs provide 115.53 services to the offender population.

On the other hand, the START CD has completed VINE training and he also would provide VA services during a forensic examination or investigatory interview. He is an experienced correctional worker whose empathy and communication skills were witnessed by this auditor throughout the onsite visit.

In view of the above, the auditor finds START substantially compliant with 115.21(h).

	Given the lack of adverse findings with respect to 115.21, the auditor finds START substantially compliant with 115.21.
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115.22	Policies to ensure referrals of allegations for investigations
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.22(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment (including offender-on-offender and staff sexual misconduct). During the last 12 months, three allegations of sexual abuse/harassment were received at START.</p> <p>Pursuant to the auditor's review of the three administrative sexual abuse investigations facilitated during the last 12 months, he finds the same to be thorough and consistent with 115.22 and 115.71 requirements. One investigation was substantiated and the same was referred to ADLC LE for criminal investigation. The criminal investigation has not been concluded as of this date. The same is very well documented throughout the record. The two remaining sexual abuse allegations were determined to be unfounded.</p> <p>START PREA Policy 3-4 entitled Reporting, pages 2 and 3, section II(A)(13) addresses 115.22(a).</p> <p>The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse/harassment. An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s), if warranted. The same involves a review of video footage, review of staff memorandums, and any staff or offender interviews conducted, minimally.</p> <p>Criminal investigations are facilitated by ADLC LE investigators, taking into account a higher standard of evidence and possible referral for prosecution.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.22(a).</p> <p>115.22(b)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring allegations</p>

	<p>of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations unless the allegation does not involve potentially criminal behavior. The PA 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. The agency documents all referrals of allegations of sexual abuse or sexual harassment for criminal investigation.</p> <p>START PREA Policy 3-4 entitled Reporting, page 3, section II(A)(14) addresses 115.22(b).</p> <p>The administrative investigative staff interviewee states agency policy requires 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. ADLC LE investigator(s) facilitate all criminal sexual abuse investigations at START. If the CCCS PC determines there may be criminal implications/overtones, he would refer the matter to ADLC LE.</p> <p>The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left and as such, the criminal investigative interview could not be conducted.</p> <p>The auditor's review of the START/ADLC LE MOU that is posted on the website reveals substantial compliance with 115.22(b).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.22(b).</p> <p>115.22(c)</p> <p>The auditor's review of the CCCS website reveals the aforementioned MOU with ADLC LE is available on the same. The auditor's review of the ADLC LE MOU reveals substantial compliance with 115.22(c).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.22(c).</p> <p>Based on review of the above findings, the auditor finds START substantially compliant with 115.22.</p>
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<b>115.31</b>	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>

115.31(a)

Pursuant to the PAQ, the PA self reports the agency trains all employees who may have contact with offenders on:

Its zero-tolerance policy for sexual abuse and sexual harassment;

How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;

Offender's rights to be free from sexual abuse and sexual harassment;

The right of offenders and employees to be free from retaliation for reporting sexual abuse and sexual harassment;

The dynamics of sexual abuse and sexual harassment in confinement;

The common reactions of sexual abuse and sexual harassment victims;

How to detect and respond to signs of threatened and actual sexual abuse;

How to avoid inappropriate relationships with offenders;

How to communicate effectively and professionally with offenders, including lesbian, gay, bisexual, transgender, and intersex, or gender non-conforming offenders; and

How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.

START PREA Policy 3-6 entitled Training, pages 1 and 2, section II(A)(1-10) addresses 115.31(a).

Pursuant to the auditor's review of Power Point Training Slides, all ten provisions, as identified in 115.31(a), are addressed. Furthermore, both the PREA Training Outline and video entitled "What You Need to Know" address this subject-matter.

All 12 random staff interviewees assert they have received training regarding the aforementioned PREA topics during either Orientation training or during PREA Annual Refresher Training (ART). Additionally, such training is received on a monthly basis pursuant to on-line training. The auditor notes START staff receive a plethora of PREA training, piece-mealed by month throughout the calendar year. Of note, two interviewees stated they shadowed senior staff until they had completed PREA Orientation.

The auditor's PAQ review of three of four Staff Development and Training Forms associated with staff hired during the last 12 months across all facility disciplines, reveals timely completion of PREA Orientation Training (training received prior to contact with offenders). As mentioned in the preceding paragraph, two of the interviewees stated they shadowed senior staff prior to conclusion of the PREA Orientation training.

Both the CCCS PC and START PM assert that the PM provides initial PREA training to oncoming staff prior to contact with offenders. All new employees then complete Corporate PREA training and the same is generally facilitated on a quarterly basis.

The auditor's PAQ review of a catalog of 10 signed new employee training documents reveals just some of the PREA issues addressed during Orientation training. Staff who completed such training sign and date the CCCS START Sexual Harassment, the MDOC Staff PREA Acknowledgment, and START Policy and Procedure Manual documents, signifying they have read and understand related documents and subject-matter.

A plethora of different PREA classes, in-person and online, are provided to staff on an annual basis. All training is uniform and accordingly, effective implementation of the PREA mission in CCCS facilities is enhanced.

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

#### 115.31(b)

Pursuant to the PAQ, the PA self reports training is tailored to the male gender of the offenders housed at the facility. All employees who are reassigned from other facilities receive PREA training unique to the male gender of the offender population at START.

START PREA Policy 3-6 entitled Training, page 2, section II(B) addresses 115.31(b).

Pursuant to review of the Power Point training slides, the auditor has determined that the training is tailored to the male offender population at START. All employees receive PREA training prior to assumption of duties with offenders. The PA asserts that trainings are provided on a monthly basis and also include some form of staff self-directed training.

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

#### 115.31(c)

All staff generally receive PREA orientation within two days of hire and PREA ART is conducted on an annual basis. The auditor notes START exceeds standard expectations as 115.31(c) requires refresher training every two years, as opposed to, annually.

START PREA Policy 3-6 entitled Training, page 2, section II(C) addresses 115.31(c).

According to the PA, PREA ART is facilitated on an annual basis, as well as, monthly refreshers. Given the fact that 115.31(c) requires refresher training on a bi-annual basis and the same is facilitated on an annual basis at START, the auditor finds that START exceeds standard provision expectations.



	<p>The auditor's onsite review of all twelve 2024 Staff Development and Training Forms and individual staff training records reveals that staff representing various correctional disciplines completed 2024 PREA ART. The auditor's review reveals all participants sign the "I understand" caveat and date a training form (Staff Development and Training Record Form) each time they complete a course(s). The majority of PREA ART was accomplished in an all-staff meeting.</p> <p>In view of the above, the auditor finds START exceeds expectations with respect to 115.31(c).</p> <p>115.31(d)</p> <p>Pursuant to the PAQ, the PA self reports the agency documents that employees who may have contact with offenders, understand the training they received through employee signature or electronic verification.</p> <p>START PREA Policy 3-6 entitled Training, page 2, section II(D) addresses 115.31(d).</p> <p>The auditor's PAQ review of a catalog of 10 signed new employee training documents reveals just some of the PREA issues addressed during Orientation training. Staff who completed such training sign and date the CCCS START Sexual Harassment, the MDOC Staff PREA Acknowledgment, and START Policy and Procedure Manual documents, signifying they have read and understood related documents and subject-matter.</p> <p>The auditor's PAQ review of three of four Staff Development and Training Forms associated with staff hired during the last 12 months across all facility disciplines, reveals timely completion of PREA Orientation Training (training facilitated prior to contact with offenders). As mentioned in the preceding paragraph, two of the interviewees stated they shadowed senior staff prior to conclusion of the PREA Orientation training.</p> <p>The auditor's onsite review of all twelve 2024 Staff Development and Training Forms and individual staff training records reveals that staff representing various correctional disciplines completed 2024 PREA ART. The auditor's review reveals all participants sign the "I understand" caveat and date a training form (Staff Development and Training Record Form) each time they complete a course(s). The majority of PREA ART was accomplished in an all-staff meeting.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.31(d).</p> <p>In view of the above, the auditor finds START exceeds expectations with respect to 115.31.</p>
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<b>115.32</b>	<b>Volunteer and contractor training</b>
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<b>Auditor Overall Determination:</b> Exceeds Standard
<b>Auditor Discussion</b>
<p data-bbox="260 271 399 302">115.32(a)</p> <p data-bbox="260 342 1469 627">Pursuant to the PAQ, the PA self reports volunteers and contractors who have contact with offenders have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. The PA further self reports one contractor has provided services at START during the last 12 months and he, as well as, two volunteers have been trained in agency policies and procedures regarding sexual abuse/harassment prevention, detection, and response.</p> <p data-bbox="260 667 1331 741">START PREA Policy 3-6 entitled Training, page 2, section II(E)(1-3) addresses 115.32(a).</p> <p data-bbox="260 781 1469 1021">The auditor's cursory review of the CCCS PREA Volunteer and/or Contractor Training Handbook reveals comprehensive training similar to that provided to CCCS staff. The same is comprised of a Power Point presentation and video with significant discussion topics. Both the contract nurse practitioner and the two volunteer interviewees state their training was in-person and included the CCCS PREA Volunteer and/or Contractor Training Handbook, a Power Point presentation, and a video.</p> <p data-bbox="260 1061 1477 1261">The auditor's review of two completed documents entitled PREA Compliance Acknowledgment reveals two volunteers executed the same. The document addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. The document also includes verbiage reflecting the individual's understanding of the material presented.</p> <p data-bbox="260 1301 1477 1500">The auditor reviewed a document entitled Staff Development and Training Record Form dated August 12, 2024 which reflects that the contract nurse practitioner completed August, 2024 Annual PREA Training via self study. He clearly completed training during the last 12 months. The auditor notes that the contractor did sign and date this document, attesting to his understanding of the subject-matter covered.</p> <p data-bbox="260 1541 1477 1657">Given the fact 115.32 does not require the provision of annual PREA training to contractors and volunteers and the evidence previously cited, the auditor finds START exceeds standard expectations with respect to 115.32(a).</p> <p data-bbox="260 1767 399 1798">115.32(b)</p> <p data-bbox="260 1839 1477 2038">Pursuant to the PAQ, the PA 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 offenders. The PA further self reports all volunteers and contractors who have contact with offenders have been notified of the agency's zero tolerance policy regarding sexual abuse/harassment and informed how to report such incidents.</p>

	<p>START PREA Policy 3-6 entitled Training, page 2, section II(F) addresses 115.32(b).</p> <p>The contract nurse practitioner and two volunteer interviewees state that zero tolerance, reporting options, description of what sexual abuse looks like in a confinement setting, and the impact of sexual abuse on the offender population constitute some of the topics addressed during this training. As the PREA Volunteer and/or Contractor Training Handbook and the Power Point is the same for both contractors and volunteers, both service providers receive the same information.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.32(b).</p> <p>115.32(c)</p> <p>Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.</p> <p>START PREA Policy 3-6 entitled Training, page 2, section II(G) addresses 115.32(c).</p> <p>The auditor's review of two completed documents entitled PREA Compliance Acknowledgment reveals two volunteers executed the same. The document addresses definitions of sexual abuse/harassment, zero tolerance regarding the same, and reporting options. The document also includes verbiage reflecting the individual's understanding of the material presented.</p> <p>The auditor reviewed a document entitled Staff Development and Training Record Form dated August 12, 2024 which reflects that the contract nurse practitioner completed August, 2024 Annual PREA Training via self study. He clearly completed training during the last 12 months. The auditor notes that the contractor did sign and date this document, attesting to his understanding of the subject-matter covered.</p> <p>Accordingly, the auditor finds START substantially compliant with 115.32(c).</p> <p>In view of the above, the auditor finds START exceeds standard expectations with respect to 115.32.</p>
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<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.33(a)</p> <p>Pursuant to the PAQ, the PA self reports offenders receive information at time of intake about the zero-tolerance policy, how to report incidents or suspicions of sexual</p>

abuse or harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. The PA self reports 730 START offenders were provided requisite information at intake during the last 12 months. Reportedly, this equates to 100% of the offenders admitted to START during the last 12 months.

Reportedly, 478 offenders admitted during the past 12 months (whose length of stay in the facility was for 30 days or more) received comprehensive education on their rights to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents, within 30 days of intake:

START PREA Policy 3-3 entitled Intake/Screening, page 1, section II(A)(1)(a-d) addresses 115.33(a).

The intake staff interviewee asserts he does provide offenders with information about the zero-tolerance policy regarding sexual abuse/harassment of offenders and how to report incidents or suspicions of sexual abuse/harassment. The START PREA Handbook is provided at intake as a means of educating offenders regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. In addition to the START PREA Handbook, information regarding reporting options is posted in the pods. Offenders sign and date a document, acknowledging receipt of the START PREA Handbook.

The interviewee states that he reads parts of the START PREA Handbook to all offenders, inclusive of blind or cognitively impaired offenders. He may also solicit assistance from mental health staff to interpret for cognitively impaired offenders. With respect to LEP offenders, the LanguageLink procedure is posted in the security office and he has been trained with respect to utilization of the same.

All 11 random offender interviewees assert they received information about the facility's rules against sexual abuse/harassment upon arrival at START. Specifically, they received combinations of the START PREA Handbook, PREA tri-fold pamphlet, and PREA video review. Of note, the majority of interviewees stated they received written materials at intake and PREA video within the first week of arrival.

All 11 random offender interviewees state when they first arrived at the facility, they were told about:

Their right to not be sexually abused/harrassed;

How to report sexual abuse/harassment; and

Their right not to be punished for reporting sexual abuse/harassment.

The auditor's review of 22 random 2024 PAQ Receipts for the START PREA Education session, inclusive of presentation of the PREA video, reveals substantial compliance with 115.33(a). The START PREA Handbook was received on the date of arrival and

review of the PREA video and additional instruction was provided within one to seven days of arrival at START.

The auditor's on-site review of 13 random 2024 offender files reveals timely and comprehensive provision of the START PREA Handbook on the day of arrival and review of the PREA video and additional instruction within one to 26 days of arrival at START (in two cases, the presentation of comprehensive PREA education exceeded two weeks from arrival at START).

The auditor's review of the START PREA Handbook reveals the same provides substantial information to each offender, with the exception of the corrective action noted in the narrative for 115.33(f), regarding all of the key components identified in 115.33(a).

Given the above, the auditor is confident that 115.33(a) requirements are institutionalized and accordingly, the auditor finds START substantially compliant with 115.33(a).

115.33(b)

Pursuant to the PAQ, the PA self reports within 30 days of intake, the agency shall provide comprehensive education to offenders either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.

The intake staff interviewee states offenders are educated regarding their rights to be free from sexual abuse/harassment, to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents pursuant to provision of the START PREA Handbook and PREA video.

Generally, the interviewee states the offender is alerted to the above at intake on the day of arrival at the facility. The PREA video review and additional instruction generally follows intake within a few weeks of arrival at START.

All 11 random offender interviewees state they received information about the facility's rules against sexual abuse/harassment upon arrival at START. Specifically, they received combinations of the START PREA Handbook, PREA tri-fold pamphlet, and PREA video review. Of note, the majority of interviewees stated they received written materials at intake and PREA video within the first week to two weeks of arrival at START.

All 11 random offender interviewees state when they first arrived at the facility, they were told about:

Their right to not be sexually abused/harrassed;

How to report sexual abuse/harassment; and

Their right not to be punished for reporting sexual abuse/harassment.

The auditor's review of 22 random 2024 PAQ Receipts for the START PREA Education session, inclusive of presentation of the PREA video, reveals substantial compliance with 115.33(b). The START PREA Handbook was received on the date of arrival and review of the PREA video and additional instruction was provided within one to seven days of arrival at START.

The auditor's on-site review of 13 random 2024 offender files reveals timely and comprehensive provision of the START PREA Handbook on the day of arrival and review of the PREA video and additional instruction within one to 26 days of arrival at START (in two cases, the presentation of comprehensive PREA education exceeded two weeks from arrival at START).

The auditor's review of the START PREA Handbook reveals the same provides substantial information to each offender, with the exception of the corrective action noted in the narrative for 115.33(f), regarding all of the key components identified in 115.33(a).

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

115.33(c)

Pursuant to the PAQ, the PA self reports that current offenders 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 offender's new facility differ from those of the previous facility. The PA asserts that all offenders have been educated regarding PREA standards, rights, and responsibilities at this point. He also asserts that agency policy requires that offenders who are transferred from one facility to another be educated regarding their rights to be free from both sexual abuse and sexual 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 of the new facility differ from those of the previous facility.

The intake staff interviewee asserts he does provide offenders with information about the zero-tolerance policy regarding sexual abuse/harassment of offenders and how to report incidents or suspicions of sexual abuse/harassment. The START PREA Handbook is provided at intake as a means of educating offenders regarding their rights to be free from sexual abuse/harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents. In addition to the START PREA Handbook, information regarding reporting options is posted in the pods. Offenders sign and date a document, acknowledging receipt of the START PREA Handbook.

The interviewee states that he reads parts of the START PREA Handbook to all offenders, inclusive of blind or cognitively impaired offenders. He may also solicit

assistance from mental health staff to interpret for cognitively impaired offenders. With respect to LEP offenders, the LanguageLink procedure is posted in the security office and he has been trained with respect to utilization of the same.

In view of the above, the auditor finds START substantially compliant with 115.33(c).

#### 115.33(d)

Pursuant to the PAQ, the PA self reports offender PREA education is available in accessible formats for all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as, to offenders who have limited reading skills.

START PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(2) addresses 115.33(d).

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2022 between CCCS and a special education teacher with the Butte Public School System reveals substantial compliance with 115.33(d). This MOU addresses those offenders who may be low functioning or somewhat cognitively impaired.

The auditor's review of the large print CCCS PREA Handbook provides assistance to those offenders with low vision.

The Agency Head asserts the agency has established procedures to provide offenders with disabilities and offenders who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with LanguageLink, compliance regarding LEP offenders is accomplished.

The seven offenders with disabilities (three developmentally disabled, three physically disabled, and one speech impaired) interviewees state the facility provides information about sexual abuse/harassment they are able to understand. Posters are adequately posted, enabling them to easily read the same. Additionally, written materials are adequate for their reference. This is commensurate with the auditor's observations.

According to two random offender interviewees selected by the auditor during the facility tour, PREA information is readily available and presented in understandable formats.

Additionally, the PA asserts that closed captioning would be made available for those who are deaf or hard of hearing and they would be able to read printed materials. Staff will read materials to offenders who are blind or visually impaired.

In view of the above, the auditor finds START substantially compliant with 115.33(d).

115.33(e)

Pursuant to the PAQ, the PA self reports the agency maintains documentation of offender participation in PREA education sessions.

START PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(6) addresses 115.33(e).

The auditor's on-site review of 13 random offender files and documentation, as described in the narrative for 115.33(a), reveals substantial compliance with 115.33(e). Specifically, the auditor's on-site review reveals timely and comprehensive provision of the START PREA Handbook on the day of arrival and review of the PREA video and additional instruction within one to 26 days of arrival at START (in two cases, the presentation of comprehensive PREA education exceeded two weeks from arrival at START). Offenders sign and date the START PREA Handbook and START PREA Education session receipts.

In view of the above, the auditor finds START substantially compliant with 115.33(e).

115.33(f)

Pursuant to the PAQ, the PA self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, offender PREA Handbooks, or other written formats.

START PREA Policy 3-3 entitled Intake/Screening, page 2, section II(A)(3) addresses 115.33(f).

The auditor asserts during the post audit period, he noted that the START PREA Handbook, three posters hung throughout the facility, and the MOU between CCCS and Boyd Andrews Community Services (BACS) reflected conflicting information regarding the BACS Hotline telephone number [applicable to 115.51(b)]. The same was addressed to the CCCS PC following the onsite visit and all documents have been amended to reflect the appropriate information. Accordingly, the auditor now finds START substantially compliant with respect to offender educational materials.

The auditor notes the agency's zero-tolerance policy towards sexual abuse/harassment and reporting procedures/applicable address(es) and telephone numbers are clearly visible throughout the facility. Posters are positioned such that all offenders can readily read the same. Posters are consistent with current procedures and documentation is written at a level appropriate for the population. This condition was observed during the facility tour.

In view of the above, the auditor finds START substantially compliant with 115.33(f).

Based on the findings reflected above, the auditor finds START substantially compliant with 115.33.



<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.34(a)</p> <p>Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.</p> <p>START PREA Policy 3-6 entitled Training, page 3, section II(I)(1) addresses 115.34(a).</p> <p>The administrative investigative staff interviewee states he did receive training specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line National Institute of Corrections (NIC) sponsored training (Basic), as well as, the advanced course. A description of the same is provided in the following paragraphs. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed and a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.</p> <p>The auditor's review of 2019 CCCS Certificate or the NIC Certificate for the CCCS PC and START PM reveals completion of the course entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting. Additionally, the auditor's review of the PM's October 1, 2016 and July 12, 2024 NIC Certificate entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting, as well as, an August 31, 2018 certificate regarding completion of the Advanced course validates the PM's completion of requisite investigative specialty training. Finally, the auditor's review of an NIC Certificate for the START PA dated November 9, 2023 reveals completion of the course entitled Conducting Sexual Abuse Investigations in a Confinement Setting.</p> <p>The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders, on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left. Accordingly, the criminal investigator interview was not facilitated.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.34(a).</p> <p>115.34(b)</p> <p>START PREA Policy 3-6 entitled Training, page 3, section II(I)(2) addresses 115.34(b).</p> <p>The administrative investigative staff interviewee asserts the training he completed included the following topics:</p> <p>Techniques for interviewing sexual abuse victims;</p>

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 or prosecution referral.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders, on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left and the criminal investigative interview could not be facilitated.

The auditor's cursory review of the NIC specialty training (Conducting Sexual Abuse Investigations in a Confinement Setting) lesson plan reveals the same is commensurate with the requirements of 115.34(b). Specifics regarding the training validation are addressed in the narrative for 115.34(a).

In view of the above, the auditor finds START substantially compliant with 115.34(b).

115.34(c)

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that investigators have completed requisite training. The PA self reports the agency maintains documentation showing three investigators have completed requisite training.

START PREA Policy 3-6 entitled Training, page 3, section II(I)(3) addresses 115.34(c).

The auditor's review of 2019 CCCS Certificate or the NIC Certificate for the CCCS PC and START PM reveals completion of the course entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting. Additionally, the auditor's review of the PM's October 1, 2016 and July 12, 2024 NIC Certificate entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting, as well as, an August 31, 2018 certificate regarding completion of the Advanced course validates the PM's completion of requisite investigative specialty training. Finally, the auditor's review of an NIC Certificate for the START PA dated November 9, 2023 reveals completion of the course entitled Conducting Sexual Abuse Investigations in a Confinement Setting.

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

Based on the findings noted above, the auditor finds START substantially compliant with 115.34.

115.35	Specialized training: Medical and mental health care
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.35(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities and have contact with offenders. The PA further self reports that two CCCS medical staff, one CCCS mental health staff member, and one contract nurse practitioner (100%) who work part-time or regularly at the facility completed the specialized training.</p> <p>START PREA Policy 3-5 entitled Medical and Mental Health, page 3, section III(A)(1-4) addresses 115.35(a).</p> <p>The medical and mental health staff interviewees state they have completed a three to five hour on-line NIC course regarding provision of medical and mental health treatment of sexual abuse victims in a confinement setting. The same included the following topics:</p> <p>How to detect and assess signs of sexual abuse/harassment;</p> <p>How to preserve physical evidence of sexual abuse;</p> <p>How to respond effectively and professionally to victims of sexual abuse/harassment; and</p> <p>How and to whom to report allegations or suspicions of sexual abuse/harassment.</p> <p>The auditor's review of three NIC certificates for PREA 201 for Medical and Mental Health Practitioners (CCCS medical and mental health staff) and one Staff Development and Training Record Form for PREA Medical and Mental Health (contract nurse practitioner) reveals substantial compliance with 115.35(a). In addition to the above, the auditor notes the contract nurse practitioner has also completed the requisite course, as evidenced by his NIC Certificate dated April 23, 2016.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.35(a).</p> <p>115.35(b)</p> <p>Pursuant to the PAQ, the PA self reports facility medical staff do not conduct forensic examinations at START. The auditor validated the same pursuant to interviews with medical/mental health staff.</p> <p>In view of the above, the auditor finds 115.35(b) not applicable to START.</p>

	<p>115.35(c)</p> <p>Pursuant to the PAQ, the PA self reports the agency maintains documentation showing that medical and mental health practitioners have completed the required training.</p> <p>START PREA Policy 3.5 entitled Medical and Mental Health, page , section III(B) addresses 115.35(c).</p> <p>The auditor's review of three NIC certificates for PREA 201 for Medical and Mental Health Practitioners (CCCS medical and mental health staff) and one Staff Development and Training Record Form for PREA Medical and Mental Health (contract nurse practitioner) reveals substantial compliance with 115.35(a). In addition to the above, the auditor notes the contract nurse practitioner has also completed the requisite course, as evidenced by his NIC Certificate dated April 23, 2016.</p> <p>Of note, the auditor has been advised the contract nurse practitioner has been under contract at START since 2006.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.35(c).</p> <p>115.35(d)</p> <p>The auditor's on-site review of four 2024 medical/mental health staff training files reveals completion of annual PREA training during 2024. This is validated pursuant to review of the respective Staff Development and Training Record Forms dated in June, 2024. Additionally, the auditor's review of the contract nurse practitioner's training file reveals completion of the same.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.35(d).</p> <p>Based on the lack of adverse findings as noted above, the auditor finds START substantially compliant with 115.35.</p>
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115.41	Screening for risk of victimization and abusiveness
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.41(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders.</p>

START PREA Policy 3-3 entitled Intake/Screening, page 3, section entitled Screening, II(A) addresses 115.41(a). This policy stipulates offenders are screened pursuant to the START assessment tool within 24 hours of arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other offenders or sexually abusive toward other offenders.

Staff meets with the offender and completes the initial assessment within 24 hours of arrival. Housing and program assignments are made following the risk screening assessment on a case-by-case basis by the intake staff, PM, and other appropriate staff.

The staff responsible for risk screening interviewee states he does screen offenders upon admission to the facility or transfer from another facility for risk of sexual abuse victimization or sexual abusiveness toward other offenders.

Ten of 11 random offender interviewees state they were asked the following questions on the day of arrival at START:

Whether they had been in jail or prison before;

Whether they had ever been sexually abused;

Whether they identify as being gay, lesbian, or bisexual; and

Whether they think they might be in danger of sexual abuse at the facility.

One offender stated that he was asked the above questions within one week of arrival at START.

The auditor's review of eleven 2024 PAQ initial assessments reveals the same were completed on the day of arrival.

The auditor's on-site review of 13 random offender files likewise reveals timely and comprehensive completion of the initial assessment within 24 hours of arrival.

The auditor notes that all initial assessments and reassessments are locked in lockable file cabinets maintained in the PM's locked office when she is not in the office.

Given the facts cited above, the auditor finds that 115.41(a) requirements are institutionalized at START and accordingly, START is substantially compliant with 115.41(a).

115.41(b)

Pursuant to the PAQ, the PA self reports intake screening shall ordinarily take place within 72 hours of arrival at the facility. The PA further self reports that during the last 12 months, 603 offenders entering the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more, were screened for risk of

sexual victimization or risk of sexually abusing other offenders, within 72 hours of their entry into the facility. This equates to 100% of offenders admitted to the facility during the last 12 months, for 72 hours or more.

START PREA Policy 3-3 entitled Intake/Screening, page 3, section entitled Screening, II(A) addresses 115.41(a). This policy stipulates offenders are screened pursuant to the START assessment tool upon arrival at the facility for potential vulnerabilities or tendencies of being sexually abused by other offenders or being sexually abusive toward other offenders.

The staff responsible for risk screening interviewee states he generally screens offenders for risk of sexual victimization or risk of sexually abusing other offenders at intake, always within hours of arrival at the facility.

Ten of 11 random offender interviewees state they were asked the following questions on the day of arrival at START:

Whether they had been in jail or prison before;

Whether they had ever been sexually abused;

Whether they identify as being gay, lesbian, or bisexual; and

Whether they think they might be in danger of sexual abuse at the facility.

One offender stated that he was asked the above questions within one week of arrival at START.

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

#### 115.41(c)

Pursuant to the PAQ, the PA self reports risk assessment is conducted using an objective screening instrument. Minimally, all ten 115.41(d), as well as, all (e) issues are addressed in the screening tool and a numerical weighting system is attached to the questions and outcomes.

START PREA Policy 3-3 entitled Intake/Screening, page 3, section entitled Screening II(A)(1)(a-j) addresses 115.41(c).

The auditor finds the assessment instrument is objective as all ten 115.41(d), as well as, all (e) issues are addressed in the screening tool and a numerical weighting system is attached to the questions and outcomes. The auditor's review of the aforementioned Sexual Abuse Screening Tool reveals substantial compliance with 115.41(d). Specifically, the document addresses the following issues:

Whether the offender has a mental, physical, or developmental disability;

The age of the offender;

The physical build of the offender;

Whether the offender has previously been incarcerated;

Whether the offender's criminal history is exclusively nonviolent;

Whether the offender has prior convictions for sex offenses against an adult or child;

Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;

Whether the offender has previously experienced sexual victimization;

The offender's own perception of vulnerability; and

Whether the offender is detained solely for civil immigration purposes.

In view of the above, the auditor finds START substantially compliant with 115.41(c).

#### 115.41(d)

START PREA Policy 3-3 entitled Intake/Screening, page 3, section entitled Screening, II(A)(1)(a-j) addresses 115.41(d).

The staff responsible for risk screening interviewees states the initial and 30-day reassessment risk screenings consider:

History of sexual abuse in both the community or confinement settings;

History of violence;

Physical or mental disabilities;

Personal feelings regarding sexual safety at START; and

LGBTI status.

In terms of the process for conducting initial screening, the screening is conducted one-on-one in the intake office behind a closed door. The door does have a window in the same. The interviewee asks the offender the scripted questions on the assessment tool. The PM alerts assessment screeners regarding any specific PREA information.

In view of the above, the auditor finds START substantially compliant with 115.41(d).

#### 115.41(e)

The auditor's review of the aforementioned Sexual Abuse Screening Tool reveals substantial compliance with 115.41(e). Specifically, the same addresses prior acts of

sexual violence, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse.

START PREA Policy 3-3 entitled Intake/Screening, pages 3 and 4, section entitled Screening, II(A)(2) addresses 115.41(e).

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

#### 115.41(f)

Pursuant to the PAQ, the PA self reports the policy requires the facility reassess each offender's risk of victimization or abusiveness within a set time period, not to exceed 30 days after the offender's arrival at the facility, based upon any additional, relevant information received by the facility since the intake screening. The PA further self reports that during the last 12 months, 478 offenders entering the facility (either through intake or transfer), whose length of stay in the facility was 30 days or more, were reassessed for risk of sexual victimization or risk of sexually abusing other offenders within 30 days of their entry into the facility. This equates to 100% in terms of reassessments of offenders who meet the above 30-day threshold.

START PREA Policy 3-3 entitled Intake/Screening, page 4, section entitled Screening, II(A)(3) addresses 115.41(f).

The PM completes 30-day reassessments for offenders at START. The staff responsible for risk screening interviewee states that risk assessments are completed by the PM.

Three of 11 random offender interviewees state they were reassessed within 30-days of arrival at START. The auditor's review of three reassessments for offenders who denied timely reassessment clearly reveals the same were completed in a timely and thorough manner. Additionally, in view of the proximity of the offender's arrival at START and the dates of the onsite visit, three offenders were not yet due for reassessment.

Of note, the auditor's onsite review of 10 of 13 reassessments reveals the same were completed within 30-days of arrival at START. Three reassessments were not yet due in view of the proximity of the offender's arrival at START and the dates of the onsite visit.

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

#### 115.41(g)

Pursuant to the PAQ, the PA self reports the policy requires that an offender'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 offender's risk of sexual victimization or abusiveness.



START PREA Policy 3-3 entitled Intake/Screening, page 4, section entitled Screening, II(A)(4) addresses 115.41(g).

The staff responsible for risk screening interviewee states the PM reassesses an offender's risk level as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the offender's risk of sexual victimization or abusiveness. The PM asserts one incident occurred during the last 12 months wherein a reassessment was warranted. Specifically, an investigation revealed that an offender was sexually abused and a reassessment was facilitated on the same date of the finding (March 5, 2024). A copy of the reassessment is uploaded into OAS.

In view of the above, the auditor finds START substantially compliant with 115.41(g).

#### 115.41(h)

Pursuant to the PAQ, the PA self reports the policy prohibits disciplining offenders for refusing to answer (or for not disclosing complete information related to) questions regarding:

Whether or not the offender has a mental, physical, or developmental disability;

Whether or not the offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the offender has previously experienced sexual victimization; and

The offender's own perception of vulnerability.

START PREA Policy 3-3 entitled Intake/Screening, page 4, section entitled Screening, II(A)(6) addresses 115.41(h).

The auditor notes each offender is issued a Disclaimer which addresses failure to provide responses to the questions identified in 115.41(h). The document clearly delineates that the offender will not be disciplined for failure or refusal to respond to the questions. Both the offender and a staff witness sign and date this document.

The staff responsible for risk screening interviewee states that offenders are not disciplined in any way for refusing to respond to or for not disclosing complete information related to the following:

Whether or not the offender has a mental, physical, or developmental disability;

Whether or not the offender is or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;

Whether or not the offender has previously experienced sexual victimization; and

The offender's own perception of vulnerability.

	<p>Offenders sign a Disclaimer which clearly scripts non-discipline as indicated.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.41(h).</p> <p>115.41(i)</p> <p>START PREA Policy 3-3 entitled Intake/Screening, page 4, section entitled Screening, II(A)(7) addresses 115.41(i).</p> <p>The PM asserts supervisors facilitate Initial PREA assessments and route the completed screening instrument to her. The PM maintains hard copies of the same in her locked cabinet in her locked office. Assessments may be shared with the PA, BTC, and all supervisors. Assessments are not maintained electronically.</p> <p>Auditor's Note: During the on-site visit, the auditor did validate storage practices as described by the PM. The staff responsible for risk screening interviewee states completed assessments are routed from the shift leads and shift supervisors to the PM. The instruments are placed in a locked file cabinet(s) in the PM's locked office.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.41(i).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.41.</p>
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<b>115.42</b>	<b>Use of screening information</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.42(a)</p> <p>Pursuant to the PAQ, the PA 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 offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>START PREA Policy 3-3 entitled Intake/Screening, page 4, section entitled Use of Screening Information, II(B) addresses 115.42(a).</p> <p>In response to how the facility uses information from risk screening during intake to keep offenders from being sexually victimized or being sexually abusive, the PM asserts potential victims (PVs) and known victims (KVs) are geographically separated from potential aggressors (PAs) and known aggressors (KAs) by virtue of cell assignment in A, B, and D Pods. In C Pod, victims are geographically separated from perpetrators or aggressors pursuant to placement in various visible areas. Victims</p>

are not housed in the same room or bunk with Aggressors. Either classification may be housed with offenders designated as Unrestricted.

The staff responsible for risk screening interviewee states the facility primarily uses information gleaned from the risk screening assessment to ensure safe housing and programming assignments. The same strategy articulated in the preceding paragraph is used to accomplish separation and therefore, facilitate offender safety.

The screening tool generates a score and staff add the calculations, assigning a status.

Although the staff responsible for risk screening interviewee states the screening staff member makes cell and bunk assignments, the PM asserts that she and the PA make housing assignments. The individuals responsible for housing assignments use a roster to determine all offender classifications and therefore, safe housing can be effected. Three copies of that roster, inclusive of the PV/KV, PA/KA, and Unrestricted are uploaded into OAS. The auditor notes that programs/routines within the facility are monitored by staff.

The auditor's cursory review of three dates of housing documentation reveals substantial compliance with 115.42(a).

In view of the above, the auditor finds START substantially compliant with 115.42(a).

#### 115.42(b)

Pursuant to the PAQ, the PA self reports the facility makes individualized determinations about how to ensure the safety of each offender.

START PREA Policy 3-3 entitled Intake/Screening, page 4, section entitled Use of Screening Information, II(B) addresses 115.42(b).

The auditor's cursory review of housing documentation reveals substantial compliance with 115.42(a). The evidence reveals separation of those offenders at high risk of being sexually victimized from those at high risk of being sexually abusive.

In view of the above, the auditor finds START substantially compliant with 115.42(b).

#### 115.42(c)

Pursuant to the PAQ, the PA self reports the facility makes housing and program assignments for transgender or intersex offenders in the facility on a case-by-case basis.

START PREA Policy 3-3 entitled Intake/Screening, page 5, section entitled Use of Screening Information, II(D), (E), (G), and (H) addresses 115.42(c).

The PM asserts there are no designated wings or housing units for transgender/intersex offenders. Transgender/intersex offenders may be housed with offenders bearing Unrestricted status or in single rooms. The offender's personal feelings regarding vulnerability are considered. The PM further asserts the offender's health and safety are primary considerations. Additionally, potential management and security problems are considered. Housing assignments are based on the most prudent sexual safety situation.

The PM asserts she maintains a spreadsheet (updated at least weekly) of placements and she monitors the same to guard against placement of LGBTI offenders in a single area.

The transgender offender interviewee states staff have asked her about her personal and sexual safety since her arrival at START. Specifically, the PM checks in with her frequently. Furthermore, she has not been placed in a housing area only for transgender or intersex offenders. She has no reason to believe she has been strip-searched for the sole purpose of determining her genital status.

In view of the above, the auditor finds START substantially compliant with 115.42(c).

#### 115.42(d)

The PM asserts transgender/intersex offender safety and programming opportunities are assessed twice per year.

The staff responsible for risk screening interviewee was not aware of the requirement for staff review of transgender/intersex offender's sexual safety and programming.

The transgender offender interviewee states staff have asked her about her personal and sexual safety since her arrival at START. Specifically, the PM checks in with her frequently.

The auditor's review of two reassessments completed on March 22, 2024 and April 12, 2024 reveals that the lone transgender offender's sexual safety was again assessed to ensure zero changes since initial screening. While acceptable evidence for purposes of this audit, the auditor recommends that another method of review be implemented. This may require development of a new form wherein certain key questions regarding sexual safety are asked and the interviewer documents the findings. If START staff require assistance, the auditor can provide the same should the decision be made to adopt this recommendation.

In view of the above, the auditor finds START substantially compliant with 115.42(d).

#### 115.42(e)

Pursuant to the PAQ, the PA asserts that a transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration.

START PREA Policy 3-3 entitled Intake/Screening, page 5, section entitled Use of Screening Information, II(F) addresses 115.42(e).

The PM asserts that a transgender or intersex offender's own views with respect to his or her own safety shall be given serious consideration. The question regarding sexual safety is clearly scripted in the assessment tool and accordingly, all offenders address the same, minimally, during initial and 30-day reclassification. The staff responsible for risk screening interviewee concurs with the PM's statement as reflected above.

The transgender offender interviewee states staff have asked her about her personal and sexual safety since she has been at START. Specifically, the PM checks in with her frequently.

In view of the above, the auditor finds START substantially compliant with 115.42(e).

#### 115.42(f)

START PREA Policy 3-3 entitled Intake/Screening, page 5, section entitled Use of Screening Information, II(F) addresses 115.42(f).

The PM asserts transgender/intersex offenders are given the opportunity to shower separately from other offenders, should they request the same. As staff control access to the locked showers in A, B, and D Pods, separate showers are controlled. Additionally, separate showers can be facilitated in intake. The staff responsible for risk screening interviewee concurs with the PM's statement as reflected above.

The transgender interviewee states that she showers in the pod.

The PM addresses such requests. Notations regarding separate shower requests are made on the assessment forms.

In view of the above, the auditor finds START substantially compliant with 115.42(f).

#### 115.42(g)

START PREA Policy 3-3 entitled Intake/Screening, page 5, section entitled Use of Screening Information, II(F) addresses 115.42(g).

The PM asserts the agency is not subject to a consent decree, legal settlement, or legal judgment requiring that it establish a dedicated facility, unit, or wing for lesbian, gay, bisexual, transgender, or intersex (LGBTI) offenders. LGBTI offenders are not placed in a designated wing or housing area. The PM closely monitors the aforementioned housing spreadsheet, taking such housing into consideration.

The one transgender, three gay, and one bisexual offender interviewees state they have not been placed in a housing area only for gay, lesbian, bisexual, transgender,

	<p>or intersex offenders.</p> <p>The auditor's review of the previously mentioned housing spreadsheet reveals no deviation from the requirements of 115.42(g).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.42(g).</p> <p>Based on the lack of findings as noted throughout the narrative for 115.42, the auditor finds START substantially compliant with 115.42.</p>
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<b>115.43</b>	<b>Protective Custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.43(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy prohibiting the placement of offenders 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 PA further self reports zero offenders at risk of sexual victimization were held in involuntary segregated housing within the last 12 months for one to 24 hours awaiting completion of assessment.</p> <p>START PREA Policy 3-3 entitled Intake/Screening, page 6, section II entitled Protective Custody (A) addresses 115.43(a).</p> <p>The PA asserts agency policy prohibits placing offenders 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 PA further asserts an offender can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an offender requests protective custody, he may be placed in segregated housing, subject to D Pod policies and procedures.</p> <p>According to the PA, D Pod is used as an alternative housing unit. Programs, privileges, education, and work opportunities are not rescinded for non-disciplinary cases. However, safety concerns and security concerns may dictate alternative method(s) of delivery for self requested protective custody cases. Rescinding access to programs, privileges, education, and work opportunities would be documented as reflected in the narrative for 115.43(b).</p> <p>During the facility tour, the auditor observed D Pod operations. Non-disciplinary and non-protective custody offenders had access to the unit and their cell doors were</p>

generally open unless they requested closure. Offenders watched television, participated in recreation, had access to reading materials, and had access to a pay telephone.

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

#### 115.43(b)

START PREA Policy 3-3 entitled Intake/Screening, page 6, section II entitled Protective Custody (B) addresses 115.43(b).

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

The staff who supervises offenders in segregated housing interviewee states that he is not aware of any involuntarily segregated offenders being placed in D Pod during the last 12 months for protection from sexual abuse. If offender(s) was/were placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (religious services programs may be provided in D Pod and reading materials may also be provided);

Education programs are not available at START however, reading materials are available in D Pod;

Recreation pens (suspended in view of current construction) are used for outdoor recreation and most offenders can walk within the pod;

Privileges (telephone and commissary are available to offenders); and

Work opportunities (D Pod cleaners).

Operationally, D Pod is similar to A, B, and C Pods. Disciplinary cases are locked in their cell(s) and if an offender requests protective custody, he may be locked in his cell, dependent upon the threat level.

If access to programs, privileges, work, or education is restricted, the opportunities that have been limited are documented in a separate log book on a memorandum. The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented.

Of note, during the facility tour, the auditor observed what the process would look like.

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

115.43(c)

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

START PREA Policy 3-3 entitled Intake/Screening, page 6, section II entitled Protective Custody (B) addresses 115.43(c).

The PA asserts offenders at high risk for sexual victimization or who have alleged sexual abuse are not placed in involuntary segregated housing.

The staff member who supervises offenders in segregated housing interviewee states that offenders at high risk for sexual victimization or who have alleged sexual abuse are not placed in involuntary segregated housing. If absolutely necessary, however, placement would only occur for a period necessary to identify an alternative placement (generally 24 hours).

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

Of note, the auditor has not identified, pursuant to interviews with both staff and offenders, any contradictory evidence regarding involuntary segregated placement(s) pursuant to 115.43.

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

115.43(d)

As previously indicated in the narrative for 115.43(a), the PA self reports zero offenders 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 sexual abuse/harassment investigations, the auditor has discovered that the victim of the substantiated sexual abuse incident was placed in D Pod in a general population status. The mechanics of D Pod operations are reflected throughout this narrative and accordingly, the same does not constitute segregated housing.

START PREA Policy 3-3 entitled Intake/Screening, page 7, section II entitled Protective Custody (C)(1)(a and b) addresses 115.43(d).

In view of the above, the auditor finds START substantially compliant with 115.43(d).

115.43(e)



	<p>Pursuant to the PAQ, the Warden self reports if an involuntary segregation housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>START PREA Policy 3-3 entitled Intake/Screening, page 7, section II entitled Protective Custody (C)(2) addresses 115.43(e).</p> <p>The staff member who supervises offenders in segregated housing interviewee states that if placed in involuntary segregated housing, a victim would be reviewed every 30 days to determine whether general population return is feasible. However, as previously articulated, such involuntary housing has not occurred within the last 12 months.</p> <p>As previously mentioned, zero offenders have been placed in involuntary segregated housing pursuant to 115.43(a) provisions. Accordingly, that interview could not be conducted.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.43(e).</p> <p>Accordingly, the auditor finds START substantially compliant with 115.43.</p>
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115.51	Inmate reporting
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.51(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has established procedures allowing for multiple internal ways for offenders to report privately to agency officials about:</p> <p>Sexual abuse or sexual harassment;</p> <p>Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and</p> <p>Staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>START PREA Policy 3-4 entitled Reporting, page 1, section II(A)(2) addresses 115.51(a).</p> <p>The auditor's review of the START PREA Handbook for Offenders reveals significant information regarding reporting options. Pages 3-5 of this resource clearly provide</p>

necessary information for offenders to be educated regarding reporting options as afforded pursuant to 115.51.

The auditor asserts during the post audit period, he noted that the START PREA Handbook, three posters hung throughout the facility, and the MOU between CCCS and Boyd Andrews Community Services (BACS) reflected conflicting information regarding the BACS Hotline telephone number [applicable to 115.51(b)]. The same was addressed to the CCCS PC following the onsite visit and all documents have been amended to reflect the appropriate information. Accordingly, the auditor finds START substantially compliant with respect to offender educational materials.

All 12 random staff interviewees were able to identify at least two methods in which offenders can privately report pursuant to 115.51(a). Methods of reporting include:

Verbal report to staff;

Third-party report;

Write a letter/kite;

Hotline call to Boyd Andrews Community Services (BACS);

Emergency grievance; and

Letter to MDOC.

Ten of 11 random offender interviewees were able to identify at least two methods of private reporting of incidents prescribed in 115.51(a). Methods of reporting articulated are as follows:

Verbal report to staff;

Call the BACS Hotline;

Write a kite;

File an emergency grievance; and

Third-party report.

The majority of 10 interviewees identified the BACS Hotline and third-party report as the primary methods of reporting sexual abuse/harassment to someone who does not work at the facility. Of note, one interviewee stated that he would not report.

In view of the above, the auditor finds START substantially compliant with 115.51(a).

115.51(b)

Pursuant to the PAQ, the PA self reports the agency provides at least one way for offenders to report sexual abuse or harassment to a public or private entity or office

that is not part of the agency. Additionally, the PA self reports that offenders are not housed at START for civil immigration purposes

The auditor asserts during the pre-audit review and post audit, he noted that the START PREA Handbook, three posters hung throughout the facility, and the MOU between CCCS and Boyd Andrews Community Services (BACS) reflected conflicting information regarding the BACS Hotline telephone number and address. The same was addressed to the CCCS PC following the onsite visit and all documents have been amended to reflect the appropriate information. Accordingly, the auditor now finds START substantially compliant with respect to offender educational materials.

The PM self reports the facility provides offenders the opportunity to report sexual abuse/harassment to a public or private entity or office that is not part of the agency pursuant to placement of a Hotline call to BACS. All such calls are toll-free and none are monitored.

The BACS Hotline telephone number is posted near offender telephones. This procedure does enable receipt and immediate transmission of offender reports of sexual abuse/harassment to agency officials. The same is articulated in a reciprocal MOU.

During the on-site audit, the auditor tested the BACS Hotline on November 19, 2024 using the D Pod offender telephone. The call was initially received by the BACS PC however, the call could not be continued and was subsequently terminated. On the second attempt, the call could not be placed absent entry of a pin number or identifying number unique to an offender, presumably to charge for the call.

Accordingly, the auditor finds START non-compliant with 115.51(b) and he places START in a 180-day corrective action period ending on July 14, 2025. During the corrective action period, the CCCS PC, START PM, and START PA will demonstrate compliance with and institutionalization of the requirements of 115.51(b).

To demonstrate compliance with and institutionalization of 115.51(b) requirements, the auditor recommends that the CCCS PC or IT Specialist contact Crown Correctional Telephone, Inc. to address the afore-described conditions. Offenders must receive free and unmonitored telephone calls to the BACS Hotline in accordance with the standard provision interpretation. Accordingly, it appears that such contact should result in a simple fix as the BACS number can be programmed or re-programmed as a free call for all offenders and therefore, provision of a pin or identifying number would not be required.

If any technical changes are made to the system whereby offender education is required, any changes to the START PREA Handbook, instructional memorandums, or memorandum posters must be uploaded into OAS.

March 31, 2025 Update:

Pursuant to the auditor's review of an email dated November 20, 2024, the CEO of

Crown Correctional Telephone, Inc. was contacted and he assured CCCS staff that the matter had been corrected. Two subsequent tests did not validate this statement and subsequent contacts were made to address the issue.

As the auditor is unable to personally test the telephone line and procedure, he did contact the CCCS PC on this date, inquiring as to whether the condition still existed. The auditor was advised that the condition is fixed and a pin number or offender number is no longer required. Both the BACS Hotline and Safe Space telephone numbers have been tested with positive results.

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

As previously indicated in the preceding section, ten of 11 random offender interviewees were able to identify at least two methods of private reporting of incidents prescribed in 115.51(a). Methods of reporting articulated are as follows:

Verbal report to staff;

Call the BACS Hotline;

Write a kite;

File an emergency grievance; and

Third-party report.

The majority of the 10 interviewees identified the BACS Hotline and third-party report as the primary methods of reporting sexual abuse/harassment to someone who does not work at the facility. Of note, one interviewee stated that he would not report.

Nine of 11 random offender interviewees state they can make a report without having to give their name.

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

#### 115.51(c)

Pursuant to the PAQ, the PA self reports the agency has a policy mandating staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties. The PA further self reports staff are required to immediately document verbal reports.

CCCS PREA Policy 1.3.5.12, page 13, section IV(115.51)(c) addresses 115.51(c). It is noted that the requirement for staff to accept reports verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports, is addressed in the Staff Training Power Point slides 29 and 30.

All 12 random staff interviewees state offenders can report allegations of sexual

	<p>abuse verbally, in writing, anonymously, and from third-parties. They state they document any verbal reports immediately following receipt.</p> <p>Ten of 11 random offender interviewees state reports of sexual abuse/harassment can be made both verbally and in writing. Nine of the 11 interviewees state such reports can be made by a friend or relative so the offender does not have to be named.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.51(c).</p> <p>115.51(d)</p> <p>Pursuant to the PAQ, the PA self reports the agency has established procedures for staff to privately report sexual abuse and sexual harassment of offenders. Staff can verbally, written, electronically, via third party, or via mail, submit a report. Third party reporting forms are a means, as well. Staff are informed of reporting mechanisms during Pre-Service and In-Service training sessions.</p> <p>START PREA Policy 3-4 entitled Reporting, page 1, section II(A)(3 and 4) addresses 115.51(d).</p> <p>All 12 random staff interviewees were able to cite at least one method which staff can use to privately report sexual abuse/harassment of offenders. Methods of reporting cited were:</p> <p>Verbal report to supervisor behind closed door(s);</p> <p>Submission of a written report;</p> <p>Telephonic or email report to supervisor/PA/BTC/PM;</p> <p>Third party report; and/or</p> <p>Telephonic report to BACS.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.51(d).</p> <p>Given the information and evidence provided above, the auditor finds START substantially compliant with 115.51.</p>
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115.52	Exhaustion of administrative remedies
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.52(a)

Pursuant to the PAQ, the PA self reports the agency has an administrative procedure for dealing with offender grievances regarding sexual abuse.

START PREA Policy 3-4 entitled Reporting, pages 3 and 4, section II(B), in entirety, addresses 115.52(a). Pages 4 and 5 of the START PREA Handbook for Offenders, sections entitled Grievance Procedure and Emergency Grievances (EGs) addresses PREA grievances as well as, EGs.

The PM advises that grievance boxes (pursuant to the amended grievance form, sexual abuse issues are defined as applicable) located in each of the four pods and they are checked by the supervisors on each security shift. EGs are forwarded to the PM for follow-up.

Of note, the auditor checked the EG boxes during the facility tour, found the same to be locked and secure, and learned how grievances are retrieved on a daily basis.

In view of the above, the auditor finds START substantially compliant with 115.52(a).

#### 115.52(b)

Pursuant to the PAQ, the PA self reports agency policy or procedure allows an offender to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred. The PA further relates agency policy does not require an offender to use an informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.

START PREA Policy 3-4 entitled Reporting, page 3, section II(B)(1 and 3) addresses 115.52(b). The START PREA Handbook for Offenders, page 4, section entitled Grievance Procedure A(1 and 3) also addresses 115.52(b).

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

#### 115.52(c)

Pursuant to the PAQ, the PA self reports agency policy and procedure allows an offender to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint. The PA further self reports agency policy and procedure requires that an offender grievance alleging sexual abuse will not be referred to the staff member who is the subject of the complaint.

START PREA Policy 3-4 entitled Reporting, page 4, section II(B)(3)(e)(ii)(1 and 2) addresses 115.52(c). START PREA Handbook for Offenders, page 4, section entitled Grievance Procedure B(1) and (2) addresses 115.52(c).

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

115.52(d)

Pursuant to the PAQ, the PA self reports agency policy and procedure requires that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse is made within 90 days of the filing of the grievance. The PA self reports one grievance was filed within the last 12 months wherein sexual abuse was alleged and the same was referred to ADLC LE for investigation. The PA further self reports the agency always notifies the offender, in writing, when the agency files for an extension, including notice of the date by which a decision will be made.

According to the aforementioned policy, grievances regarding sexual abuse incidents are filed as an emergency grievance pursuant to the grievance procedure. The auditor has reviewed this document and finds that the same appears to be the equivalent of a written correspondence or "kite". It does not appear the same was filed as an emergency grievance.

START PREA Policy 3-4 entitled Reporting, page 4, section II(B)(3)(f)(i and iii) addresses 115.52(d). START PREA Handbook for Offenders, pages 4 and 5, section entitled Grievance Procedure C(1) and (3) addresses 115.52(d).

As previously indicated, the PM self reports zero current offenders at START reported a sexual abuse at the facility. Accordingly, an interview could not be conducted with an offender who reported a sexual abuse incident at START during the last 12 months.

In view of the above, the auditor finds START substantially compliant with 115.52(d).

115.52(e)

Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf of offenders. The PA further self reports agency policy and procedure requires if the offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline. Zero grievances alleging sexual abuse were filed by offenders in the last 12 months in which the offenders declined third-party assistance, ensuring documentation of the offender's decision to decline.

START PREA Policy 3-4 entitled Reporting, page 7, section II(F)(2) addresses 115.52(e). START PREA Handbook for Offenders, page 5, section Grievance Procedure D(1) addresses 115.52(e).

During the on-site audit, the auditor found no evidence of such filings as articulated in 115.52(e).

In view of the above, the auditor finds START substantially compliant with 115.52(e).

	<p>115.52(f)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy and established procedures for filing an emergency grievance alleging that an offender is subject to a substantial risk of imminent sexual abuse. The PA further self reports the agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires an initial response within 48 hours. Zero emergency grievances alleging substantial risk of imminent sexual abuse were reportedly filed within the last 12 months. The PA asserts agency policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse requires that a final agency decision be issued within five calendar days.</p> <p>START PREA Policy 3-4 entitled Reporting, page 3, section II(B)(3)(b) addresses addresses 115.52(f). START PREA Handbook for Offenders, page 5, section entitled Emergency Grievance addresses 115.52(f).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.52(f).</p> <p>115.52(g)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a written policy that limits its ability to discipline an offender for filing a grievance alleging sexual abuse to occasions where the agency demonstrates the offender filed the grievance in bad faith. The PA further self reports that during the last 12 months, there were zero instances of offender discipline for incidents of this nature.</p> <p>START PREA Policy 3-4 entitled Reporting, page 4, section II(B)(3) addresses 115.52(g). START PREA Handbook for Offenders, page 5, section entitled Grievance Procedure, section E addresses 115.52(g).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.52(g).</p> <p>Based on the above, the auditor finds START substantially compliant with 115.52.</p>
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115.53	Inmate access to outside confidential support services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.53(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility provides offenders with access to</p>



outside victim advocates for emotional support services related to sexual abuse by:

Giving offenders mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations;

Enabling reasonable communication between offenders and these organizations in as confidential manner as possible.

START PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(a) addresses 115.53(a). The START PREA Handbook for Offenders, page 6, section entitled Counseling Programs for Victims of Sexual Assault supports 115.53(a).

The auditor's review of the START PREA Handbook and updated Sexual Abuse Emotional Support Services Numbers poster, as well as, the No Means No poster reveals that the Safe Space telephone number, minimally, is available to the offender population. During the facility tour, the auditor observed the Sexual Abuse Emotional Support Services Numbers posted near offender telephones and on bulletin boards.

With respect to Western Montana Mental Health and other emotional support services, both telephone numbers and addresses are posted.

According to the CCCS PC, the auditor learned that the address for the Safe Space VA provider is intentionally omitted from the aforementioned educational materials.

Specifically, the provider is also a shelter for battered women and accordingly, a safety conflict of interest arises when the address is known to the START population.

The auditor does find this rationale to be reasonable and accordingly, he finds START substantially compliant with 115.53(a).

According to policy and the START PREA Handbook, notices bearing the requisite 115.53(a) information are posted near the telephones. Specifics regarding postings of 115.53(a) resources are addressed in the preceding paragraph(s).

As previously mentioned in the narrative for 115.51(b), during the on-site audit, the auditor tested the BACS Hotline on November 19, 2024 using the D Pod offender telephone. The call was initially received by the BACS PC however, the call could not be continued and was subsequently terminated. On the second attempt, the call could not be placed absent entry of a pin number or identifying number unique to an offender, presumably to charge for the call. The test call was facilitated on the offender pay telephone located in D Pod.

In view of the above, the auditor determined there was no reason to test the Safe Space telephone number and accordingly, he finds START non-compliant with 115.53(a) and he places START in a 180-day corrective action period ending on July 14, 2025. During the corrective action period, the CCCS PC, START PM, and START PA will demonstrate compliance with and institutionalization of the requirements of 115.53(a).

To demonstrate compliance with and institutionalization of 115.53(a) requirements, the auditor recommends that the CCCS PC or IT Specialist contact Crown Correctional

Telephone, Inc. to address the afore-described condition(s). Offenders must receive free and unmonitored telephone calls to the BACS Hotline in accordance with the standard provision interpretation. Accordingly, it appears that such contact should result in a simple fix as the BACS number can be programmed or re-programmed as a free call for all offenders and therefore, provision of a pin or identifying number would not be required.

If any technical changes are made to the system whereby offender education is required, any changes to the START PREA Handbook, instructional memorandums, or memorandum posters must be uploaded into OAS.

March 31, 2025 Update:

Pursuant to the auditor's review of an email dated November 20, 2024, the CEO of Crown Correctional Telephone, Inc. was contacted and he assured CCCS staff that the matter had been corrected. Subsequent contacts were also made to address the issue.

As the auditor is unable to personally test the telephone line and procedure, he did contact the CCCS PC on this date, inquiring as to whether the condition still existed. The auditor was advised that the condition is fixed and a pin number or offender number is no longer required. Both the BACS Hotline and Safe Space telephone numbers have been tested with positive results. The auditor also validated that the telephone number noted on the aforementioned posters is appropriate for Safe Space.

In view of the above, the auditor now finds START substantially compliant with 115.53(a).

Eleven random offender interviewees state services are available outside of the facility for dealing with sexual abuse, if they need the same. One interviewee identified Safe Space, one identified mental health services, one identified tribal Veterans Administration services, and eight interviewees stated they did not know the advertised service(s). As reflected above, Safe Space is a VA group, providing counseling and VA services.

Nine interviewees state the name(s), telephone number(s), and address(es) for service(s) are posted on unit walls near the telephones and eight interviewees state the requisite information is noted in the START PREA Handbook or posters. All 11 interviewees state the number(s) is/are free to call. Eight of 11 interviewees state they can talk to staff from these service(s) during telephone time and with staff assistance.

As mentioned throughout this report, zero offenders who were victims of a sexual abuse incident during the last 12 months could be interviewed during the onsite visit as none were housed at the facility at that time.

In view of the above, offenders are provided ample educational materials regarding 115.53(a) VA access and access to VAs in accordance with 115.53(a) requirements. Accordingly, the auditor finds START substantially compliant with 115.53(a).

#### 115.53(b)

Pursuant to the PAQ, the PA self reports the facility informs offenders, prior to giving them access to outside support services, of the extent to which such communications will be monitored. The PA further self reports the facility informs offenders, 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.

START PREA Policy 3-5 entitled Medical and Mental Health, page 2, section II(B)(b) addresses 115.53(b). The START Handbook for Offenders, page 6, section entitled Counseling Programs for Victims of Sexual Abuse also addresses 115.53(b). Clearly, reports of sexual abuse at START must be reported by Safe Space VAs.

Eight of 11 random offender interviewees state that what they say to staff from the services referenced in the narrative for 115.53(a) remains private. Five interviewees state that the conversations with them may be listened to or told to someone else if the conversations address self-injurious behavior or criminal activity.

Given the fact that the START PREA Handbook addresses the subject-matter of 115.53(b), the auditor finds there is sufficient education material and efforts to educate offenders. Offenders have the ability to remain informed regarding this matter.

Accordingly, the auditor finds START substantially compliant with 115.53(b). Of note, the auditor provided refresher information to six random offender interviewees regarding the subject-matter of 115.53(b).

In view of the above, the auditor finds START substantially compliant with 115.53(b).

#### 115.53(c)

Pursuant to the PAQ, the PA self reports the facility maintains memoranda of understanding (MOUs) or other agreements with community service providers that are able to provide offenders with emotional support services related to sexual abuse. The PA further self reports the facility maintains copies of the agreement.

The MOU between CCCS and Safe Space [addressed in the narratives for 115.21(d) and (e)] clearly captures the requirements of 115.53(c). The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

	<p>In view of the above, the auditor finds START substantially compliant with 115.53(c).</p> <p>Based on the lack of adverse findings as reflected above, the auditor finds START substantially compliant with 115.53.</p>
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<b>115.54</b>	<b>Third-party reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.54(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility provides a method to receive third-party reports of offender sexual abuse or sexual harassment.</p> <p>Third-party reporting forms are located on the pods, as well as, digitized on the CCCS website (www.cccscorp.com website). All forms are received by the CCCS PC, PM, or PA. Calls are referred to the CCCS PC for investigation.</p> <p>Additionally, they can contact BACS to report sexual abuse/harassment incidents and they (BACS PC) will, in turn, contact the CCCS PC. The same is clearly articulated in the uploaded MOU between CCCS and BACS. Emails are another source of receiving third party reports and they are disseminated to the PA immediately.</p> <p>The auditor's test of the third-party reporting system reveals the same to be functional. Specifically, at approximately 2:55PM on March 6, 2025, the auditor did test the CCCS PC reporting line. He did make contact with the CCCS PC with no issues.</p> <p>The auditor's review of the START website reveals the third-party report can be emailed to the CCCS PC and the email address is clearly identified on the form.</p> <p>According to the PA, PREA posters are posted throughout the facility, citing information to effectively report sexual abuse or sexual harassment incidents, etc. Additionally, third-party reporting forms are located in the front entry for use by visitors, etc., as well as, the BACS Hotline poster. The auditor's observations throughout the facility tour validated the above.</p> <p>The auditor notes that he signed and dated a PREA Compliance Acknowledgment form upon entry to the facility. All contractors, visitors, and volunteers complete this form each time they enter the facility. Reporting procedures, absent the BACS Hotline numbers, are noted in this document.</p> <p>START PREA Policy 3-4 entitled Reporting, page 7, section II(F)(1) reflects that third party reports can be sent via mail or email to the START PM or CCCS PC. Third Party</p>

	<p>reporters may call or report to the CCCS PC or PM personally. Third Party reporting forms are available on each facility floor; however, they can be accessed by asking any staff member, case manager, family member, volunteer, contractor, program administrator or BTC.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.54.</p>
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115.61	Staff and agency reporting duties
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.61(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:</p> <p>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;</p> <p>Any retaliation against offenders or staff who reported such an incident; and</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>START PREA Policy 3-4 entitled Reporting, pages 5 and 6, section II(E)(1) addresses 115.61(a).</p> <p>All 12 random staff interviewees state the agency requires all staff to immediately report the following to their supervisor, the CD, the BTC, the PM, the the CCCS PC, and/or the PA:</p> <p>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;</p> <p>Any retaliation against offenders or staff who reported such an incident; and</p> <p>Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p>Cited methods of reporting are:</p> <p>Verbal report to supervisor behind closed door(s);</p> <p>Email;</p>

Telephonic report to supervisor/PA/BTC/PM/CD/CCCS PC;

Submission of a written report;

Telephonic report to BSBLED or BACS;

Third-party report; and/or

Text.

In view of the above, the auditor finds START substantially compliant with 115.61(a).

115.61(b)

Pursuant to the PAQ, the PA self reports apart from reporting to designated supervisors or officials and designated state or 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.

START Policy 3-4 entitled Reporting, page 5, section II(D)(4) addresses 115.61(b).

All 12 random staff interviewees state the agency requires all staff to immediately report the following to their supervisor, the CD, the BTC, the PM, the the CCCS PC, and/or the PA:

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 offenders or staff who reported such an incident; and

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

Cited methods of reporting are:

Verbal report to supervisor behind closed door(s);

Email;

Telephonic report to supervisor/PA/BTC/PM/CD/CCCS PC;

Submission of a written report;

Telephonic report to BSBLED or BACS;

Third-party report; and/or

Text.

Since the CCCS PC is the primary sexual abuse/harassment investigator for the company, copies of his investigations are maintained on a password protected system. Hard copies are maintained in the PM's locked office in a locked cabinet. Copies of SART reviews, and any other relevant forms of investigative documentation are forwarded to the CCCS PC for further storage with hard copies maintained in the PM's locked office.

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

#### 115.61(c)

START Policy 3-4 entitled Reporting, page 6, section II(E)(5) addresses 115.61(b).

The medical and mental health staff interviewees state that at the initiation of services to an offender, they disclose the limitations of confidentiality and their duty to report. The medical staff interviewee states offenders sign an Informed Consent form at intake and she provides verbal instructions followed. The mental health staff interviewee states she uses an Informed Consent document and the signed document is subsequently entered into the record.

Both interviewees further report they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor or official immediately upon learning of the same. The medical staff interviewee would report directly to the PA, PM, and/or the CCCS PC while the mental health interviewee would report directly to the PA. Neither interviewee states she became aware of such incidents at START during the last 12 months. However, they would report the same immediately if they became aware of such an incident.

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

#### 115.61(d)

The PA and PM assert juveniles are not housed at START. In the event of sexual abuse of a vulnerable adult, MDOC, minimally, would be contacted.

The auditor has not been provided nor has he learned of any sexual abuse incidents involving a vulnerable adult wherein additional reporting might be required. Accordingly, the auditor finds START substantially compliant with 115.61(d).

#### 115.61(e)

START Policy 3-4 entitled Reporting, page 6, section II(E)(4) addresses 115.61(e).

As previously noted throughout this report narrative, three reports of sexual abuse/

	<p>harassment allegations have been received during the last 12 months. The PA asserts he generally receives all offender reports of sexual abuse/harassment and he refers the same to the CCCS PC and START PM. The CCCS PC is the primary sexual abuse/harassment investigator while the PM is a trained investigator.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.61(e).</p> <p>Based on the lack of findings as articulated throughout the above provision narratives, the auditor finds START substantially compliant with 115.61.</p>
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<b>115.62</b>	<b>Agency protection duties</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.62(a)</p> <p>Pursuant to the PAQ, the PA self reports when the agency or facility learns an offender is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the offender (e.g., it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the last 12 months, there was one time the facility determined an offender was subject to substantial risk of imminent sexual abuse.</p> <p>START PREA Policy 3-4 entitled Reporting, page 2, section II(A)(9) addresses 115.62(a).</p> <p>115.62(a) provisions are also addressed in slides 40 and 41 of the START Power Point Training Presentation, which is provided to staff.</p> <p>***According to the Agency Head interviewee, when it is learned that an offender is subject to a substantial risk of imminent sexual abuse, the offender may be removed from the facility. Minimally, the PA is alerted and the supervisor would move the offender to another wing or recommend that the offender be moved to another wing.</p> <p>When it is learned an offender is subject to risk of imminent sexual abuse, the PA asserts he is removed from the danger zone and a better housing location is considered, inclusive of collaboration with MDOC to facilitate a transfer, if necessary.</p> <p>All 12 random staff interviewees corroborate the statements of the Agency Head and PA in terms of removal of the potential victim from the danger zone with subsequent staff supervision. All 12 interviewees state such action is implemented immediately.</p> <p>The auditor's review of the record with respect to this one incident reveals the victim was expeditiously removed from the housing unit in which he was housed and placed</p>



	<p>in another multi-purpose housing unit, immediately following an interview with the victim. The incident was reported on March 5, 2024 via third-party report. The matter was immediately investigated with a determination that the incident had occurred on or about November 28, 2023.</p> <p>In summary, the auditor finds that staff actions were taken pursuant to START policy and commensurate with 115.262(a) requirements.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.62.</p>
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<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.63(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring that, upon receiving an allegation an offender 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 the sexual abuse is alleged to have occurred.</p> <p>The PA further self reports in the last 12 months, the facility received one allegation that an offender was sexually abused while confined at another facility. The PA asserts upon receiving information from a client that he/she was abused at another facility, the intake staff would notify the START PA who, in turn, would notify the facility head in the facility where the alleged abuse occurred. This notification is completed within 72 hours of the time START staff were notified.</p> <p>START Policy 3-4 entitled Reporting, page 7, section II(E)(10) addresses 115.63(a).</p> <p>The auditor's review of this one case reveals requisite written reporting was both timely and appropriate in terms of methodology. The CCCS PC actually forwarded the written email and accompanying narrative regarding the allegation to the administrator at the facility where the incident allegedly originated. The CCCS PC completed this communication at the request of the START PA as he had left the facility that afternoon on vacation. The information was received on August 22, 2024 from the victim offender and the email was sent to the receiving administrator on the same date.</p> <p>Of note, a copy of the delegation memorandum dated July 11, 2023 is uploaded into OAS.</p> <p>In view of the above, the auditor finds that START is substantially compliant with 115.63(a).</p>

115.63(b)

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

START PREA Policy 3-4 entitled Reporting, page 7, section II(E)(10) addresses 115.63(b).

The auditor's review of this one case reveals requisite written reporting was both timely and appropriate in terms of methodology. The CCCS PC actually forwarded the written email and accompanying narrative regarding the allegation to the administrator at the facility where the incident allegedly originated. The CCCS PC completed this communication at the request of the START PA as he had left the facility that afternoon on vacation. The information was received on August 22, 2024 from the victim offender and the email was sent to the receiving administrator on the same date.

Of note, a copy of the delegation memorandum dated July 11, 2023 is uploaded into OAS.

In view of the above, the auditor finds START substantially compliant with 115.63(b).

115.63(c)

Pursuant to the PAQ, the PA self reports the facility documents it has provided such notification within 72 hours of receiving notification of the allegation.

START PREA Policy 13-4 entitled Reporting, page 7, section II(E)(10) addresses 115.63(c).

The auditor's review of this one case reveals requisite written reporting was both timely and appropriate in terms of methodology. The CCCS PC actually forwarded the written email and accompanying narrative regarding the allegation to the administrator at the facility where the incident allegedly originated. The CCCS PC completed this communication at the request of the START PA as he had left the facility that afternoon on vacation. The information was received on August 22, 2024 from the victim offender and the email was sent to the receiving administrator on the same date.

Of note, a copy of the delegation memorandum dated July 11, 2023 is uploaded into OAS.

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

	<p>115.63(d)</p> <p>Pursuant to the PAQ, the PA self reports facility policy requires that allegations received from other facilities/agencies are investigated in accordance with PREA standards. The PA further self reports in the last 12 months, zero allegations of sexual abuse were received by the facility from other facilities regarding sexual abuse incidents allegedly originating at START.</p> <p>START PREA Policy 3-4 entitled Reporting, page 7, section II(E)(10) addresses 115.63(d).</p> <p>***In regard to referrals of sexual abuse/harassment allegations (allegedly originating at START), the Agency Head asserts the PA is generally the point of contact for receipt of the same. The PA subsequently opens an investigation regarding the same.</p> <p>The PA asserts if an allegation of sexual abuse (allegedly occurred at START) is received from another facility, a full scale investigation is initiated. The PA further asserts no such allegations have been received from other facilities.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.63(d).</p> <p>Based on the lack of findings with respect to 115.63 provisions, the auditor finds START substantially compliant with 115.63.</p>
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115.64 Staff first responder duties	
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.64(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a first responder policy for allegations of sexual abuse. The PA further self reports agency policy requires, upon learning of an allegation that a client was sexually abused, the first security staff member to respond to the report shall be required to:</p> <p>Separate the alleged victim and abuser;</p> <p>Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;</p> <p>If the abuse occurred within a time period that still allows for the collection of physical evidence, request 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</p>

If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure the alleged abuser does not take any actions that could destroy physical evidence such as those described above.

The PA self reports two alleged incidents of sexual abuse occurred at START during the last 12 months. The auditor's review of two investigations reveals both incidents were determined to be unfounded. In one matter, the alleged victim's statement revealed zero evidence of sexual abuse or sexual harassment. In the second matter, the alleged victim described alleged staff sexual harassment. Subsequent to the alleged victim's and alleged perpetrator's statements, video was reviewed and the same negated the victim's allegation. In both instances, the alleged victims were separated from the alleged perpetrators by virtue of their interviews. Both allegations were immediately investigated with findings determined.

In one additional case, the sexual abuse allegation was substantiated. The victim was separated from the perpetrator and placed in another unit during the investigation and the perpetrator was removed from START the next morning. As the alleged incident occurred more than 120 hours prior to the report, the crime scene could not be secured and preservation of evidence was likewise not feasible.

START PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(B)(1-10) addresses 115.64(a).

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. As previously mentioned in the report narrative, zero offenders who reported a sexual abuse during the last 12 months could be interviewed as zero victims were housed at START during the onsite visit.

The auditor's review of the CCCS First Responder Card reveals substantial compliance with 115.64(a).

In view of the above, the auditor finds START substantially compliant with 115.64(a).

115.64(b)

Pursuant to the PAQ, the PA self reports agency policy requires that if the first responder is not a security staff member, that responder shall be required to:

Request that the alleged victim not take any actions that could destroy physical evidence; and

Notify security staff.

The PA further self reports that zero allegations of sexual abuse were reported within the last 12 months.

START PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1 and 2, section II(A)(1-10) addresses 115.64(b).

	<p>According to the CCCS PC, all staff (security and non-security) receive the same PREA training. Accordingly, all staff receive the same First Responder training.</p> <p>Commensurate with 115.64(a), START staff assist in the evidence preservation process.</p> <p>Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted above. Additionally, 11 of 12 random staff interviewees properly state their role in the uniform evidence protocol includes:</p> <p>Separation of the victim and perpetrator;</p> <p>Securing the crime scene;</p> <p>Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.64(a). Additionally, they contact medical/mental health practitioners.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.64(b).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.64.</p>
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<b>115.65</b>	<b>Coordinated response</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.65(a)</p> <p>Pursuant to the PAQ, the PA 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.</p> <p>START PREA Policy 3-11 entitled Coordinated Response/First Response Duties, pages 1-9 addresses 115.65(a).</p> <p>This policy is unique to both START and 115.265(a). The auditor's review of the above policy reveals a detailed and understandable document available to all staff. Staff responsibilities are well scripted, by position, and easily employed.</p> <p>The Sexual Assault Initial Response and Containment List is an excellent tool to memorialize dates and times at which certain milestones were completed with respect to response to a sexual abuse allegation. Additionally, the Sexual Assault Initial Response and Containment Checklist document serves as an excellent guideline for staff as they perform sexual abuse-related duties.</p>

	<p>The PA 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. A Coordinated Response to PREA Incidents is posted on the walls scripting duties and responsibilities and the auditor validated the same. Policy 3-11 is addressed during PREA ART.</p> <p>Policy 3-11 details specific responsibilities by functional area. Notification responsibilities and decision-making regarding referral for forensic examination, securing the crime scene, etc. are clearly delineated in the document.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.65.</p>
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<b>115.66</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.66(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility is not involved in any collective bargaining process, either currently or since the last PREA audit. While 115.66(a) is technically not applicable to START, the facility is substantially compliant as there are no deviation from standard.</p> <p>***The Agency Head asserts CCCS has not entered into or renewed any collective bargaining agreements on behalf of the facility since the last PREA audit. Specifically, there is no bargaining unit at START.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.66.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.67(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy to protect all offenders and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other offenders or staff. According to the PA, the PM is the designated retaliation monitor for</p>

offenders and he is the designated staff retaliation monitor at START for staff.

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(1) reflects that the PA and PM are the retaliation monitors at START.

However, a separate document reflects that the PA is the staff retaliation monitor while the PM is the offender retaliation monitor.

In view of the above, the auditor finds START compliant with 115.67(a).

#### 115.67(b)

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(2) addresses 115.67(b). This policy stipulates that staff and offenders who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc.

Alternative protection against retaliation may include moving an offender to another housing area or to another facility if deemed absolutely necessary by the PA.

\*\*\*According to the Agency Head, there is zero tolerance for retaliation. With respect to protection of offenders and staff from retaliation for sexual abuse/harassment allegations, staff and offenders are allowed to move to another CCCS facility, change shifts, etc., if feasible.

There are multiple layers of monitoring and specific staff are charged with this responsibility.

The PA and designated staff member charged with monitoring retaliation assert that for allegations of sexual abuse/harassment, continual and consistent contact with the victim to assess their comfort level is crucial. The perpetrator is removed from contact with the victim, most often removed from the facility. Movement of the victim to a different pod is often times the best strategy as removal of the victim from the limelight often diffuses issues. Especially in the event of a gang situation, removal of the victim from the facility may be necessary given the reaction(s) of other gang members. This action would necessitate the assistance of the PA, minimally. Finally, an increase in safety checks is often warranted.

With respect to staff, the PM and PA work together to change post(s), shift(s), and/or work locations, if necessary. EAP would usually be recommended.

The PM meets with the offender victim as often as necessary for a minimum of 90 days, generally until release from the program. Daily check-ins are facilitated for the first week to 10 days. Formal meetings are generally facilitated one time per week, minimally, following the first 10 days for a minimum of 90 days.

The PA concurs with the designated staff member charged with retaliation monitoring in terms of process applicable to staff retaliation monitoring.

The designated staff member charged with monitoring retaliation interviewee states

in response to a report of sexual abuse or offenders who cooperate with sexual abuse/harassment investigations, she initiates retaliation monitoring. She monitors behavior (offenders) to assess victimization or potential victimization. She documents notes of the meeting on the PREA Incident follow-Up Retaliation Monitoring Form (in the case of sexual abuse investigations). Additionally, she completes the START Monthly Retaliation Monitoring Report.

The auditor's review of entries dated March 6 and 7, 2024 on the Retaliation Monitoring Form reveals substantial compliance with 115.67(b) and (c). The incident was reported on March 5, 2024 and investigated the same day and the victim was moved to another facility on March 8, 2024. Of note, the victim was adamant about being moved to another facility from START.

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

115.67(c)

Pursuant to the PAQ, the PA self reports the facility monitors the conduct or treatment of offenders or staff who report sexual abuse and of offenders who were reported to have suffered sexual abuse to see if there are any changes that may suggest possible retaliation by offenders or staff. The PA self reports retaliation monitoring is continued for at least 90 days or more, if necessary. The facility does act promptly to remedy such retaliation. The facility continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

The PA self reports retaliation has occurred on one occasion within the last 12 months however, the auditor finds no evidence of the same. Upon further communication with the START PM, the auditor was advised there were no incidents of retaliation during the last 12 months.

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a-c) addresses 115.67(c).

The PM asserts when she suspects retaliation, she immediately alerts the CCCS CEO and reaches out to the potential or actual victim of the same. Retaliation monitoring is both implemented and increased, dependent upon the circumstances. The perpetrator of retaliation may be moved to another facility or returned to MDOC and staff would be placed on administrative leave or employment may be terminated following the provision of due process.

The designated staff member charged with monitoring retaliation interviewee states she looks for the following to detect possible retaliation with respect to offenders:

Hygiene decompensation;

Loss of weight;

Baseline behavior changes;



Increase in disciplinary action (s);

Isolation;

Withdrawal; and

Change in associations.

In regard to staff behaviors associated with victims of retaliation, the following are monitored:

Increased receipt of disciplinary charges;

Frequent call-offs;

Frequent shift and post change requests;

Attitude issues; and

Many of the above behaviors associated with offenders.

Monitoring is conducted for a minimum of 90 days and continued until the threat is gone or the potential victim releases from the program, transfers to another facility, or terminates employment at START. Meetings are documented as reflected above.

There is no maximum length of time for retaliation monitoring.

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

115.67(d)

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 4, section II(J)(3)(a) addresses 115.67(d).

The CCCS PC asserts periodic status checks are documented in the offender's progress notes.

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

115.67(e)

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(J)(2) addresses 115.67(b). This policy stipulates that staff and offenders who fear retaliation can speak to the mental health professional on site. Staff can also access the Employee Assistance Program benefit offered by CCCS Inc.

Alternative protection against retaliation may include moving an offender to another housing area or to another facility if deemed necessary by the PA.

The auditor finds that if any other individual who cooperates with an investigation

	<p>expresses fear of retaliation, he/she is monitored in the same manner as reflected throughout 115.67. ***The Agency Head asserts if an individual who cooperates with an investigation expresses a fear of retaliation, the agency implements retaliation monitoring. The aforementioned retaliation monitors effect the same procedures.</p> <p>Of note, the Director asserts that D Pod is used as an alternative housing unit in various circumstances. Privileges remain intact for offenders housed in that unit and the same is basically administered in the same fashion as A, B, and C Pods other than offenders housed in that pod generally do not leave the same.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.67(e).</p> <p>Given the above, the auditor finds START substantially compliant with 115.67.</p>
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<b>115.68</b>	<b>Post-allegation protective custody</b>
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.68(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy prohibiting the placement of offenders who allege to have suffered sexual abuse 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 PA further self reports zero offenders alleged to have suffered sexual abuse, were held in involuntary segregated housing during the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntarily segregated housing assignment is made, the facility affords each such offender a review every 30 days to determine whether there is a continuing need for separation from the general population.</p> <p>The PA asserts agency policy prohibits placing offenders 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 PA further asserts an offender can be placed in such status temporarily for up to 24 hours while alternative placement(s) are researched. If an offender requests protective custody, he may be placed in segregated housing, subject to D Pod policies and procedures.</p> <p>According to the PA, D Pod is used as an alternative housing unit. Programs, privileges, education, and work opportunities are not rescinded for non-disciplinary cases. However, safety concerns, and security concerns may dictate alternative method(s) of delivery for self requested protective custody cases. Rescinding access</p>

to programs, privileges, education, and work opportunities would be documented as reflected in the narrative for 115.43(b).

During the facility tour, the auditor observed D Pod operations. Non-disciplinary and non-protective custody offenders had access to the unit and their cell doors were generally open unless they requested closure. Offenders watched television, participated in recreation, had access to reading materials, and had access to a pay telephone.

The PA asserts offenders at high risk for sexual victimization or who have alleged sexual abuse are not placed in involuntary segregated housing.

The staff who supervises offenders in segregated housing interviewee states that he is not aware of any involuntarily segregated offenders being placed in D Pod during the last 12 months for protection from sexual abuse. If offender(s) was/were placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they would still have access to the following:

Programs (religious services programs may be provided in D Pod and reading materials may also be provided);

Education programs are not available at START however, reading materials are available in D Pod;

Recreation pens (suspended in view of current construction) are used for outdoor recreation and most offenders can walk within the pod;

Privileges (telephone and commissary are available to offenders); and

Work opportunities (D Pod cleaners).

Operationally, D Pod is similar to A, B, and C Pods. Disciplinary cases are locked in their cell(s) and if an offender requests protective custody, he may be locked in his cell, dependent upon the threat level.

If access to programs, privileges, or education is restricted, the opportunities that have been limited are documented in a separate log book on a memorandum. The opportunities that have been limited, the duration of the limitations, and the reasons for such limitations are documented.

The staff member who supervises offenders in segregated housing interviewee states that if placed in involuntary segregated housing, a victim would be reviewed every 30 days to determine whether general population return is feasible. However, as previously articulated, such involuntary housing has not occurred within the last 12 months.

As previously mentioned, zero offenders 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 START substantially compliant with 115.68(a).
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<b>115.71</b>	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.71(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.</p> <p>START PREA Policy 3-10 entitled Investigations, page 1, sections I and II(A) addresses 115.71(a).</p> <p>If he is on-site, the administrative investigative staff interviewee states he initiates action on investigations of sexual abuse/harassment allegations immediately following receipt of the report. If not on-site, he would report immediately based on traffic considerations, etc. If the incident occurs during off duty hours, he generally reports to the facility for both sexual abuse/harassment matters.</p> <p>The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.</p> <p>The auditor's review of three sexual abuse investigations reveals substantial compliance with 115.71(a-I). One sexual abuse investigations was substantiated and referred for criminal investigation while the two remaining sexual abuse investigations were determined to be unfounded. Of note, the allegations in one of the latter two cases constituted staff voyeurism.</p> <p>With respect to third-party or anonymous reports of sexual abuse, both the administrative and criminal investigative interviewees state they are investigated in the same manner as any other allegation.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.71(a).</p> <p>115.71(b)</p> <p>START PREA Policy 3-10 entitled Investigations, page 1, section II(A) addresses 115.71(b).</p> <p>The administrative investigative staff interviewee states he did receive training</p>

specific to conducting sexual abuse investigations in a confinement setting. He asserts the same was a three hour on-line NIC sponsored training (Basic), as well as, the advanced course. Additionally, he participated in a seven hour CCCS sexual abuse training class wherein scenarios were addressed and a Montana Department of Justice Law Enforcement Academy course entitled Investigating Sexual Assault.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

The auditor's review of 2019 CCCS Certificate or the NIC Certificate for the CCCS PC and START PM reveals completion of the course entitled PREA Investigator Training or Conducting Sexual Abuse Investigations in a Confinement Setting. Additionally, the auditor's review of the PM's October 1, 2016 and July 12, 2024 NIC Certificate entitled PREA: Conducting Sexual Abuse Investigations in a Confinement Setting, as well as, an August 31, 2018 certificate regarding completion of the Advanced course validates the PM's completion of requisite investigative specialty training. Finally, the auditor's review of an NIC Certificate for the START PA dated November 9, 2023 reveals completion of the course entitled Conducting Sexual Abuse Investigations in a Confinement Setting.

In view of the above, the auditor finds START substantially compliant with 115.71(b).

115.71(c)

START PREA Policy 3-10 entitled Investigations, page 2, section II(D)(3) addresses 115.71(c).

The administrative investigative staff interviewee asserts his investigation process includes the following chronological steps, inclusive of estimated time allotments for each step:

Check crime scene and first responder duties, ensuring proper handling (10 minutes);

Review initial staff reports (15 minutes per report);

Threshold questioning of victim (15 minutes);

Check video footage and ask PA to listen to telephone monitoring (30 minutes to hours);

Evaluate crime scene inclusive of photographs, etc. (up to one hour);

If victim and perpetrator are known, review files (20 minutes per file);

Interview staff and offender witnesses- (15-30 minutes per witness);

Thorough review of video (up to two to three hours);

Thorough interview of victim (30-60 minutes);

Re-interviews, if necessary (10 minutes per interviewee);

Interview perpetrator (0 minutes to 60 minutes); and

Report writing (two to four hours).

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

Direct evidence is generally handled by ADLC LE investigators. The facility investigator would secure staff and offender files, staff reports, video, telephone records, and interview notes.

The auditor finds that three sexual abuse investigations were conducted at START during the last 12 months. He finds START substantially compliant with 115.71(c) pursuant to review of each of the investigations.

#### 115.71(d)

START PREA Policy 3-10 entitled Investigations, pages 1 and 2, section II(D)(5) addresses 115.71(d). Compelled interviews are not facilitated at START.

The administrative investigative staff interviewee asserts compelled interviews are not facilitated at START. ADLC LE investigators handle the same and the same was validated by the criminal investigative interviewee. He states contact is made with the prosecutor regarding compelled interviews.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

The auditor finds that one allegation was referred to ADLC LE for criminal investigation during the last 12 months.

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

#### 115.71(e)

START PREA Policy 3-10 entitled Investigations, page 2, section II(D)(4) and (5) addresses 115.71(e).

The administrative investigative staff interviewee states that he considers reporting history and historical credibility assessments. Offenders are considered credible until

proven otherwise. Does their story match the fact pattern as known, pursuant to interviews, physical and circumstantial evidence? Consistency in the story is key to the determination of credibility. He would not, under any circumstances, require an offender who alleges sexual abuse to submit to a polygraph examination or truth-telling device as a condition for proceeding with an investigation.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

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

115.71(f)

START PREA Policy 3-10 entitled Investigations, page 1, section II(A)(1)(a) and (b) addresses 115.71(f).

The administrative investigative staff interviewee asserts when assessing whether staff actions or failure to act contributed to an incident of sexual abuse, he considers whether staff actions were reasonable for a corrections professional in relationship to the fact pattern. Pursuant to video review, interview statements, and contact with staff, he determines staff policy and Code of Ethics compliance.

The interviewee further states he documents administrative investigations in written reports pursuant to the following general format:

Executive Digest- Brief overview of the allegations and a timeline;

Interviews and credibility assessment;

Physical/circumstantial/indirect evidence analysis;

Video analysis;

Conclusion; and

Finding(s).

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

During the on-site audit, the auditor examined the PM's Office and file cabinet wherein sexual abuse/harassment files are maintained. He finds hard copies of investigative evidence, etc. to be maintained in a locked filed cabinet. Electronic security standards are addressed in the narrative for 115.289. Zero criminal investigations of sexual abuse have been facilitated at START during the last 12

months.

In view of the above, the auditor finds START substantially compliant with 115.71(f).

#### 115.71(g)

Criminal investigations are 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.

The administrative investigative staff interviewee states criminal investigations are properly documented in a report. As previously reported, one criminal sexual abuse investigation has been facilitated at START during the last 12 months. The PC asserts that criminal reports contain much of the same information included in administrative reports however, a physical evidence credibility statement is also included.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

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

#### 115.71(h)

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During the last 12 months, zero investigative case(s) have been referred for prosecution.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

The administrative investigative staff interviewee asserts ADLC LE investigators are responsible for prosecution referrals.

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

#### 115.71(i)

Pursuant to the PAQ, the PA self reports the agency retains all written reports pertaining to the administrative or criminal investigation of alleged sexual abuse/ harassment for as long as the alleged abuser is incarcerated or employed by the



agency, plus five years.

START PREA Policy 3-10 entitled Investigations, page 3, section II(G) addresses 115.71(i).

During the facility tour, the auditor found no deviations in terms of investigative file retention.

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

115.71(j)

START PREA Policy 3-10 entitled Investigations, page 1, section I addresses 115.71(j).

The administrative interviewee states he continues with the investigation both when a staff member alleged to have committed sexual abuse terminates employment prior to a completed investigation into his/her conduct and when an alleged victim who alleges sexual abuse/harassment or alleged perpetrator leaves the facility prior to completion of the investigation into the incident.

The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.

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

115.71(l)

START PREA Policy 3-10 entitled Investigations, page 2, section II(D)(2) addresses 115.71(l).

The PA asserts the CCCS PC maintains contact with the ADLC LE investigator(s) in an endeavor to remain informed about the progress of the investigation. Such contact would be documented in emails. The PM is also a facility investigator and she asserts the CCCS PC maintains contact with ADLC LE investigator(s) to remain informed of the progress of a sexual abuse investigation. Such contacts are either made by email or telephonic contact and telephonic contacts are documented via email. The interviewee also asserts he assists ADLC LE investigator(s) in any manner needed throughout the conduct of their investigation.

The auditor's review of several emails regarding the status of the criminal investigation reveals substantial compliance with 115.71(l).

In view of the above, the auditor finds START substantially compliant with 115.71(l)

	Based on the lack of adverse findings, the auditor finds START substantially compliant with 115.71.
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<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.72(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency imposes a standard of a preponderance of the evidence or a lower standard of proof when determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>START PREA Policy 3-10 entitled Investigations, page 3, section II(H) addresses 115.72(a).</p> <p>The administrative investigative staff interviewee states a preponderance of evidence is required to substantiate administrative investigations of sexual abuse/harassment. The same just tips the evidentiary scale over 50%. Specifically, there is more evidence substantiating that the allegation occurred as indicated, than not.</p> <p>The auditor attempted telephonic contact with the ADLC LE investigator who facilitates most criminal sexual abuse investigations related to START offenders on two occasions. The investigator did not answer the telephone call on either occasion and the voice mailbox was full. Accordingly, a voicemail could not be left.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.72.</p>

<b>115.73</b>	<b>Reporting to inmates</b>
	<b>Auditor Overall Determination:</b> Exceeds Standard
	<b>Auditor Discussion</b>
	<p>115.73(a)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any offender who makes an allegation he/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 PA further self reports three criminal and/or administrative investigations of sexual abuse were conducted at START during the last 12 months.</p> <p>START PREA Policy 3-10 entitled Investigations, page 3, section II(I)(1) addresses</p>

115.73(a). This policy stipulates the requisite notification, as described in 115.73, is completed in both sexual abuse and sexual harassment situations.

Since 115.73(a) requires offender notification in response to sexual abuse allegations and the aforementioned policy requires notification in response to both sexual abuse/harassment investigations, the auditor finds START exceeds standard requirements for 115.73(a). As noted below, evidence reveals START staff demonstrated compliance with both standard and policy.

The PA asserts the victim is notified when the allegation of sexual abuse/harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Notification is accomplished using the CCCS Notification Form and the CCCS PC provides such written notification.

\*\*\*The administrative investigative staff interviewee states agency procedure requires that an offender who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PM makes the written notification on the aforementioned CCCS Notification Form and the same is signed and dated by the victim.

Given the fact that none of the three victims of sexual abuse were housed at START during the onsite visit, the victim interviews could not be facilitated.

The auditor's review of the CCCS Victim Notification reveals substantial compliance with 115.73(a), (b), (c), and (d).

Accordingly, the auditor finds START exceeds expectations with respect to 115.73(a).

115.73(b)

Pursuant to the PAQ, the PA self reports if an outside entity conducts such investigations, the agency requests the relevant information from the investigative entity in order to inform the offender of the outcome of the investigation. The PA further self reports three criminal and/or administrative investigations of sexual abuse were conducted at START during the last 12 months. Additionally, ADLC LE is facilitating a criminal investigation of sexual abuse during the subject time period.

START PREA Policy 3-10 entitled Investigations, page 3, section II(I)(2) addresses 115.73(b).

The auditor's review of several emails regarding the status of the criminal investigation reveals substantial compliance with 115.71(I).

In view of the above, the auditor finds START substantially compliant with 115.73(b).

115.73(c)

Pursuant to the PAQ, the PA self reports that following an offender's allegation a staff member has committed sexual abuse against him/her, the facility subsequently informs him/her (unless the agency has determined that the allegation is unfounded) whenever:

The staff member is no longer posted within the offender'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 of a charge related to sexual abuse within the facility.

The PA further self reports there has been no substantiated or unsubstantiated complaints of sexual abuse allegedly committed by a staff member against an offender at START within the last 12 months.

START PREA Policy 3-10 entitled Investigations, pages 3 and 4, section II(J)(1-4) addresses 115.73(c).

In view of the above, the auditor finds START substantially compliant with 115.73(c).

115.73(d)

Pursuant to the PAQ, the PA self reports following an offender's allegation he/she has been sexually abused by another offender at START, 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 that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

START PREA Policy 3-10 entitled Investigations, page 4, section II(K)(1 and 2) addresses 115.73(d).

The auditor notes there were no such incidents wherein either indictments or convictions for offender sexual abuse at START occurred during the last 12 months. The PM asserts that the two perpetrators in the substantiated sexual abuse case were returned to a state prison facility however, they have not been administratively or criminally charged pending the outcome of the criminal investigation as the same has not been concluded.

In view of the above, the auditor finds START substantially compliant with 115.73(d).

	<p>115.73(e)</p> <p>Pursuant to the PAQ, the PA self reports the agency has a policy that all such notifications are documented.</p> <p>START PREA Policy 3-10 entitled Investigations, page 4, section II(L) addresses 115.73(e).</p> <p>The PA asserts the victim is notified when the allegation of sexual abuse/harassment has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. Notification is accomplished using the CCCS Notification Form and the PM provides such written notification. Additionally, written notification must be provided to the victim whenever facility staff become aware of indictment or conviction for facilitation of sexual abuse in a confinement facility.</p> <p>***The administrative investigative staff interviewee asserts agency procedure requires that an offender who makes an allegation of sexual abuse must be informed as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation. The PM makes the written notification on the aforementioned CCCS Notification Form and the same is signed and dated by the victim.</p> <p>The auditor notes that in the substantiated sexual abuse case, the victim was notified that the investigation was substantiated by CCCS Notification Form. In the other two unfounded matters, the alleged victims were notified verbally and the same was documented in emails.</p> <p>The auditor's review of the CCCS Victim Notification reveals substantial compliance with 115.73(e).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.73(e).</p> <p>In view of the above, the auditor finds START substantially compliant with respect to 115.73.</p>
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<b>115.76</b>	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.76(a)</p> <p>Pursuant to the PAQ, the PA self reports staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p>

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H) addresses 115.76(a).

The PA self reports in the last 12 months, employment was terminated for zero facility staff members relative to violation of sexual abuse or sexual harassment policies.

In view of the above, the auditor finds START substantially compliant with 115.76(a).

#### 115.76(b)

START PREA Policy 15-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(H)(1) addresses 115.76(b).

The auditor's review of PAQ information confirms no terminations from employment during the last 12 months for staff engaging in sexual abuse.

In view of the above, the auditor finds START substantially compliant with 115.76(b).

#### 115.76(c)

Pursuant to the PAQ, the PA 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. The PA further self reports that in the last 12 months, zero staff from the facility have been disciplined, short of termination, for violation of agency sexual abuse or sexual harassment policies.

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(2) addresses 115.76(c).

During the onsite review, the auditor validated the PA's statement as reflected above.

In view of the above, the auditor finds START substantially compliant with 115.76(c).

#### 115.76(d)

Pursuant to the PAQ, the PA self reports 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, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports during the last 12 months, zero facility staff have been reported to law enforcement or licensing boards following employment termination (or resignation prior to employment termination) for violating agency sexual abuse or sexual harassment policies.

	<p>START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(H)(3) addresses 115.76(d).</p> <p>During the onsite review, the auditor validated the PA's statement as reflected in the narrative for 115.76(d).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.76(d).</p> <p>Based on the above, the auditor finds START substantially compliant with 115.76.</p>
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115.77	Corrective action for contractors and volunteers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.77(a)</p> <p>Pursuant to the PAQ, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Additionally, the PA self reports agency policy requires that any contractor or volunteer who engages in sexual abuse be prohibited from contact with offenders.</p> <p>START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(1) addresses 115.77(a).</p> <p>According to the PA, in the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in any sexual abuse incidents with offender(s).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.77(a).</p> <p>115.77(b)</p> <p>Pursuant to the PAQ, the PA self reports the facility takes appropriate remedial measures and considers whether to prohibit further contact with offenders in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 3, section II(I)(2) addresses 115.77(b).</p> <p>The PA asserts in the case of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, offender contact with the contractor or</p>

	<p>volunteer and contractor/volunteer access to the facility would be suspended pending completion of the investigation and if substantiated, access privileges would be revoked. The incident would also be reported to the CCCS PC as he is the primary administrative sexual abuse/harassment investigator. Two volunteers and one contract nurse practitioner provide services at START.</p> <p>There are no examples of such contact during this audit period and the auditor has not discovered nor has he been provided any evidence to the contrary.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.77(b).</p> <p>Based on the above, the auditor finds START substantially compliant with 115.77.</p>
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115.78	Disciplinary sanctions for inmates
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.78(a)</p> <p>Pursuant to the PAQ, the PA self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding the offender engaged in offender-on-offender sexual abuse. The PA also self reports offenders are subject to disciplinary sanctions only pursuant to a formal disciplinary process following a criminal finding of guilt for offender-on-offender sexual abuse.</p> <p>The PA asserts that in the last 12 months, there was one administrative finding of offender-on-offender sexual abuse that occurred at the facility. The PA further asserts that in the last 12 months, there was zero criminal findings of guilt for offender-on-offender sexual abuse that occurred at the facility.</p> <p>START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, pages 1 and 2, section II(C) addresses 115.78(a). Page 7 of the START PREA Handbook for Offenders reflects Prohibited Acts of which offenders may be administratively charged, pursuant to 115.78(a), related to sexual abuse and sexual harassment.</p> <p>The PA asserts that three incidents of offender-on-offender sexual abuse have been investigated and reported during the last 12 months, one of which was substantiated. The last alleged perpetrator was removed from START within a few days of the reported allegation and accordingly, administrative disciplinary action has not ensued. The PM asserts that the criminal investigation is not concluded and the alleged perpetrators have not been subjected to administrative disciplinary action in view of the continuing criminal investigation.</p> <p>Given the above, the auditor finds START substantially compliant with 115.78(a).</p>



115.78(b)

Pursuant to the PAQ, the PA self reports that sanctions shall be commensurate with the nature and circumstances of the abuse committed, the offender's disciplinary history, and the sanctions imposed for comparable offenses by other offenders with similar histories.

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(C)(1-3) addresses 115.78(b).

The PA asserts Class II administrative facility hearings are facilitated by MDOC staff. Class III hearings are facilitated by START staff.

With respect to the Class II hearing, MDOC staff are responsible for referring offenders for mental health evaluation, if appropriate. Generally, program revocation, imposition of additional charges, loss of Good Time, and transfer to MDOC custody are potential sanctions.

The PA asserts that three incidents of offender-on-offender sexual abuse have been investigated and reported during the last 12 months, one of which was substantiated. The last alleged perpetrator was removed from START within a few days of the reported allegation and accordingly, administrative disciplinary action has not ensued. The PM asserts that the criminal investigation is not concluded and the alleged perpetrators have not been subjected to administrative disciplinary action in view of the continuing criminal investigation.

Given the above, the auditor finds START substantially compliant with 115.78(b).

115.78(c)

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

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1) addresses 115.78(c).

The PA asserts Class II administrative facility hearings are facilitated by MDOC staff. Class III hearings are facilitated by START staff.

With respect to the Class II hearing, MDOC staff are responsible for referring offenders for mental health evaluation, if appropriate. Generally, program revocation, imposition of additional charges, loss of Good Time, and transfer to MDOC custody are potential sanctions.

The PA asserts that three incidents of offender-on-offender sexual abuse have been investigated and reported during the last 12 months, one of which was substantiated.

The last alleged perpetrator was removed from START within a few days of the reported allegation and accordingly, administrative disciplinary action has not ensued. The PM asserts that the criminal investigation is not concluded and the alleged perpetrators have not been subjected to administrative disciplinary action in view of the continuing criminal investigation.

Given the above, the auditor finds START substantially compliant with 115.78(c).

#### 115.78(d)

Pursuant to the PAQ, the PA self reports that If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending offender to participate in such interventions as a condition of access to programming or other benefits.

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(D)(1-3) addresses 115.78(d).

The mental health staff interviewee states that the facility does not generally offer therapy, counseling, or other intervention services to perpetrator, designed to address and correct the underlying reasons or motivations for sexual abuse. However, if an offender-on-offender sexual abuser was housed at or remained at START, one-on-one counseling would be offered and if requested by the perpetrator. The same is voluntary and would be provided on a one-on-one basis.

The PA asserts that three incidents of offender-on-offender sexual abuse have been investigated and reported during the last 12 months, one of which was substantiated. The last alleged perpetrator was removed from START within a few days of the reported allegation and accordingly, administrative disciplinary action has not ensued. The PM asserts that the criminal investigation is not concluded and the alleged perpetrators have not been subjected to administrative disciplinary action in view of the continuing criminal investigation.

Given the above, the auditor finds START substantially compliant with 115.78(d).

#### 115.78(e)

Pursuant to the PAQ, the PA self reports that the agency may discipline an offender for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(G) addresses 115.78(e).

Given the lack of substantiated sexual abuse/harassment reports regarding staff-on-offender sexual abuse during the last 12 months and the aforementioned policy

	<p>requirements, the auditor finds START substantially compliant with 115.78(e).</p> <p>115.78(f)</p> <p>Pursuant to the PAQ, the PA 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.</p> <p>START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(E) addresses 115.78(f).</p> <p>Given the aforementioned policy requirements and the removal of the alleged perpetrator from START within days of the allegation report, the auditor finds START substantially compliant with 115.78(f).</p> <p>115.78(g)</p> <p>Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between offenders. The PA further self reports the agency deems such activity to constitute sexual abuse only if it determines that the activity is coerced.</p> <p>START PREA Policy 3-9 entitled Findings, Sanctions, and False Reporting, page 2, section II(F) addresses 115.78(g).</p> <p>Given the aforementioned policy requirements and the removal of the alleged perpetrator from START within days of the allegation report, the auditor finds START substantially compliant with 115.78(g).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.78.</p>
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<b>115.81</b>	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.81(a) and (c)</p> <p>Pursuant to the PAQ, the PA self reports all offenders 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 PA further self reports the follow-up meeting is offered within 14 days of the intake</p>

screening. The PM self reports that in the last 12 months, 100 offenders who disclosed both prior victimization and sexually aggressive behavior during the screening process were offered a follow-up 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.

START PREA Policy 3-5 entitled Findings, Sanctions, and False Reporting, page 2, section II(C) addresses 115.81(a). The auditor notes that this policy provision refers only to sexual victimization in a confinement setting. Accordingly, policy is not compliant with the standard provision.

While policy is not required to demonstrate compliance with 115.81(a) and "actual practice" reveals substantial compliance with 115.81(a) language, the auditor does not find deviation from the standard provision. However, policy must be amended to ensure compliance with 115.81(a) as policy does serve as a guideline for staff compliance. Accordingly, the auditor strongly recommends that the policy be amended as soon as possible.

The auditor's review of four of 11 random referrals for sexual victimization and corresponding START PREA MH Session Notes (applicable to 2022 through 2024) in some cases reveals that timely 115.81 follow-up occurred in four cases. In three of these 11 cases, the interviewees declined the meeting with mental health practitioner(s) and in two cases, the offender departed the facility before the mental health practitioner could facilitate a timely meeting. In another of the 11 cases, the offender did not desire to talk about PREA but rather, a non-PREA related topic. Finally, in one of these 11 random cases, the meeting was facilitated outside the 14 day requirement.

Pursuant to the auditor's random review of 24 random PAQ and onsite 115.241 assessments/reassessments, the auditor did find one allegation wherein the offender identified prior community sexual abuse. Based on a notation on his reassessment, he did refuse a meeting with the mental health practitioner.

In view of the above, the auditor finds substantial compliance with the standard provision as 80 percent of the meetings were facilitated in a timely and comprehensive manner. Of note, the above represents both confinement, as well as, community sexual victimization.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states he offers a follow-up meeting with a medical and/or mental health practitioner within 14 days of arrival at START whenever the screening indicates an offender has experienced prior sexual victimization, whether in an institutional setting or in the community. The interviewee states he notifies mental health/medical practitioners via email, telephone call, or personal contact.

According to the PM, zero offenders who reported prior institutional or community sexual victimization during the last 12 months were housed at START during the onsite visit.

In view of the above, the auditor finds START substantially compliant with 115.81(a) and (c).

#### 115.81(b)

Pursuant to the PAQ, the PA self reports if offenders previously perpetrated sexual abuse either in a confinement or community setting, they are offered a follow-up meeting with a mental health practitioner. The PA further self reports the followup meeting is offered within 14 days of the intake screening.

In the last 12 months, zero offenders 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 and the same is validated pursuant to the auditor's random review of files as articulated above.

The staff who performs initial screening for risk of sexual victimization and abusiveness interviewee states he offers a follow-up meeting with a medical and/or mental health practitioner whenever the screening indicates an offender has perpetrated prior sexual abuse either in the community or a prison, jail, juvenile, or a community confinement facility within 14 days of arrival at START. The interviewee states he notifies mental health/medical practitioners via email, telephone call, or personal contact.

The auditor notes that none of the offenders housed at START are prison offenders.

In view of the above, the auditor finds START substantially compliant with 115.81(b).

#### 115.81(d)

Pursuant to the PAQ, the PA 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, work, education, and program assignments, or as otherwise required by Federal, State, or local law.

In view of the above, the auditor finds START substantially compliant with 115.81(d).

#### 115.81(e)

Pursuant to the PAQ, the PA self reports medical and mental health practitioners

	<p>obtain informed consent from offenders before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18.</p> <p>CC Policy 14-2 entitled Sexual Abuse Prevention and Response, page 19, section K(2)(g) addresses 115.81(e).</p> <p>The PM asserts supervisors facilitate Initial PREA assessments and route the completed screening instrument to her. The PM maintains hard copies of the same in her locked cabinet in her locked office. Assessments may be shared with the PA, BTC, and all supervisors. Assessments are not maintained electronically.</p> <p>Auditor's Note: During the on-site visit, the auditor did validate storage practices as described by the PM. The staff responsible for risk screening interviewee states completed assessments are routed from the shift leads and shift supervisors to the PM. The instruments are placed in a locked file cabinet(s) in the PM's locked office.</p> <p>Mental health documentation is maintained by the mental health practitioner on her desktop, accessible only to her. Her office remains secured when she is not physically present in the same. Medical records are maintained in the medical area behind a locked door.</p> <p>The medical staff interviewee states, as a matter of routine, she does ensure that she advises offenders regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. The informed consent is documented in the notes or the equivalent of an informed consent, completed at intake, is maintained in the offender's file. The mental health interviewee states, as a matter of routine, she does ensure that she advises offenders regarding informed consent before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the offender is under the age of 18. The same is documented as the auditor observed when reviewing 14-day interview notes. Of note, zero offenders under the age of 18 are housed at START.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.81(e).</p> <p>Accordingly, in view of 115,81(b) findings, the auditor finds START substantially compliant with 115.81.</p>
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115.82	Access to emergency medical and mental health services
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	115.82(a)

Pursuant to the PAQ, the PA self reports offender victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services. The PA further self reports the nature and scope of such services are determined by medical and mental health practitioners according to their professional judgment. Medical and mental health staff 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.

START PREA Policy 3-5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.82(a).

The medical staff interviewee states that offender victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. The same typically occurs immediately following a report, unless medical staff are not onsite. The nature and scope of these services is determined according to the practitioner's professional judgment.

Medical treatment rendered at the facility would entail a threshold interview of the victim to determine the extent of possible injuries, calming the victim, facilitation of a clothed inspection for bruising, cutting, etc., and taking vitals, dependent upon circumstances. In essence, emergency first-aid is provided.

The mental health interviewee states that she would immediately be contacted by medical staff. She would immediately commence calming techniques, ensuring that the offender feels protected. During this time, the interviewee assesses suicidality tendencies and stresses self safety. Upon return from the forensic examination, she would follow-up with the offender and educate him regarding available services.

The medical/mental health interviewees state that the offender victim would be transported to Intermountain Health/St. James Hospital (IH/SJH). The nature and scope of services are determined according to the professional judgment of both START medical/mental health practitioners (pre-transport to IH/SJH) and subsequently, health professionals at IH/SJH.

As referenced throughout this report, zero offenders who reported a sexual abuse incident at START during the last 12 months, were confined at the facility at the time of the onsite visit and accordingly, victim(s) could not be interviewed. Additionally, the auditor notes that zero forensic examinations were completed in response to an incident of sexual abuse during the last 12 months.

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

115.82(b)

START PREA Policy 3-5 entitled Medical and Mental Health, pages 1 and 2, section II(B)

addresses 115.82(b).

The auditor's review of the MDOC PREA Sexual Assault Response and Containment Checklist captures various threshold events and questions related to a sexual abuse encounter and Start/Completion Times, as well as, space for staff initials. The subject-matter of 115.82(b) is clearly captured within this document.

Both the security and non-security staff first responder interviewees verbalized all first responder steps as scripted in the narrative for 115.264.

Eleven of 12 random staff interviewees properly state their role in the uniform evidence protocol includes:

Separation of the victim and perpetrator;

Securing the crime scene;

Requesting the victim and ensuring the perpetrator do not destroy physical evidence as described in the narrative for 115.264(a). Additionally, they contact medical/mental health practitioners.

Additionally, they contact medical/mental health practitioners.

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

#### 115.82(c)

Pursuant to the PAQ, the PA self reports offender 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.

Of note, the PA asserts zero offenders requested medical/mental health services as the result of sexual abuse/harassment allegation(s) during the last 12 months.

START PREA Policy 3-5 entitled Medical and Mental Health, pages 1 and 2, section II(B) addresses 115.82(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about and access to emergency contraception and sexually transmitted infection prophylaxis. The same is addressed at IH/SJH during the forensic medical examination process and confirmed in a letter dated May 22, 2024 from the Emergency Room Manager at IH/SJH.



	<p>In view of the above, the auditor finds START substantially compliant with 115.82(c).</p> <p>115.82(d)</p> <p>Pursuant to the PAQ, the PA self reports treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.</p> <p>START PREA Policy 3-5 entitled Medical and Mental Health, pages 2 and 3, sections II(C)(a and d) addresses 115.82(d).</p> <p>As referenced throughout this report, zero offenders who reported a sexual abuse incident at START during the last 12 months, were confined at the facility at the time of the onsite visit and accordingly, victim(s) could not be interviewed. Additionally, the auditor notes that zero forensic examinations were completed in response to an incident of sexual abuse during the last 12 months.</p> <p>In view of the above, the auditor finds that START is substantially compliant with 115.82(d).</p> <p>Given the above, the auditor finds START substantially compliant with 115.82.</p>
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115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	<p><b>Auditor Overall Determination:</b> Meets Standard</p>
	<p><b>Auditor Discussion</b></p> <p>115.83(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility offers medical and mental health evaluation and, as appropriate, treatment to all offenders who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.</p> <p>START Policy 3-5 entitled Medical and Mental Health, page 2, section II(C) addresses 115.83(a).</p> <p>In one substantiated sexual abuse case involving a sexual abuse allegation during the last 12 months, the victim was seen by a mental health practitioner and he declined medical examination. The other two allegations were ultimately determined to be unfounded and the allegation in one case was determined to be other than a sexual abuse issue. The other matter was immediately investigated and it was determined to be Unfounded.</p>

Pursuant to the auditor's random review of 24 random PAQ and onsite 115.241 assessments/reassessments, the auditor did find one allegation wherein the offender identified prior community sexual abuse. Based on a notation on his reassessment, the did refuse a meeting with the mental health practitioner.

In view of the above, the auditor finds START substantially compliant with 115.83(a).

#### 115.83(b)

START Policy 3-5 entitled Medical and Mental Health, page 2, section II(C)(a) addresses 115.83(b).

Medical treatment rendered at the facility would entail a threshold interview of the victim to determine the extent of possible injuries, calming the victim, facilitation of a clothed inspection for bruising, cutting, etc., and taking vitals, dependent upon the circumstances. In essence, emergency first-aid is provided.

The mental health interviewee states that she would immediately be contacted by medical staff. She would immediately commence calming techniques, ensuring that the offender feels protected. During this time, the interviewee assesses suicidality tendencies and stresses self safety. Upon return from the forensic examination, she would follow-up with the offender and educate him regarding available services.

As previously indicated throughout this report, zero offenders who alleged a sexual abuse incident occurred at START, were housed at the facility during the onsite visit. Accordingly, the victim interview could not be conducted.

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

#### 115.83(c)

START Policy 3-5 entitled Medical and Mental Health, page 2, section II(C)(b) addresses 115.83(c).

The medical/mental health staff interviewees state that medical and mental health services offered at START are consistent with the community level of care. The forensic examination and accompanying services, as the same are conducted at IH/ SJH, constitute the community standard.

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

#### 115.83(d)

As START is designated as all male facility, the auditor finds 115.83(d) not applicable to START. This is consistent with the auditor's observations during the onsite visit.

115.83(e)

As START is designated as all male facility, the auditor finds 115.83(e) not applicable to START. This is consistent with the auditor's observations during the onsite visit.

115.83(f)

Pursuant to the PAQ, the PA self reports offender victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.

START Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(d) addresses 115.83(f).

As previously mentioned throughout this report, zero offenders who reported a sexual abuse incident at START during the last 12 months, were housed at the facility during the onsite visit. Accordingly, that interview could not be conducted.

As previously mentioned throughout this report, none of the alleged victims in any of the three investigations conducted during the last 12 months received a forensic examination.

In view of the above, the auditor finds START substantially compliant with 115.83(f).

115.83(g)

Pursuant to the PAQ, the PA self reports 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.

START Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(c) addresses 115.83(g).

As previously mentioned throughout this report, zero offenders who reported a sexual abuse incident at START during the last 12 months, were housed at the facility during the onsite visit. Accordingly, that interview could not be conducted.

In view of the above, the auditor finds START substantially compliant with 115.83(g).

115.83(h)

Pursuant to the PAQ, the PA self reports the facility attempts to conduct a mental health evaluation of all known offender-on-offender abusers within 60 days of learning of such abuse history, and offers treatment when deemed appropriate by mental

	<p>health practitioners.</p> <p>START Policy 3-5 entitled Medical and Mental Health, page 3, section II(C)(e) addresses 115.83(h).</p> <p>The mental health staff interviewee states that a mental health evaluation would be coordinated by mental health staff and the same would be provided by a community provider with respect to all known offender-on-offender abusers and offer treatment, if appropriate. The evaluation would be facilitated within 60 days of learning of such abuse history. However, as START does not meet the definition of a prison, the auditor finds that 115.83(h) is not applicable to START.</p> <p>In view of the above, the auditor finds 115.83(h) not applicable to START.</p> <p>Based on the above, the auditor finds START substantially compliant with 115.83.</p>
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115.86	Sexual abuse incident reviews
	<p><b>Auditor Overall Determination:</b> Exceeds Standard</p>
	<p><b>Auditor Discussion</b></p>
	<p>115.86(a)</p> <p>Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review (SART) at the conclusion of every criminal or administrative sexual abuse or sexual harassment investigation, unless the allegation has been determined to be unfounded. The PA further self reports in the last 12 months, one administrative or criminal sexual abuse investigation was facilitated at START. Two additional sexual abuse investigations were also conducted and determined to be Unfounded</p> <p>START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(a) addresses 115.86(a). The auditor notes this policy includes the conduct of SART reviews for both sexual assault and sexual harassment cases. This exceeds standard requirements as SART reviews, according to 115.86(a), apply only to sexual abuse incident reviews. Accordingly, the auditor finds START exceeds standard expectations.</p> <p>The auditor's review of the one SART review associated with sexual abuse of an offender reveals substantial compliance with 115.86.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.86(a).</p> <p>115.86(b)</p>

Pursuant to the PAQ, the PA self reports the facility ordinarily conducts a sexual abuse incident review within 30 days of the conclusion of the criminal or administrative sexual abuse or sexual harassment investigation. The PA further self reports in the last 12 months, one administrative sexual abuse investigation was facilitated at START and a SART was facilitated within 30 days of completion of the investigation. Two additional sexual abuse investigations were also conducted and determined to be Unfounded.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(b) addresses 115.86(b).

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

#### 115.86(c)

Pursuant to the PAQ, the PA 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.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 1, section II(A)(1)(c) addresses 115.86(c).

The PA asserts the facility has a SART team and the same is comprised of upper level management officials and allows for input from line supervisors, investigators, and medical or mental health practitioners. The PA, CD, Director of Mental Health, medical representative, BTC, PM, and BT Supervisor can comprise the team. The PA's assertion is validated pursuant to the auditor's review of the above policy and SART review.

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

#### 115.86(d)

Pursuant to the PAQ, the PA self reports the facility prepares a report of its findings from sexual abuse incident reviews, including but not necessarily limited to, determinations made pursuant to paragraphs (d)(1)-(d)(5) of this provision and any recommendations for improvement, and submits such report to the facility head and PREA Coordinator.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(d) addresses 115.86(d).

In regard to how the team uses the information gleaned from the sexual abuse incident review, the PA asserts assessments of what was done correctly and incorrectly, whether all policies were followed, and whether additional training is required, are made. Additionally, positive attributes are recognized. The process is used to "assess and enhance all things PREA."

	<p>The team does consider whether:</p> <p>The incident or allegation was motivated by race; ethnicity; gender identity; LGBTI status or perceived states; gang affiliation; and/or other group dynamics at the facility;</p> <p>The area in the facility where the incident allegedly occurred contains physical barriers in that area may enable abuse;</p> <p>The adequacy of staffing levels is appropriate in that area during different shifts; and</p> <p>Whether monitoring technology should be deployed or augmented to supplement supervision by staff.</p> <p>The PM asserts SART facility staff prepare a report of their findings from the reviews, including any determinations made regarding the components identified in the PA's statement and any recommendations for improvement. The PM prepares the report , the CCCS PC reviews the report, the PA signs the report, and no trends have been noted. In regard to any recommendations, the PM asserts she follows through on the same, if warranted or feasible. If not warranted or it is not feasible for implementation, the basis for non-implementation is documented.</p> <p>The incident review team interviewee corroborates the statement of the PA related to the factors assessed during the review.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.86(d).</p> <p>115.86(e)</p> <p>Pursuant to the PAQ, the PA self reports the facility implements the recommendations for improvement or documents its reasons for not doing so.</p> <p>START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(1)(e) addresses 115.86(e).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.86(e).</p> <p>In view of the lack of findings with respect to 115.86 provisions and the exceptional requirements identified in the narrative for 115.86(a), the auditor finds START exceeds standard requirements for 115.86.</p>
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<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard

**Auditor Discussion****115.87(a)**

Pursuant to the PAQ, the PA 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.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) addresses 115.87(a).

The auditor's review of the 2022-2024 PREA Data Collection system reveals the same is commensurate with 115.87(a). Review of the 2022 START SSV 4 reveals that all requisite information is included in the same. The auditor finds the data collection system to be commensurate with 115.87(a).

In view of the above, the auditor finds START substantially compliant with 115.87(a).

**115.87(b)**

Pursuant to the PAQ, the PA self reports the agency aggregates the incident-based sexual abuse data at least annually.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) addresses 115.87(b).

The auditor's review of aggregated data from 2023 and 2024 reveals the same provides sufficient data to capture findings from various PREA sources and data is aggregated annually.

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

**115.87(c)**

Pursuant to the PAQ, the PA 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.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 2, section II(A)(2)(a-j) addresses 115.87(c).

The auditor finds the data collection system to be commensurate with 115.87(c) and accordingly, START is substantially compliant with 115.87(c).

**115.87(d)**

	<p>Pursuant to the PAQ, the PA 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.</p> <p>START Policy 3-7 entitled Data Collection, Aggregation, and Review, pages 2 and 3, section II(A)(2)(a-j) and (3)addresses 115.87(d).</p> <p>In view of the above, the auditor finds START substantially compliant with 115.87(d).</p> <p>115.87(e)</p> <p>The auditor learned that neither CCCS nor START contract with private facilities for the confinement of offenders designated to their care, custody, and control.</p> <p>Accordingly, the auditor finds 115.87(e) is not applicable to START.</p> <p>115.87(f)</p> <p>Pursuant to the PAQ, the PA self reports that upon request, the agency provided the Department of Justice with data from the previous calendar year.</p> <p>As evidence of the same, the START SSV 4 is included in the PAQ. The same appears to be comprehensive and complete.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.87(f).</p> <p>Based on the lack of evidence to the contrary, the auditor finds START substantially compliant with 115.87.</p>
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<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.88(a)</p> <p>Pursuant to the PAQ, the PA self reports 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:</p> <p>Identifying problem areas;</p> <p>Taking corrective action on an ongoing basis; and</p>



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.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(1)(a-c) addresses 115.88(a).

The auditor's review of the 2023 START Annual Report reveals substantial compliance with all components of 115.88. Specifically, a comparison and assessment of current year data and corrective actions vs. those of prior years provides an assessment of the agency's progress in addressing sexual abuse, the report(s) are approved by the Agency Head, and the same are posted on the CCCS website. The report reveals no redactions pursuant to 115.88(d).

Of note, the 2023 Annual PREA Report reflects substantial accomplishment in that both staff and offenders appear to be reporting sexual abuse/harassment incidents. Additionally, continued emphasis on both staff and offender PREA training is highlighted.

\*\*\*The Agency Head asserts company practice places a premium on PREA policies and procedure. Annually aggregated data is used to assess staffing, needed facility improvements, and technology upgrades, etc.

The PM asserts 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. If a sexual abuse/harassment investigation is completed, the CCCS PC or START PM electronically forwards all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring documents. The same are maintained at the office of the CCCS PC in a password protected system. Hard copies of these documents are maintained in a locked cabinet(s) in the PM's locked office. Additionally, daily population reports and the daily PREA sheets are maintained by the administrative assistant. During the facility tour and throughout the on-site visit, the auditor did validate the PM's statement above regarding electronic and hard copy storage of data.

The PM further asserts the agency prepares an annual report of findings from its data review and any corrective actions for each facility, as well as, the agency as a whole. The PM writes a facility annual report and forwards the same to the PA for review and the CCCS PC for inclusion in the corporate-wide Annual PREA Report.

In view of the above, the auditor finds START substantially compliant with 115.88(a).

#### 115.88(b)

Pursuant to the PAQ, the PA self reports the annual report includes a comparison of the current year's data and corrective actions with those from prior years. The annual report provides an assessment of the agency's progress in addressing sexual abuse.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section

II(B)(2) addresses 115.88(b).

As referenced in the narrative for 115.88(a), the auditor finds substantial compliance with 115.88(b). Accordingly, the auditor finds START substantially compliant with 115.88(b).

115.88(c)

Pursuant to the PAQ, the PA self reports the agency makes its annual report readily available to the public at least annually through its website. The annual reports are approved by the agency head.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(3) addresses 115.88(c).

The auditor's review of the START website reveals signed copies of the 2021, 2022, and 2023 Annual PREA Reports are available for public consumption on the same. The reports are signed by the CCCS PC, and the CCCS CEO.

The Agency Head asserts he approves annual reports written pursuant to 115.88(c).

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

115.88(d)

Pursuant to the PAQ, the PA 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. The PA further asserts the agency indicates the nature of the material redacted.

START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(B)(4) addresses 115.88(d).

In regard to the types of material typically redacted from the annual report, the CCCS PC asserts offender/staff names and other identifying information, as well as, critical security information would be redacted. The agency does indicate the nature of the material redacted. I

In view of the above, the auditor finds START substantially compliant with 115.88.

Based on the lack of adverse findings regarding the provisions addressed throughout this standard, the auditor finds START substantially compliant with 115.88.

115.89	Data storage, publication, and destruction
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p data-bbox="260 338 399 371">115.89(a)</p> <p data-bbox="260 412 1382 490">Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregated data are securely retained.</p> <p data-bbox="260 524 1458 725">START Policy 3-7 entitled Data Collection, Aggregation, and Review, page 4, section II(C)(1)addresses 115.89(a). This policy stipulates data is maintained either with the PA or PM. During the facility tour, the auditor noted relevant data, as articulated in 115.89(a) and 115.88(a), was securely maintained in a secure filing cabinet in the PM's locked office.</p> <p data-bbox="260 763 1476 965">The PM asserts that if a sexual abuse/harassment investigation is completed, the CCCS PC or START PM electronically forwards all investigative materials to the CCCS PC, inclusive of SART reviews and retaliation monitoring. The same are maintained at the office of the CCCS PC in a password protected system. Hard copies of these documents are maintained in a locked cabinet(s) in the PM's locked office.</p> <p data-bbox="260 974 1433 1052">Additionally, daily population reports and the daily PREA sheets are maintained by the administrative assistant in locked cabinet(s) in the administration building.</p> <p data-bbox="260 1086 1469 1164">During the facility tour, the auditor did observe the aforementioned storage practices in the PM's Office and administrative assistant's area.</p> <p data-bbox="260 1198 1453 1232">In view of the above, the auditor finds START substantially compliant with 115.89(a).</p> <p data-bbox="260 1344 399 1377">115.89(b)</p> <p data-bbox="260 1417 1469 1574">Pursuant to the PAQ, the PA self reports agency policy requires that aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts, are made readily available to the public, at least annually, through its website.</p> <p data-bbox="260 1612 1422 1691">START Policy 3-7 entitled Data Collection, Aggregation, and Review, page , section II(C)(2)addresses 115.89(b).</p> <p data-bbox="260 1724 1458 1881">The auditor notes that START does not contract with any facilities for care, custody, and control of offenders assigned to their care, custody, and control. The auditor's review of the CCCS website reveals that all PREA Annual Reports, inclusive of 115.87 data, are maintained on the same.</p> <p data-bbox="260 1921 1453 1955">In view of the above, the auditor finds START substantially compliant with 115.89(b).</p>

	<p>115.89(c)</p> <p>Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers. The PA further 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.</p> <p>START Policy 3-7 entitled Data Collection, Aggregation, and Review, pages 4 and 5, sections II(C)(3) and (4) addresses 115.89(c).</p> <p>The auditor did not observe any personal identifiers in the statistics reflected on the website. Additionally, during the on-site audit, the auditor found no discrepancies in terms of 115.89(c) retention requirements.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.89(c).</p> <p>115.89(d)</p> <p>Pursuant to the PAQ, the agency shall maintain sexual abuse data collected pursuant to § 115.287 for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.</p> <p>START Policy 3-7 entitled Data Collection, Aggregation, and Review, pages 4 and 5, section II(C)(4) addresses 115.89(d).</p> <p>During the facility tour, the auditor observed the storage location in the PM's office and the contents of the storage cabinet. He found zero deficiencies in terms of retention practices.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.89(d).</p> <p>Given the absence of deviations from standard and provisions, the auditor finds START substantially compliant with 115.89.</p>
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<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>

115.401(a)

The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.

115.401(b)

The auditor has been auditing all CCCS facilities for the last nine years. Three are audited during one year, three are audited during the second year, and one is audited during the last of the three year cycle. The auditor is personally aware of CCCS compliance with and institutionalization of this standard.

115.401(h)

Throughout the onsite visit, the auditor was granted access to all portions of the facility. The auditor did inspect and observe staff offices, staff and offender bathrooms, mechanical rooms, sanitation closets, and Food Service freezers, coolers, and dry storage areas.

115.401(i)

Throughout the entire audit process, the auditor was granted access to all documentation requested. The vast majority of documentation was uploaded into OAS. This process entailed all three audit phases.

115.401(m)

The auditor facilitated all interviews (both staff and offenders) in offices behind closed doors. When interviewing staff and offenders during the facility tour, the auditor was afforded privacy whenever talking.

115.401(n)

The auditor did not receive any correspondence from offenders, staff, contractors, or facility visitors prior to the onsite visit. Additionally, the auditor did not receive any complaints during interviews relative to non-ability to forward correspondence to the auditor or communicate in any way with him.

Of note, the Audit Notices were clearly reflective of the auditor's cell phone number. The auditor did not receive any such telephone calls.

	In view of the above, the auditor finds START substantially compliant with 115.401.
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<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403(f)</p> <p>The auditor's review of the CCCS and START websites reveals that the last Final PREA Audit Report for start is published on the same.</p> <p>In view of the above, the auditor finds START substantially compliant with 115.403.</p>

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

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



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

<b>115.14 (a)</b>	<b>Youthful inmates</b>	
	Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates (inmates <18 years old).)	na
<b>115.14 (b)</b>	<b>Youthful inmates</b>	
	In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.14 (c)</b>	<b>Youthful inmates</b>	
	Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates (inmates <18 years old).)	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
<b>115.15 (a)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?	yes
<b>115.15 (b)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)	na
	Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the	na

	facility does not have female inmates.)	
<b>115.15 (c)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	na
<b>115.15 (d)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks?	yes
	Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit?	yes
<b>115.15 (e)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status?	yes
	If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner?	yes
<b>115.15 (f)</b>	<b>Limits to cross-gender viewing and searches</b>	
	Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes
	Does the facility/agency train security staff in how to conduct searches of transgender and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs?	yes

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

	with inmates with disabilities including inmates who: Have intellectual disabilities?	
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have limited reading skills?	yes
	Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: are blind or have low vision?	yes
<b>115.16 (b)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to inmates who are limited English proficient?	yes
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes
<b>115.16 (c)</b>	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	Does the agency always refrain from relying on inmate interpreters, inmate readers, or other types of inmate assistance except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the inmate's safety, the performance of first-response duties under §115.64, or the investigation of the inmate's allegations?	yes
<b>115.17 (a)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the hiring or promotion of anyone who	yes

	may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?	yes
	Does the agency prohibit the enlistment of services of any contractor who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the two bullets immediately above?	yes
<b>115.17 (b)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes
	Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates?	yes
<b>115.17 (c)</b>	<b>Hiring and promotion decisions</b>	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	Before hiring new employees who may have contact with inmates, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse?	yes
<b>115.17 (d)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

<b>115.17 (e)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with inmates or have in place a system for otherwise capturing such information for current employees?	yes
<b>115.17 (f)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions?	yes
	Does the agency ask all applicants and employees who may have contact with inmates directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees?	yes
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes
<b>115.17 (g)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes
<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.)	yes
<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	

	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	na
<b>115.21 (a)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (b)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	yes
<b>115.21 (c)</b>	<b>Evidence protocol and forensic medical examinations</b>	
	Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate?	yes
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)?	yes



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

	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes
<b>115.22 (b) Policies to ensure referrals of allegations for investigations</b>		
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes
<b>115.22 (c) Policies to ensure referrals of allegations for investigations</b>		
	If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).)	yes
<b>115.31 (a) Employee training</b>		
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures?	yes
	Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment?	yes
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes

	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	Does the agency train all employees who may have contact with inmates on how to detect and respond to signs of threatened and actual sexual abuse?	yes
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates?	yes
	Does the agency train all employees who may have contact with inmates on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?	yes
<b>115.31 (b)</b>	<b>Employee training</b>	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	Have employees received additional training if reassigned from a facility that houses only male inmates to a facility that houses only female inmates, or vice versa?	yes
<b>115.31 (c)</b>	<b>Employee training</b>	
	Have all current employees who may have contact with inmates received such training?	yes
	Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures?	yes
	In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies?	yes
<b>115.31 (d)</b>	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes
<b>115.32 (a)</b>	<b>Volunteer and contractor training</b>	

	Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures?	yes
<b>115.32 (b)</b>	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes
<b>115.32 (c)</b>	<b>Volunteer and contractor training</b>	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes
<b>115.33 (a)</b>	<b>Inmate education</b>	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes
<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents?	yes
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Agency policies and procedures for responding to such incidents?	yes
<b>115.33 (c)</b>	<b>Inmate education</b>	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes

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

	Garrrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	
	Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.34 (c)</b>	<b>Specialized training: Investigations</b>	
	Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.35 (a)</b>	<b>Specialized training: Medical and mental health care</b>	
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how to respond effectively and professionally to victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)	yes
	Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or	yes

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

	screening instrument?	
<b>115.41 (d)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or developmental disability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (2) The age of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (3) The physical build of the inmate?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (4) Whether the inmate has previously been incarcerated?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (5) Whether the inmate's criminal history is exclusively nonviolent?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (6) Whether the inmate has prior convictions for sex offenses against an adult or child?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (7) Whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming (the facility affirmatively asks the inmate about his/her sexual orientation and gender identity AND makes a subjective determination based on the screener's perception whether the inmate is gender non-conforming or otherwise may be perceived to be LGBTI)?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (8) Whether the inmate has previously experienced sexual victimization?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (9) The inmate's own perception of vulnerability?	yes
	Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10)	yes



	Whether the inmate is detained solely for civil immigration purposes?	
<b>115.41 (e)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior acts of sexual abuse?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: prior convictions for violent offenses?	yes
	In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency: history of prior institutional violence or sexual abuse?	yes
<b>115.41 (f)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Within a set time period not more than 30 days from the inmate's arrival at the facility, does the facility reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening?	yes
<b>115.41 (g)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness?	yes
<b>115.41 (h)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Is it the case that inmates are not ever disciplined for refusing to answer, or for not disclosing complete information in response to, questions asked pursuant to paragraphs (d)(1), (d)(7), (d)(8), or (d)(9) of this section?	yes
<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive	yes

	information is not exploited to the inmate's detriment by staff or other inmates?	
<b>115.42 (a)</b>	<b>Use of screening information</b>	
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Housing Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Bed assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Work Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Education Assignments?	yes
	Does the agency use information from the risk screening required by § 115.41, with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive, to inform: Program Assignments?	yes
<b>115.42 (b)</b>	<b>Use of screening information</b>	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes
<b>115.42 (c)</b>	<b>Use of screening information</b>	
	When deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns inmates to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)?	yes
	When making housing or other program assignments for transgender or intersex inmates, does the agency consider, on a case-by-case basis, whether a placement would ensure the inmate's health and safety, and whether a placement would	yes

	present management or security problems?	
<b>115.42 (d)</b>	<b>Use of screening information</b>	
	Are placement and programming assignments for each transgender or intersex inmate reassessed at least twice each year to review any threats to safety experienced by the inmate?	yes
<b>115.42 (e)</b>	<b>Use of screening information</b>	
	Are each transgender or intersex inmate's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments?	yes
<b>115.42 (f)</b>	<b>Use of screening information</b>	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes
<b>115.42 (g)</b>	<b>Use of screening information</b>	
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: lesbian, gay, and bisexual inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: transgender inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.)	yes
	Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing	yes

	solely for the placement of LGBT or I inmates pursuant to a consent degree, legal settlement, or legal judgement.)	
<b>115.43 (a)</b>	<b>Protective Custody</b>	
	Does the facility always refrain from placing inmates at high risk for sexual victimization in involuntary segregated housing unless an assessment of all available alternatives has been made, and a determination has been made that there is no available alternative means of separation from likely abusers?	yes
	If a facility cannot conduct such an assessment immediately, does the facility hold the inmate in involuntary segregated housing for less than 24 hours while completing the assessment?	yes
<b>115.43 (b)</b>	<b>Protective Custody</b>	
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Programs to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Privileges to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Education to the extent possible?	yes
	Do inmates who are placed in segregated housing because they are at high risk of sexual victimization have access to: Work opportunities to the extent possible?	yes
	If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
	If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility never restricts access to programs, privileges, education, or work opportunities.)	yes
<b>115.43 (c)</b>	<b>Protective Custody</b>	

	Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged?	yes
	Does such an assignment not ordinarily exceed a period of 30 days?	yes
<b>115.43 (d) Protective Custody</b>		
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The basis for the facility's concern for the inmate's safety?	yes
	If an involuntary segregated housing assignment is made pursuant to paragraph (a) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged?	yes
<b>115.43 (e) Protective Custody</b>		
	In the case of each inmate who is placed in involuntary segregation because he/she is at high risk of sexual victimization, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS?	yes
<b>115.51 (a) Inmate reporting</b>		
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Retaliation by other inmates or staff for reporting sexual abuse and sexual harassment?	yes
	Does the agency provide multiple internal ways for inmates to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents?	yes
<b>115.51 (b) Inmate reporting</b>		
	Does the agency also provide at least one way for inmates to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency?	yes
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain	yes

	anonymous upon request?	
	Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility never houses inmates detained solely for civil immigration purposes.)	na
<b>115.51 (c)</b>	<b>Inmate reporting</b>	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes
<b>115.51 (d)</b>	<b>Inmate reporting</b>	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes
<b>115.52 (a)</b>	<b>Exhaustion of administrative remedies</b>	
	Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse.	no
<b>115.52 (b)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.)	yes
	Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (c)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from	yes

	this standard.)	
	Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (d)</b>	<b>Exhaustion of administrative remedies</b>	
	Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.)	yes
	If the agency claims the maximum allowable extension of time to respond of up to 70 days per 115.52(d)(3) when the normal time period for response is insufficient to make an appropriate decision, does the agency notify the inmate in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.)	yes
	At any level of the administrative process, including the final level, if the inmate does not receive a response within the time allotted for reply, including any properly noticed extension, may an inmate consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (e)</b>	<b>Exhaustion of administrative remedies</b>	
	Are third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Are those third parties also permitted to file such requests on behalf of inmates? (If a third party files such a request on behalf of an inmate, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.)	yes
	If the inmate declines to have the request processed on his or her behalf, does the agency document the inmate's decision? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (f)</b>	<b>Exhaustion of administrative remedies</b>	

	Has the agency established procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.).	yes
	After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.)	yes
	After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.)	yes
	Does the initial response and final agency decision document the agency's determination whether the inmate is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.)	yes
	Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
	Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.)	yes
<b>115.52 (g)</b>	<b>Exhaustion of administrative remedies</b>	
	If the agency disciplines an inmate for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the inmate filed the grievance in bad faith? (N/A if agency is exempt from this standard.)	yes
<b>115.53 (a)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility provide inmates with access to outside victim advocates for emotional support services related to sexual abuse by giving inmates mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations?	yes
	Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers,	na



	including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility never has persons detained solely for civil immigration purposes.)	
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes
<b>115.53 (b)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes
<b>115.53 (c)</b>	<b>Inmate access to outside confidential support services</b>	
	Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse?	yes
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes
<b>115.54 (a)</b>	<b>Third-party reporting</b>	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes
<b>115.61 (a)</b>	<b>Staff and agency reporting duties</b>	
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against inmates or staff who reported an incident of sexual abuse or sexual harassment?	yes
	Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual	yes

	abuse or sexual harassment or retaliation?	
<b>115.61 (b)</b>	<b>Staff and agency reporting duties</b>	
	Apart from reporting to designated supervisors or officials, does staff always refrain from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions?	yes
<b>115.61 (c)</b>	<b>Staff and agency reporting duties</b>	
	Unless otherwise precluded by Federal, State, or local law, are medical and mental health practitioners required to report sexual abuse pursuant to paragraph (a) of this section?	yes
	Are medical and mental health practitioners required to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services?	yes
<b>115.61 (d)</b>	<b>Staff and agency reporting duties</b>	
	If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, does the agency report the allegation to the designated State or local services agency under applicable mandatory reporting laws?	yes
<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators?	yes
<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	When the agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the inmate?	yes
<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	Upon receiving an allegation that an inmate was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred?	yes
<b>115.63 (b)</b>	<b>Reporting to other confinement facilities</b>	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

<b>115.63 (c)</b>	<b>Reporting to other confinement facilities</b>	
	Does the agency document that it has provided such notification?	yes
<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes
<b>115.64 (a)</b>	<b>Staff first responder duties</b>	
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
	Upon learning of an allegation that an inmate was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence?	yes
<b>115.64 (b)</b>	<b>Staff first responder duties</b>	
	If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff?	yes
<b>115.65 (a)</b>	<b>Coordinated response</b>	
	Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in	yes

	response to an incident of sexual abuse?	
<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limit the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted?	yes
<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff?	yes
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes
<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes
<b>115.67 (c)</b>	<b>Agency protection against retaliation</b>	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor the conduct and treatment of inmates who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by inmates or staff?	yes
	Except in instances where the agency determines that a report of	yes

	sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation?	
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor any inmate disciplinary reports?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate housing changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor inmate program changes?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor negative performance reviews of staff?	yes
	Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Monitor reassignments of staff?	yes
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes
<b>115.67 (d)</b>	<b>Agency protection against retaliation</b>	
	In the case of inmates, does such monitoring also include periodic status checks?	yes
<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?	yes
<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	Is any and all use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse subject to the requirements of § 115.43?	yes
<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	When the agency conducts its own investigations into allegations	yes

	of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	
	Does the agency conduct such investigations for all allegations, including third party and anonymous reports? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).)	yes
<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes
<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes
<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution?	yes
<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as inmate or staff?	yes
	Does the agency investigate allegations of sexual abuse without requiring an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding?	yes
<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes

	Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings?	yes
<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible?	yes
<b>115.71 (h)</b>	<b>Criminal and administrative agency investigations</b>	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes
<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency retain all written reports referenced in 115.71(f) and (g) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years?	yes
<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?	yes
<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	When an outside entity investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated?	yes
<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded?	yes

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes
<b>115.73 (c)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the inmate has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes
<b>115.73 (d)</b>	<b>Reporting to inmates</b>	
	Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility?	yes
	Following an inmate's allegation that he or she has been sexually	yes



	abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility?	
<b>115.73 (e)</b>	<b>Reporting to inmates</b>	
	Does the agency document all such notifications or attempted notifications?	yes
<b>115.76 (a)</b>	<b>Disciplinary sanctions for staff</b>	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes
<b>115.76 (b)</b>	<b>Disciplinary sanctions for staff</b>	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes
<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories?	yes
<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies(unless the activity was clearly not criminal)?	yes
	Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies?	yes
<b>115.77 (a)</b>	<b>Corrective action for contractors and volunteers</b>	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes

	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes
<b>115.77 (b)</b>	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes
<b>115.78 (a)</b>	<b>Disciplinary sanctions for inmates</b>	
	Following an administrative finding that an inmate engaged in inmate-on-inmate sexual abuse, or following a criminal finding of guilt for inmate-on-inmate sexual abuse, are inmates subject to disciplinary sanctions pursuant to a formal disciplinary process?	yes
<b>115.78 (b)</b>	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes
<b>115.78 (c)</b>	<b>Disciplinary sanctions for inmates</b>	
	When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior?	yes
<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to require the offending inmate to participate in such interventions as a condition of access to programming and other benefits?	yes
<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	Does the agency discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact?	yes
<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish	yes

	evidence sufficient to substantiate the allegation?	
<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes
<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison).	yes
<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	na
<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a jail).	yes
<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?	yes
<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior	yes

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

	<b>victims and abusers</b>	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes
<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if "all male" facility. Note: in "all male" facilities there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.)	na
<b>115.83 (f)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes
<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident?	yes
<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)	na

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

<b>115.87 (a)</b>	<b>Data collection</b>	
	Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions?	yes
<b>115.87 (b)</b>	<b>Data collection</b>	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes
<b>115.87 (c)</b>	<b>Data collection</b>	
	Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice?	yes
<b>115.87 (d)</b>	<b>Data collection</b>	
	Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?	yes
<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	na
<b>115.87 (f)</b>	<b>Data collection</b>	
	Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)	yes
<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas?	yes
	Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Taking corrective action on an ongoing basis?	yes
	Does the agency review data collected and aggregated pursuant	yes

	to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole?	
<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes
<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means?	yes
<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility?	yes
<b>115.89 (a)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes
<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	yes
<b>115.89 (c)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes
<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency maintain sexual abuse data collected pursuant to § 115.87 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise?	yes
<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	



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

(f)	
	<div data-bbox="320 185 1273 555"> <p>The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or, in the case of single facility agencies, there has never been a Final Audit Report issued.)</p> </div> <div data-bbox="1302 185 1353 219">yes</div>