

Prison Rape Elimination Act (PREA) Audit Report Adult Prisons & Jails

Interim Final

Date of Interim Audit Report: March 10, 2022 N/A

Date of Final Audit Report: July 1, 2022

Auditor Information

Name: K.E. Arnold	Email: kenarnold220@gmail.com
Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. Box 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: (484)999-4167	Date of Facility Visit: November 18, 19, 2021

Agency Information

Name of Agency: Community Counseling and Correctional Services (CCCS)			
Governing Authority or Parent Agency (If Applicable): SAA			
Physical Address: 471 East Mercury ST		City, State, Zip: Butte, MT 59701	
Mailing Address: SAA		City, State, Zip: SAA	
The Agency Is:	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input checked="" type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Agency Website with PREA Information: cccscorp.com CCCS is a team of individuals dedicated to meeting the human service needs of youths and adults to promote healthy living through treatment, training, and supervision.			

Agency Chief Executive Officer

Name: Mike Thatcher	
Email: mthatcher@cccscorp.com	Telephone: 406-782-0417

Agency-Wide PREA Coordinator

Name: Marwan Saba	
Email: msaba@cccscorp.com	Telephone: 406-491-0245

PREA Coordinator Reports to: Mike Thatcher, CEO	Number of Compliance Managers who report to the PREA Coordinator: Nine
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Facility Information

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

Physical Address: 801 Highway 48, P.O. Box 1389 **City, State, Zip:** Anaconda, MT 59711

Mailing Address (if different from above): SAA **City, State, Zip:** SAA

The Facility Is: Military Private for Profit Private not for Profit

Municipal County State Federal

Facility Type: Prison Jail

Facility Website with PREA Information: cccscorp.com

Has the facility been accredited within the past 3 years? Yes No

If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):

- ACA
 NCCCHC
 CALEA
 Other (please name or describe: N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
none

Warden/Jail Administrator/Sheriff/Director

Name: Bob Olson

Email: bolson@cccscorp.com **Telephone:** 406-563-7002-ext 3001

Facility PREA Compliance Manager

Name: Michele Thiessen

Email: mthiessen@cccscorp.com **Telephone:** 406-563-7002 - ext 3115

Facility Health Service Administrator N/A

Name:

Email: **Telephone:**

Facility Characteristics

Designated Facility Capacity: 152

Current Population of Facility:	136
Average daily population for the past 12 months:	123
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males
Age range of population:	18-78
Average length of stay or time under supervision:	42 days
Facility security levels/inmate custody levels:	alternate secure
Number of inmates admitted to facility during the past 12 months:	601
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	561
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	383
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	<input checked="" type="checkbox"/> N/A
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A
Number of staff currently employed by the facility who may have contact with inmates:	41
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	8
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	0
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	0
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	0

Physical Plant

<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
<p>Number of single cell housing units:</p>	1
<p>Number of multiple occupancy cell housing units:</p>	2
<p>Number of open bay/dorm housing units:</p>	1
<p>Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):</p>	10
<p>In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
<p>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<p>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Medical and Mental Health Services and Forensic Medical Exams

<p>Are medical services provided on-site?</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Are mental health services provided on-site?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site X <input type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe:
Investigations	
Criminal Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	0
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input type="checkbox"/> Agency investigators X <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department X <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: <input type="checkbox"/> N/A
Administrative Investigations	
Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	2
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	X <input type="checkbox"/> Facility investigators X <input type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: X <input type="checkbox"/> N/A

Summary of Audit Findings

The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.

Auditor Note: No standard should be found to be “Not Applicable” or “NA”. A compliance determination must be made for each standard.

Standards Exceeded

Number of Standards Exceeded: 4

List of Standards Exceeded: 115.31, 115.63, 115.73, 115.86

Standards Met

Number of Standards Met: 41

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met:

The auditor notes that this report is delayed as the result of an outbreak of COVID at the facility. Reportedly, there were times between the last day of the on-site audit and latter February when limited staff were managing the facility. Administrators did provide supervision, as well as, overtime was necessitated to ensure compliance with the staffing plan. The PCM provided unit supervision, etc. on numerous occasions which impeded her ability to research and organize substantiating evidence.

As reflected in the narrative for 115.51, some actions are required to address 115.51(b) despite the fact START was found compliant with the standard. The logic behind that determination is clearly articulated in the narrative for 115.51(b).

March 8, 2022 Update:

The auditor’s review of amended Policy 3.4, the amended START PREA Handbook, and amended poster(s) reveals requisite revisions have now been completed.

Post-Audit Reporting Information

General Audit Information	
Onsite Audit Dates	
1. Start date of the onsite portion of the audit:	November 18, 2021
2. End date of the onsite portion of the audit:	November 19, 2021
Outreach	
3. 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?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If yes, identify the community-based organizations or victim advocates with whom you corresponded:	Safe Space of MT
Audited Facility Information	
4. Designated Facility Capacity:	152
5. Average daily population for the past 12 months:	123

<p>6. Number of inmate/resident/detainee housing units:</p> <p>DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	4
<p>7. Does the facility ever hold youthful inmates or youthful/juvenile detainees?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> N/A for the facility type audited (i.e., Community Confinement Facility or Juvenile Facility)</p>

Audited Facility Population on Day One of the Onsite Portion of the Audit	
<i>Inmates/Residents/Detainees</i>	
<p>8. Enter the total number of inmates/residents/detainees housed at the facility as of the first day of the onsite portion of the audit:</p>	136
<p>9. Enter the total number of youthful inmates or youthful/juvenile detainees housed at the facility on the first day of the onsite portion of the audit:</p>	0
<p>10. Enter the total number of inmates/residents/detainees with a physical disability housed at the facility as of the first day of the onsite portion of the audit:</p>	1
<p>11. Enter the total number of inmates/residents/detainees with a cognitive or functional disability (including intellectual disability, psychiatric disability, or speech disability) housed at the facility as of the first day of the onsite portion of the audit:</p>	3
<p>12. Enter the total number of inmates/residents/detainees who are Blind or have low vision (visually impaired) housed at the facility on the first day of the onsite portion of the audit:</p>	0

13. Enter the total number of inmates/residents/ detainees who are Deaf or hard-of-hearing housed at the facility on the first day of the onsite portion of the audit:	0
14. Enter the total number of inmates/residents/ detainees who are Limited English Proficient (LEP) housed at the facility as of the first day of the onsite portion of the audit:	0
15. Enter the total number of inmates/residents/ detainees who identify as lesbian, gay, or bisexual housed at the facility as of the first day of the onsite portion of the audit:	1
16. Enter the total number of inmates/residents/ detainees who identify as transgender, or intersex housed at the facility as of the first day of the onsite portion of the audit:	0
17. Enter the total number of inmates/residents/ detainees who reported sexual abuse in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
18. Enter the total number of inmates/residents/ detainees who reported sexual harassment in this facility who are housed at the facility as of the first day of the onsite portion of the audit:	0
19. Enter the total number of inmates/residents/ detainees who disclosed prior sexual victimization during risk screening housed at the facility as of the first day of the onsite portion of the audit:	1
20. Enter the total number of inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for risk of sexual victimization housed at the facility as of the first day of the onsite portion of the audit:	0
21. Enter the total number of inmates/residents/ detainees who are or were ever placed in segregated housing/isolation for having reported sexual abuse in this facility as of the first day of the onsite portion of the audit:	0
22. Enter the total number of inmates/residents detained solely for civil immigration purposes housed at the facility as of the first day of the onsite portion of the audit:	0
23. 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). <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA

Staff, Volunteers, and Contractors

Include all full- and part-time staff employed by the facility, regardless of their level of contact with inmates/residents/ detainees

24. 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:	41
25. 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:	0
26. 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:	0
27. 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. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	NA

Interviews

Inmate/Resident/Detainee Interviews

Random Inmate/Resident/Detainee Interviews

28. Enter the total number of RANDOM INMATES/RESIDENTS/DETAINEES who were interviewed:	16
29. Select which characteristics you considered when you selected random inmate/resident/detainee interviewees:	<input checked="" type="checkbox"/> Age <input checked="" type="checkbox"/> Race <input checked="" type="checkbox"/> Ethnicity (e.g., Hispanic, Non-Hispanic) <input checked="" type="checkbox"/> Length of time in the facility <input checked="" type="checkbox"/> Housing assignment <input type="checkbox"/> Gender <input type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
30. How did you ensure your sample of random inmate/resident/detainee interviewees was geographically diverse?	Selected interviewees from each unit and tier throughout the facility.
31. Were you able to conduct the minimum number of random inmate/resident/detainee interviews?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the minimum number of random inmate/resident/detainee interviews:	

<p>32. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>
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Targeted Inmate/Resident/Detainee Interviews

<p>33. Enter the total number of TARGETED INMATES/ RESIDENTS/DETAINEES who were interviewed:</p> <p><i>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.</i></p> <p><i>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.</i></p> <p><i>If a particular targeted population is not applicable in the audited facility, enter "0".</i></p>	<p>16</p>
<p>34. Enter the total number of interviews conducted with youthful inmates or youthful/juvenile detainees using the "Youthful Inmates" protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input checked="" type="checkbox"/> Facility said there were "none here" during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Observation during facility tour and questioning during random staff interviews.</p>
<p>35. Enter the total number of interviews conducted with inmates/residents/detainees with a physical disability using the "Disabled and Limited English Proficient Inmates" protocol:</p>	<p>1</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>NA</p>
<p>36. 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:</p>	<p>2</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>NA</p>
<p>37. Enter the total number of interviews conducted with inmates/residents/detainees who are Blind or have low vision (visually impaired) using the “Disabled and Limited English Proficient Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X<input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Auditor reviewed an offender roster wherein blind or low vision would be denoted. None were highlighted.</p> <p>Randomly addressed the question to staff and discussed the same with the PCM.</p>
<p>38. 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:</p>	<p>0</p>

<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM.</p>
<p>39. 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:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Randomly addressed the question to staff and discussed the same with the PCM.</p>
<p>40. 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:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>NA</p>
<p>41. Enter the total number of interviews conducted with inmates/residents/detainees who identify as transgender or intersex “Transgender and Intersex Inmates; Gay, Lesbian, and Bisexual Inmates” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees.</p> <p><input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>

<p>b. If 0, 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).</p>	<p>Examined rosters as previously described and randomly discussed the prevalence or staff suspicions of transgender/intersex residents at START.</p>
<p>42. 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:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>Auditor reviewed the two applicable sexual abuse/harassment investigations and compared the names against the first day offender roster. Neither offender was housed at START.</p>
<p>43. 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:</p>	<p>1</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p><input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>NA</p>
<p>44. 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 Alleged to have Suffered Sexual Abuse)” protocol:</p>	<p>0</p>
<p>a. If 0, select why you were unable to conduct at least the minimum required number of targeted inmates/residents/detainees in this category:</p>	<p>X <input type="checkbox"/> Facility said there were “none here” during the onsite portion of the audit and/or the facility was unable to provide a list of these inmates/residents/detainees. <input type="checkbox"/> The inmates/residents/detainees in this targeted category declined to be interviewed.</p>
<p>b. If 0, 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).</p>	<p>During facility tour, the auditor inquired as to whether any offenders were housed in D Unit for risk of sexual victimization.</p>

<p>45. 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, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	NA
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Staff, Volunteer, and Contractor Interviews
<i>Random Staff Interviews</i>

<p>46. Enter the total number of RANDOM STAFF who were interviewed:</p>	11
<p>47. Select which characteristics you considered when you selected RANDOM STAFF interviewees (select all that apply):</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 type="checkbox"/> Other (describe) <input type="checkbox"/> None (explain)
<p>48. Were you able to conduct the minimum number of RANDOM STAFF interviews?</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<p>a. If no, select the reasons why you were not able to conduct the minimum number of RANDOM STAFF interviews (select all that apply):</p>	<input type="checkbox"/> Too many staff declined to participate in interviews <input type="checkbox"/> Not enough staff employed by the facility to meet the minimum number of random staff interviews (Note: select this option if there were not enough staff employed by the facility or not enough staff employed by the facility to interview for both random and specialized staff roles). <input checked="" type="checkbox"/> Not enough staff available in the facility during the onsite portion of the audit to meet the minimum number of random staff interviews. <input type="checkbox"/> Other (describe)
<p>b. Describe the steps you took to select additional RANDOM STAFF interviewees and why you were still unable to meet the minimum number of random staff interviews:</p>	<p>Interviewed 10 random staff and in view of off days, sick leave, COVID-19, etc. the last interview was not conducted. Random staff included staff from nearly every facility discipline. One of the 11 random staff interviews was facilitated telephonically out of necessity.</p>
<p>49. Provide any additional comments regarding selecting or interviewing random staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	NA

Specialized Staff, Volunteers, and Contractor Interviews

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

50. Enter the total number of staff in a SPECIALIZED STAFF role who were interviewed (excluding volunteers and contractors):	12
51. Were you able to interview the Agency Head?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Agency Head:	
52. Were you able to interview the Warden/Facility Director/Superintendent or their designee?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the Warden/Facility Director/Superintendent or their designee:	
53. Were you able to interview the PREA Coordinator?	X <input type="checkbox"/> Yes <input type="checkbox"/> No
a. If no, explain why it was not possible to interview the PREA Coordinator:	
54. Were you able to interview the PREA Compliance Manager?	X <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if the agency is a single facility agency or is otherwise not required to have a PREA Compliance Manager per the Standards)
a. If no, explain why it was not possible to interview the PREA Compliance Manager:	

<p>55. Select which SPECIALIZED STAFF roles were interviewed as part of this audit (select all that apply):</p>	<p><input type="checkbox"/> Agency contract administrator</p> <p><input checked="" type="checkbox"/> Intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds to identify and deter staff sexual abuse and sexual harassment</p> <p><input type="checkbox"/> Line staff who supervise youthful inmates (if applicable)</p> <p><input type="checkbox"/> Education and program staff who work with youthful inmates (if applicable)</p> <p><input checked="" type="checkbox"/> Medical staff</p> <p><input checked="" type="checkbox"/> Mental health staff</p> <p><input checked="" type="checkbox"/> Non-medical staff involved in cross-gender strip or visual searches</p> <p><input checked="" type="checkbox"/> Administrative (human resources) staff</p> <p><input checked="" type="checkbox"/> Sexual Assault Forensic Examiner (SAFE) or Sexual Assault Nurse Examiner (SANE) staff</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting administrative investigations</p> <p><input checked="" type="checkbox"/> Investigative staff responsible for conducting criminal investigations</p> <p><input checked="" type="checkbox"/> Staff who perform screening for risk of victimization and abusiveness</p> <p><input checked="" type="checkbox"/> Staff who supervise inmates in segregated housing/residents in isolation</p> <p><input checked="" type="checkbox"/> Staff on the sexual abuse incident review team</p> <p><input checked="" type="checkbox"/> Designated staff member charged with monitoring retaliation</p> <p><input checked="" type="checkbox"/> First responders, both security and non-security staff</p> <p><input checked="" type="checkbox"/> Intake staff</p> <p><input type="checkbox"/> Other (describe)</p>
<p>56. Did you interview VOLUNTEERS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of VOLUNTEERS who were interviewed:</p>	<p>0</p>
<p>b. Select which specialized VOLUNTEER role(s) were interviewed as part of this audit (select all that apply):</p>	<p><input type="checkbox"/> Education/programming</p> <p><input type="checkbox"/> Medical/dental</p> <p><input type="checkbox"/> Mental health/counseling</p> <p><input type="checkbox"/> Religious</p> <p><input type="checkbox"/> Other</p>
<p>57. Did you interview CONTRACTORS who may have contact with inmates/residents/detainees in this facility?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. Enter the total number of CONTRACTORS who were interviewed:</p>	<p>0</p>

<p>b. Select which specialized CONTRACTOR role(s) were interviewed as part of this audit (select all that apply):</p>	<input type="checkbox"/> Security/detention <input type="checkbox"/> Education/programming <input type="checkbox"/> Medical/dental <input type="checkbox"/> Food service <input type="checkbox"/> Maintenance/construction <input type="checkbox"/> Other
<p>58. Provide any additional comments regarding selecting or interviewing specialized staff (e.g., any populations you oversampled, barriers to completing interviews, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>

Site Review and Documentation Sampling

Site Review

PREA Standard 115.401(h) states, "The auditor shall have access to, and shall observe, all areas of the audited facilities." In order to meet the requirements in this Standard, the site review portion of the onsite audit must include a thorough examination of the entire facility. The site review is not a casual tour of the facility. It is an active, inquiring process that includes talking with staff and inmates to determine whether, and the extent to which, the audited facility's practices demonstrate compliance with the Standards. Note: discussions related to testing critical functions are expected to be included in the relevant Standard-specific overall determination narratives.

<p>59. Did you have access to all areas of the facility?</p>	<p>X <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain what areas of the facility you were unable to access and why.</p>	
<p>Was the site review an active, inquiring process that included the following:</p>	
<p>60. Reviewing/examining all areas of the facility in accordance with the site review component of the audit instrument?</p>	<p>X <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why the site review did not include reviewing/examining all areas of the facility.</p>	
<p>61. Testing and/or observing all critical functions in the facility in accordance with the site review component of the audit instrument (e.g., intake process, risk screening process, PREA education)?</p>	<p>X <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. If no, explain why the site review did not include testing and/or observing all critical functions in the facility.</p>	
<p>62. Informal conversations with inmates/residents/detainees during the site review (encouraged, not required)?</p>	<p>X <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>63. Informal conversations with staff during the site review (encouraged, not required)?</p>	<p>X <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

<p>64. Provide any additional comments regarding the site review (e.g., access to areas in the facility, observations, tests of critical functions, or informal conversations).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>NA</p>
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Documentation Sampling

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

<p>65. In addition to the proof documentation selected by the agency or facility and provided to you, did you also conduct an auditor-selected sampling of documentation?</p>	<p>X <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>66. Provide any additional comments regarding selecting additional documentation (e.g., any documentation you oversampled, barriers to selecting additional documentation, etc.).</p> <p><i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i></p>	<p>Reviewed 11 random staff HR, 11 random staff training, 12 random resident, and two investigative files.</p>

Sexual Abuse and Sexual Harassment Allegations and Investigations in this Facility

Sexual Abuse and Sexual Harassment Allegations and Investigations Overview

Remember the number of allegations should be based on a review of all sources of allegations (e.g., hotline, third-party, grievances) and should not be based solely on the number of investigations conducted.

Note: For question brevity, we use the term “inmate” in the following questions. Auditors should provide information on inmate, resident, or detainee sexual abuse allegations and investigations, as applicable to the facility type being audited.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an “X” in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Of note, one sexual abuse investigation was conducted during 2021 however, the incident giving rise to the allegation allegedly occurred from mid-2020 to November, 2020. Nonetheless, the auditor reviewed the investigation, addressing the same throughout the following narrative.</p>
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68. Total number of SEXUAL HARASSMENT allegations and investigations overview during the 12 months preceding the audit, by incident type:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>Zero sexual harassment investigations conducted throughout the audit period.</p>
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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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

<p>a. If you were unable to provide any of the information above, explain why this information could not be provided.</p>	<p>See narrative for 67.</p>
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70. Administrative SEXUAL ABUSE investigation outcomes during the 12 months preceding the audit:

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

See narrative for 67.

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.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Zero sexual harassment investigations conducted during the audit period.

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

Instructions: If you are unable to provide information for one or more of the fields below, enter an "X" in the field(s) where information cannot be provided.

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

a. If you were unable to provide any of the information above, explain why this information could not be provided.

Zero sexual harassment investigations conducted during the audit period.

Sexual Abuse and Sexual Harassment Investigation Files Selected for Review

Sexual Abuse Investigation Files Selected for Review

73. Enter the total number of SEXUAL ABUSE investigation files reviewed/sampled:	2
a. If 0, explain why you were unable to review any sexual abuse investigation files:	NA
74. Did your selection of SEXUAL ABUSE investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any sexual abuse investigation files)
Inmate-on-inmate sexual abuse investigation files	
75. Enter the total number of INMATE-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	0
76. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
77. Did your sample of INMATE-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual abuse investigation files)
Staff-on-inmate sexual abuse investigation files	
78. Enter the total number of STAFF-ON-INMATE SEXUAL ABUSE investigation files reviewed/sampled:	2
79. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include criminal investigations?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)
80. Did your sample of STAFF-ON-INMATE SEXUAL ABUSE investigation files include administrative investigations?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual abuse investigation files)

Sexual Harassment Investigation Files Selected for Review

81. Enter the total number of SEXUAL HARASSMENT investigation files reviewed/sampled:	0
a. If 0, explain why you were unable to review any sexual harassment investigation files:	Zero sexual harassment investigations conducted during the audit period.
82. Did your selection of SEXUAL HARASSMENT investigation files include a cross-section of criminal and/or administrative investigations by findings/outcomes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any sexual harassment investigation files)
Inmate-on-inmate sexual harassment investigation files	
83. Enter the total number of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/sampled:	0

84. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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85. Did your sample of INMATE-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any inmate-on-inmate sexual harassment investigation files)
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Staff-on-inmate sexual harassment investigation files

86. Enter the total number of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files reviewed/ sampled:	0
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87. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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88. Did your sample of STAFF-ON-INMATE SEXUAL HARASSMENT investigation files include administrative investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A (N/A if you were unable to review any staff-on-inmate sexual harassment investigation files)
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89. Provide any additional comments regarding selecting and reviewing sexual abuse and sexual harassment investigation files. <i>Note: as this text will be included in the audit report, please do not include any personally identifiable information or other information that could compromise the confidentiality of any persons in the facility.</i>	See the narrative for 81(a) above.
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Support Staff Information

DOJ-certified PREA Auditors Support Staff

90. Did you receive assistance from any DOJ-CERTIFIED PREA AUDITORS at any point during this audit? <i>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.</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. If yes, enter the TOTAL NUMBER OF DOJ-CERTIFIED PREA AUDITORS who provided assistance at any point during the audit:	NA

Non-certified Support Staff

<p>91. Did you receive assistance from any NON-CERTIFIED SUPPORT STAFF at any point during this audit?</p> <p><i>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.</i></p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>a. If yes, enter the TOTAL NUMBER OF NON-CERTIFIED SUPPORT STAFF who provided assistance at any point during the audit:</p>	<p>NA</p>

Auditing Arrangements and Compensation

<p>92. Who paid you to conduct this audit?</p>	<p><input checked="" type="checkbox"/> The audited facility or its parent agency</p> <p><input type="checkbox"/> My state/territory or county government (if you audit as part of a consortium or circular auditing arrangement, select this option)</p> <p><input type="checkbox"/> A third-party auditing entity (e.g., accreditation body, consulting firm)</p> <p><input type="checkbox"/> Other</p>
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PREVENTION PLANNING

Standard 115.11: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

115.11 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? Yes No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? Yes No

115.11 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? Yes No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? Yes No
- 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 No

115.11 (c)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the Program Administrator (PA) self reports the agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract. According to the PA, the policy outlines how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment and the policy includes definitions of prohibited behaviors regarding sexual abuse/sexual harassment/sanctions for those found to have participated in such prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders, is included in this policy.

START PREA Policy 3.1, pages 1 through 11 addresses all components of 115.11(a).

Pursuant to the PAQ, the PA self reports the agency employs or designates an upper-level, agency-wide PREA Coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities. According to the Community Counseling and Correctional Services (CCCS) organizational chart, the agency-wide PREA Coordinator (CCCS PC) reports to the Director of Development, Administration, and Contract Management. The Director of Development, Administration, and Contract Management reports to the CCCS Chief Executive Officer (CEO).

The PA also self reports a PREA Compliance Manager (PCM) is assigned at START. The auditor's review of the START Organizational Chart reveals the START PCM is in the facility's organizational structure, reporting to the PA. Additionally, the PA self reports the PCM has sufficient time and authority to develop, implement, and oversee facility efforts to comply with PREA standards at START.

The auditor finds the aforementioned staffing structure conducive with PREA expectations.

According to the CCCS PC, he has sufficient time to manage all of his PREA-related duties. He oversees eleven facilities with collateral Compliance Manager duties. Nine PCMs and one Compliance/PREA Specialist report to him and facilitate PREA-related duties at the respective facilities. As PREA Coordinator, he identifies the issue(s) and assesses whether policy development/modification is necessary. Review of the Staffing Plans is a critical step when confronted with any PREA issue, as well as, review of camera needs and placements.

The PCM asserts almost all of the time (99%), she has sufficient time to manage her PREA-related responsibilities. As is the case with any institution, institutional needs and demands infrequently require a temporary shift in priorities.

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

Standard 115.12: Contracting with other entities for the confinement of inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.12 (a)

- If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to both the CCCS CEO and the PA, there are no START contracts with other agencies or providers for confinement of offenders designated to the custody of START. Additionally, pursuant to memorandums dated January 3, 2019, January 7, 2020, and January 5, 2021, the PA self reports there are no contracts between START and private or public agencies or entities, including other government entities, for housing offenders committed to the custody of CCCS and START.

In view of the above, the auditor finds START substantially compliant with 115.12.

Standard 115.13: Supervision and monitoring

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.13 (a)

- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No
- 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 No NA

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? X Yes No
- 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? X Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? X Yes No

115.13 (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.) X Yes No NA

115.13 (c)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.13 (d)

- 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? X Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? X Yes No
- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports CCCS requires each facility to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing and,

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where applicable, video monitoring to protect offenders against sexual abuse. The PA self reports since the last PREA audit, the average daily number of offenders is 123. The staffing plan is predicated upon an average daily number of offenders of 152.

START PREA Policy 3.1, page 7, section IV(A)(5)(1-11) addresses 115.13(a).

The PA asserts there is a staffing plan at START. He further asserts there are adequate staffing levels to protect residents against sexual abuse.

Video monitoring is utilized to augment physical staffing throughout the facility.

The staffing plan is documented and electronically maintained by the PA, CCCS PC, Chief of Security (cos), PCM, and the control center. The staffing plan is also maintained in paper format.

When assessing adequate staffing levels and the need for video monitoring, the facility considers the following in terms of staffing plan construction:

The staffing plan is based on posts. Ratios are assessed to ensure direct supervision and areas augmented by cameras. All posts must be filled, inclusive of floor officer and control center. Staffing analysis is based on internet research and factoring in staffing patterns/vacations/and Sick Leave.

There are no judicial findings of inadequacy.

There are no findings of inadequacy from federal investigative agencies.

If and/or when corrective actions are identified in internal or MDOC reviews, corrective action is implemented.

Blind spots are addressed first with mirrors, video surveillance, or additional staffing. Deficiencies are identified pursuant to daily "Management by Walking Around" (MBWA) by administrators and supervisors and receipt of input from line staff.

There is a maximum number of 152 offenders at START. That number, in part, drives staff assignments. Gang members, LGBTI population and strategies to protect, increases in medical/mental health cases drive reallocation of resource considerations and any requests for additional staffing. The Screening Committee is useful however, offender population dynamics are changing.

The primary questions are whether the supervisory complement is adequate to oversee and monitor the geography of the facility and the number of staff. The current answer to those questions is "yes".

Programs are facilitated on day shift when non-security staffing is maximal. This greatly enhances supervision.

Only MDOC regulations and Montana State Law are applicable at START. Policies are commensurate with MDOC expectations.

Sexual Abuse Response Team (SART) reports are closely reviewed for patterns, etc.

There are no other relevant factors.

In regard to monitoring for compliance with the plan, the PA asserts security supervisors, the cos, and he check compliance with the staffing plan on a daily basis. The on-call administrator also monitors the plan. Transportation runs are always checked to ensure proper staffing. Vacancies are filled as they occur.

The PCM provided essentially the same responses, in comparison to the PA as reflected above, to questions related to staffing plan construction.

Pursuant to the PAQ, the PA self reports the facility does document and justify all deviations from the staffing plan each time there is non-compliance. The PA further self reports the six most common reasons for deviation from the staffing plan during the last 12 months are as follows: 1. Sick Leave; 2. COVID-19 Sick Leave; 3. COVID-19 Quarantine; 4. Transports; 5. Annual Leave; and 6. Employee transfers. Of note, START staff address each vacancy as a deviation and document accordingly. All vacancies are covered to ensure no deviations and accordingly, there were zero staffing plan deviations during the last 12 months.

Pursuant to PREA Policy 3.1, page 7, section IV(A)(6), in circumstances where the staffing plan is not complied with, START staff will document and justify all deviations from the plan.

The auditor's review of two 2019, three 2020, and five 2021 Staff Deviation Forms reveals substantial compliance with 115.13(b). Sufficient justification for the action is documented with appropriate review by management staff (signified by signature by both employee providing the coverage and reviewer's signature).

The PA asserts all instances of non-compliance with the staffing plan are documented. This occurs pursuant to completion of a Deviation Report. Explanations for non-compliance are included in the Deviation Reports.

Of note, there are no deviations from the staffing plan.

Pursuant to the PAQ, the PA self reports that at least once every year, the facility/agency, in collaboration with the CCCS PC, reviews the staffing plan to see whether adjustments are needed to:

The staffing plan;
The deployment of monitoring technology; 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 8, section IV(A)(8) addresses 115.13(c).

The CCCS PC asserts he is consulted on an annual basis regarding any assessments of or adjustments to the staffing plan for START.

The auditor's review of START Annual Staffing Plans and Staffing Plan Reviews for 2019, 2020, and 2021 reveals substantial compliance with 115.13(c). The plans are very detailed, addressing coverage options in multiple scenarios and temporary strategies to address staffing shortages (e.g. reassigning non-security staff to security posts or terminating activities and programming until adequate coverage can be secured).

Pursuant to the PAQ, the PA self reports intermediate-level or higher level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment. Rounds are documented and cover all shifts. Facility policy does prohibit staff from alerting other staff of the conduct of such rounds.

Pursuant to PREA Policy 3.1, page 8, section IV(A)(4) addresses 115.13(d).

The auditor's review of offender unannounced round logs (2021) relative to each housing area reveals substantial compliance with 115.13(d). Specifically, administrators and shift supervisors facilitate such rounds in each area across all shifts. The administrator or supervisor signs and dates each round, inclusive of the time the visit occurred.

According to the intermediate or higher level facility staff interviewee, he does conduct unannounced rounds and documents the same in the unit log and unannounced rounds log located within the units. In an attempt to preclude staff from alerting other staff regarding unannounced rounds in progress, he always makes random rounds and movements throughout the facility. Rounds are never conducted at the same time. They are conducted on every shift. Rounds are often made by making one pass and doubling back for another pass.

The auditor's random review of unannounced round logs during the audit tour confirmed the conduct of such rounds on all shifts.

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

Standard 115.14: Youthful inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.14 (a)

- Does the facility place all youthful inmates in housing units that separate them from sight, sound, and physical contact with any adult inmates through use of a shared dayroom or other common space, shower area, or sleeping quarters? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No NA

115.14 (b)

- In areas outside of housing units does the agency maintain sight and sound separation between youthful inmates and adult inmates? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No 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].) Yes No NA

115.14 (c)

- Does the agency make its best efforts to avoid placing youthful inmates in isolation to comply with this provision? (N/A if facility does not have youthful inmates [inmates <18 years old].) Yes No 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].) Yes No 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].) Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the auditor's review of three memorandums dated 2019, 2020, and 2021, juveniles are not housed at START and none were housed at START during any of the years represented. This is commensurate with the auditor's facility tour observations. Accordingly the auditor finds 115.14(a-c) not applicable to START.

The auditor does find START substantially compliant with 115.14 however, as there are no deviations from standard or policy.

Standard 115.15: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.15 (a)

- 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 No

115.15 (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.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (d)

- 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 No
- 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 No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? Yes No

115.15 (e)

- 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 No

- 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? X Yes No

115.15 (f)

- 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? X Yes No
- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports cross-gender strip or cross-gender visual body cavity searches of offenders may be conducted at START pursuant to the existence of exigent circumstances. The PA further asserts zero such cross-gender strip or cross-gender body cavity searches of offenders were conducted at START during the last 12 months.

START PREA Policy 3.1, page 8, section 115.15(8 and 9)(a)(i and ii) addresses 115.15(a).

According to the non-medical staff involved in cross-gender strip or visual searches interviewee, suspicion of drugs or weapons secreted in the rectum constitutes exigent circumstances.

The auditor's review of the Exigent Circumstances Log reveals no evidence of cross-gender strip or visual body cavity searches conducted by non-medical practitioners during the last 12 months. Additionally, the auditor's review of transgender/intersex strip searches reveals zero incidences during this audit period.

Pursuant to the PAQ, the PA self reports the facility does not permit cross-gender pat-down searches of female offenders, absent exigent circumstances. Pursuant to the auditor's review of the CCCS website, only male offenders are housed at START. The auditor's on-site facility tour observation confirms the same.

In view of the above, the auditor finds 115.15(b) not-applicable to START.

Pursuant to the PAQ, the PA self reports facility policy requires that all cross-gender searches and cross-gender visual body cavity searches are documented. As female offenders are not housed at START, policy provisions regarding cross-gender pat searches of female offenders are not applicable.

START PREA Policy 3.1, page 8, section IV(A)(9) addresses 115.15(c).

As previously indicated above, the auditor finds no evidence of cross-gender strip or visual body-cavity searches of transgender/intersex offenders during the last 12 months. Accordingly, there is no documentation as required by the provision.

Pursuant to the PAQ, the PA self reports policies and procedures have been implemented at START 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 relates policies and procedures require staff of the opposite gender to announce their presence when entering an offender housing unit.

START PREA Policy 3.1, page 9, sections IV(A)(10 and 11) addresses 115.15(d).

Fifteen of 17 random offender interviewees assert female staff announce their presence when entering their housing area. All 17 random offender interviewees assert they and other offenders are never naked in full view of female staff when showering, toileting, or changing clothes.

All 11 random staff interviewees assert female staff announce their presence when entering a housing unit that houses offenders of the opposite gender. Similarly, all interviewees assert offenders are able to dress, shower, and toilet without being viewed by staff of the opposite gender.

During the facility tour, the auditor observed no violations regarding opposite gender staff announcements or observation violations. Furthermore, the auditor noted no concerns regarding offender privacy.

During the facility tour, the auditor observed video surveillance in the control center. Cameras are positioned such that direct views into cells and showers cannot be facilitated. Shower privacy is protected by a solid door with a sliding window screen. Toilets are available in each cell.

In C Unit (open bay unit), toilet areas are adequately protected from staff observation of buttocks or genitalia. D Unit is configured in a linear fashion however, the same toilet and shower characteristics are prevalent in comparison to A and B Units.

Pursuant to the PAQ, the PA self reports there is a START 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 have been conducted during the audit period.

START PREA Policy 3.1, page 8, section IV(A)(9)(a)(iii) addresses 115.15(e).

All 11 random staff interviewees assert the facility prohibits staff from searching or physically examining a transgender/intersex offender for the sole purpose of determining the offender's genital status. All were aware of the policy regarding the same.

The PCM asserts there were no transgender/intersex offenders housed at START during the on-site audit.

Pursuant to the PAQ, the PA self reports 100 percent 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.

START PREA Policy 3.1, page 9, section IV(A)(12) addresses 115.15(f). The auditor's review of the PREA Resource Center TRAINING CURRICULA [FROM 115.15(f)-1] reveals the same addresses this provision.

The auditor's review of the training program related to this issue reveals the same is quite detailed and meets provision expectations.

The auditor's on-site review of five random staff (hired during 2020 and 2021) pre-service training files reveals that requisite 115.15(f) "searches" training was conducted prior to offender contact. Eight of 11 random staff files reflect that requisite training was also provided during PREA Annual Refresher Training (PREA ART) during 2020 and 2021. In two of these cases, the 2021 training was not completed as the same was not yet due at the time of the on-site audit. In one additional case, PREA ART was not due in view of proximity to the hiring date in 2021.

All 11 random staff interviewees assert they have received training on how to conduct cross-gender pat-down searches and searches of transgender/intersex offenders in a professional and respectful manner, consistent with security needs. All have received this training during either or both 2020 or 2021.

The training was reportedly provided in one or more of many methods as follows:

Power Point Presentation;
Video;
Discussion;
Handout(s); or
Demonstration.

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

Standard 115.16: Inmates with disabilities and inmates who are limited English proficient

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.16 (a)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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)? X Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? X Yes No

- 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? X Yes No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with inmates with disabilities including inmates who: Have intellectual disabilities? X Yes No
- 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? X Yes No
- 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? X Yes No

115.16 (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? X Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? X Yes No

115.16 (c)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports there are established procedures to 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 sexual harassment.

START PREA Policy 3.3, pages 1 and 2, section II(A)(1) and (2) addresses 115.16(a). Provision of the PREA video, reading the PREA Handbook to the offender, the offender's review of the PREA Handbook, etc. are some of the strategies employed with respect to offender understanding of PREA concepts. Additionally, provision of the large print PREA Handbook assists with those offenders who have low vision.

The auditor's review of an MOU for Offenders With Disabilities dated June 1, 2017 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 Agency Head asserts the agency has established procedures to provide offenders with disabilities and residents 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 Language Link, compliance regarding LEP offenders is accomplished. In terms of MOUs for cognitively impaired, low functioning residents, there is a Corporate agreement with a Special Education Teacher to provide services to this population, when necessary.

The three offenders with disabilities interviewees (two low functioning, one with physical disabilities) state the facility provides information about sexual abuse/harassment they are able to understand.

Pursuant to the PAQ, the PA self reports the agency has established procedures to provide LEP 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 sexual harassment.

START Policy 3.3, page 3, section II(A)(3) addresses this provision.

The auditor reviewed the contract between CCCS and Language Link Interpreter Services for provision of services to non-English speaking offenders. Services for 250-plus languages are provided pursuant to this service.

The PCM states there were no LEP offenders housed at START at the time of the on-site audit.

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 under 115.64, or investigation of the offender's allegations. The PA further advises the facility documents the limited circumstances in individual cases where offender interpreters, readers, or other types of assistants are used. Reportedly, there were zero instances, within the last 12 months, 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 Policy 3.3, page 3, section II(A)(4) addresses 115.16(c).

All 11 random staff interviewees were able to cite at least one circumstance wherein the use of offender interpreters, offender readers, or other types of offender assistants would be appropriate in accordance with 115.16(c). Acceptable circumstances include when loss of evidence or impeding the investigation may occur and/or further injury to the victim. All 11 interviewees assert to the best of their knowledge, the same has not occurred at START during this audit period.

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

Standard 115.17: Hiring and promotion decisions

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.17 (a)

- 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)? X Yes No

- 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? X Yes No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with inmates who has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? X Yes No
- 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)? X Yes No
- 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? X Yes No
- 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 question immediately above? X Yes No

115.17 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates? X Yes No
- 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? X Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency perform a criminal background records check? X Yes No
- 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? X Yes No

115.17 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates? X Yes No

115.17 (e)

- 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? X Yes No

115.17 (f)

- 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? X Yes No
- 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? X Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? X Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? X Yes No

115.17 (h)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA asserts 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:

Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution;
 Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 Has been civilly or administratively adjudicated to have engaged in the activity described in the preceding bullet.

CCCS Policy 1.3.1.12 entitled Employee, Contractor and Volunteers Clearance Check, pages 1 and 2, section IV(B) addresses 115.17(a).

Five of six applicable (staff hired during the audit period) random staff HR files reviewed on-site by the auditor reveal the above questions were asked during the application phase. Five of the remaining five staff were hired prior to PREA implementation or during the last PREA audit and in one case, START was non-compliant. Additionally, the auditor's review of the respective criminal background record checks (either initial or 5-year re-investigation) associated with these staff reveals non-existence of positive findings regarding the subject-matter of the three questions.

As reflected in the narrative for 115.232, zero contractors have provided services at START during the last 12 months.

Furthermore, the auditor's review of two files relative to staff promoted during the last 12 months reveals compliance with 115.17(a) and (b) in one case. No evidence of compliance has been located in the other case.

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 three questions noted in 115.17(a) and the sexual harassment question noted in 115.17(b) are asked pursuant to the application, during interviews, and annually in conjunction with the performance review process. Minimally, the aforementioned questions are asked on the CCCS Disclosure of PREA Employment Standards Violation form. The employee checks the appropriate boxes and signs and dates the document. The same is counter-signed by a staff witness.

The Human Resources (HR) interviewee likewise states the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with offenders.

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, eight staff who may have contact with offenders have had criminal background record checks and this constitutes 100% of staff hired during the last 12 months.

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

The HR interviewee asserts 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 promotions. The same procedure applies to contractors who may have contact with offenders.

The auditor's on-site review of five applicable (hired during the audit period) and three of three staff promotions reveals criminal background record checks were timely and properly completed since the last START PREA audit, revealing substantial compliance with 115.17(c).

The auditor's review of two random HR files wherein previous institutional employers were contacted reveals substantial compliance with 115.17(c).

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 that in the last 12 months, zero criminal background record checks were completed for contracts for services.

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

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 staff interviewee asserts the Montana Department of Justice (DOJ) and National Lookup for Sexual Abuse Registry conduct 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 re-investigations. Additionally, initial requests for criminal background record checks are facilitated 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 leaves 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 offender 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).

The auditor's random review of six of six staff HR files for those hired prior to 2014 reveals 5-year re-investigations were timely completed in all cases.

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 asked pursuant to the application, during hiring and promotion interviews, and annually in conjunction with the performance review process.

The CCCS Disclosure of PREA Employment Standards Violation form 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, the auditor's on-site review of 11 random staff HR files reveals compliance with 115.17(a), (b), and (f). Annual completion of the requisite form is established for 2021.

The auditor finds the aforementioned evidence substantiates compliance with 115.17(f).

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.

Pursuant to the PAQ, the PA asserts agency policy states material omissions regarding such 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 both 115.17(f) and (g). The auditor's random review of completed documents (relative to the auditor's randomly selected HR files referenced throughout the narrative for 115.17) validates these forms were completed in conjunction with both of the afore-mentioned standard provisions for 2021.

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

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.

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

Standard 115.18: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.18 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)
Yes No NA

115.18 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)
 Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility has not made any substantial expansions or modifications to existing facilities since the last PREA audit.

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.

In view of the above, the auditor finds START substantially compliant with 115.18 as there are no deviations from either standard or facility policy.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.21 (a)

- 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 No NA

115.21 (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 No NA
- 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 No NA

115.21 (c)

- 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 No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No

- 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)? X Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? X Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? X Yes No
- 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.) X Yes No NA
- Has the agency documented its efforts to secure services from rape crisis centers? X Yes No

115.21 (e)

- 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? X Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? X Yes No

115.21 (f)

- 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.) X Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility is responsible for conducting administrative sexual abuse investigations (including offender-on-offender sexual abuse or staff sexual misconduct). According to the PA, Anaconda/Deer Lodge County Law Enforcement (ADLC LEA) facilitates criminal investigations of sexual abuse at START. When conducting administrative investigations, PREA investigators follow a uniform evidence protocol.

Ten of the 11 random staff interviewees were able to properly identify the four first responder steps articulated in 115.64 as a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.

Nine of the 11 random staff interviewees assert the CCCS PC and START PCM are currently the primary administrative sexual abuse/harassment investigators. All 11 interviewees state ADLC LEA facilitates criminal sexual abuse/harassment investigations.

Pursuant to the PAQ, the PA self reports youth are not confined at the facility and accordingly, the requirement that the protocol be developmentally appropriate for youth, is not applicable to START. The PA further self reports the protocol was adapted from or is otherwise based on the most recent edition of the DOJ's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocol developed after 2011.

The auditor notes the MOU between CCCS and ADLC LEA clearly reflects the verbiage and requirements of 115.21(b).

Pursuant to the PAQ, the PA self reports all offenders who experience sexual abuse are afforded access to forensic medical examinations at an outside medical facility. Forensic medical examinations are offered without financial cost to the victim. Where possible, examinations are conducted by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs).

When SAFEs or SANEs are not available, a qualified medical practitioner performs forensic medical examinations. Efforts to provide SANEs or SAFEs are documented. In the last 12 months, zero forensic medical examinations were conducted relative to START offenders who alleged sexual abuse.

START PREA Policy 3.4, page 9, section II(E)(iii) addresses 115.21(c).

The auditor's review of a letter dated August 11, 2021 from the Director of Emergency/Trauma Services at St. James Healthcare specifically addresses the subject-matter of 115.21(c) and provision of SAFE/SANE services. The letter, in question, is detailed in regard to all services provided.

According to the SAFE/SANE interviewee, she and her team of five SANE trained nurses are responsible for conducting all forensic medical examinations for START. The SANE nurses are provided SANE Orientation training.

Trained SANE nurses are available on a 24 hour, seven days per week basis. Therefore, coverage is continuous. However, in the unlikely event a SANE cannot report for an examination, an Emergency Room (ER) physician could supervise an ER nurse who completed the evidence collection course to facilitate the forensic examination.

According to the interviewee, STD evaluation and preventative care, HIV testing, as well as, options for counseling are included in the SANE forensic examination.

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented.

If and when a rape crisis center is not available to provide victim advocate services, the facility provides a qualified staff member from a community-based organization or a qualified agency staff member.

The auditor's review of the MOU between CCCS and Safe Space reveals substantial compliance with 115.21(d). All requirements of the provision are clearly articulated in the MOU.

START PREA Policy 3.4, page 9 and 10, section II(E)(iv) addresses 115.21(d).

The PCM asserts that if requested by the victim, a victim advocate (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 interviews. According to the PCM, Safe Space provides VA services pursuant to an MOU.

The auditor notes that pursuant to interview with an executive from Safe Space, he determined that VA assistance is provided during the conduct of forensic examinations and investigatory interviews, if requested by the offender.

The PA and PCM advise that zero offenders who reported sexual abuse at START were confined at the facility during the on-site audit.

Pursuant to the PAQ, the PA self reports that if requested by the victim, a victim advocate, qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.

START PREA Policy 3.4, page 10, section II(E)(v) addresses 115.21(e).

In regard to follow-through regarding Safe Space VA credentials, the PCM asserts the CCCS PC assesses the same and any relevant training. In a separate conversation with the CCCS PC, he confirmed the same.

Pursuant to the PAQ, the PA self reports if the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs 115.21(a through e) of the PREA standards.

The auditor's review of a 2018 MOU between ADLC LEA and CCCS reveals substantial compliance with 115.21, in pertinent parts. The MOU is signed by representatives of both parties and is detailed regarding the responsibilities of each party in terms of PREA sexual abuse investigations.

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

Standard 115.22: Policies to ensure referrals of allegations for investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.22 (a)

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? X Yes No

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? X Yes No

115.22 (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? X Yes No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? X Yes No
- Does the agency document all such referrals? X Yes No

115.22 (c)

- 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).) X Yes No NA

115.22 (d)

- Auditor is not required to audit this provision.

115.22 (e)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency ensures an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment. According to the PA, zero allegations of sexual abuse and sexual harassment were received during the last 12 months.

START PREA policy 3.4, pages 2 and 3, section II(A)(11) clearly requires that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.

The Agency Head asserts the agency absolutely ensures an administrative or criminal investigation is completed for all allegations of sexual abuse.

An administrative investigation addresses the merits of the allegation, program weaknesses, and need for staff disciplinary action(s). The same involves a review of video footage, review of staff memorandums, and any staff or resident interviews that are conducted. Criminal investigations are facilitated by ADLC LEA investigators, taking into account a higher standard of evidence and possible referral for prosecution.

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

START PREA Policy 3.4, page 3, section II(A)12 and page 10, sections II(E)(vi and vii) address 115.22(b). Finally, START PREA Policy 3.10, page 2, section II(B) addresses 115.22(b).

The investigative staff interviewee asserts agency policy requires allegations of sexual abuse/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. ADLC LEA investigators facilitate criminal sexual abuse/harassment investigations at START.

The auditor's review of the CCCS website reveals the aforementioned policies and the aforementioned MOU with ADLC LEA are available on the same.

The MOU with ADLC LEA clearly defines the duties and responsibilities of both START and ADLC LEA staff. Pursuant to the PAQ, the PA self reports the agency has a policy that requires allegations of sexual abuse and sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior. The 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 or made publicly available via other means. The agency documents all referrals of sexual abuse or sexual harassment for criminal investigation.

In view of the above, the auditor finds START substantially compliant with 115.22.

TRAINING AND EDUCATION

Standard 115.31: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.31 (a)

- Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment? X Yes No
- 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? X Yes No
- Does the agency train all employees who may have contact with inmates on inmates' right to be free from sexual abuse and sexual harassment X Yes No
- 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? X Yes No

- Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement? X Yes No
- Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims? X Yes No
- 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? X Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? X Yes No
- 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? X Yes No
- 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? X Yes No

115.31 (b)

- Is such training tailored to the gender of the inmates at the employee's facility? X Yes No
- 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? X Yes No

115.31 (c)

- Have all current employees who may have contact with inmates received such training? X Yes No
- 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? X Yes No
- 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? X Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? X Yes No

Auditor Overall Compliance Determination

- X **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

START PREA Policy 3.6, pages 1 and 2, section II(A)(1-10).

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 11 random staff interviewees assert they received training regarding the 10 requisite topics identified in 115.31(a). They either received such training during Pre-Service or annual In-Service training during 2021.

The auditor notes that throughout COVID-19 protocols, new staff have not always completed pre-service PREA training prior to working on the floor. However, the auditor has learned these staff do not work alone with offenders during this on-the-job-training period as they shadow senior staff in the performance of duties. As the result of staff interviews and document reviews, the auditor is convinced that staff receive requisite training prior to working alone with offenders.

The auditor's on-site review of random Staff Development Training Record Forms relative to 11 staff (representing numerous disciplines throughout the facility) PREA Annual Refresher Training ART) is provided on an annual basis. The training is uniform in terms of the courses provided to staff, ensuring versatility and consistency in completing the START mission and PREA compliance. Minimally, all training components articulated in 115.31(a) are reflected in the files.

The afore-mentioned training form clearly reflects the "I understand" caveat and bears the employee's signature and date, as well as, the trainer's signature and date.

The aforementioned review of 11 random staff training files reveals three staff were hired during 2021 and accordingly, they are not yet due for the PREA ART. Two of these three staff completed the Pre-Service PREA course prior to offender contact while one shadowed a senior staff member prior to completion of his Pre-Service PREA course. With respect to seven remaining files, evidence of at least two annual In-Service PREA trainings was present in all cases with the exception of those who were hired in 2020.

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

START PREA Policy 3.6, 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.

Pursuant to the PAQ, the PA self reports 41 staff employed by the facility, who may have contact with offenders, were either trained or retrained in PREA requirements during the last 12 months. This equates to 100% of all such staff employed at START. Between trainings, staff are expected to review policies periodically. According to the PA, employees who may have contact with offenders receive PREA ART on an annual basis.

As reflected in the narrative for 115.31(c), staff clearly receive PREA training, minimally, on an annual basis. Training is substantive and plentiful. Given the fact 115.31(c) requires PREA refresher training every two years, START clearly exceeds standard expectations as the same is provided on an annual basis. Accordingly, the auditor finds START to exceed expectations relative to 115.31(c).

Pursuant to the PAQ, the PA self reports the agency documents that employees who may have contact with offenders understand the training they have received through employee signature or electronic verification.

START PREA Policy 3.6, page 2, section II(D) addresses 115.31(d).

In view of the above, the auditor finds START exceeds standard expectations with respect to 115.31.

Standard 115.32: Volunteer and contractor training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.32 (a)

- 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 No

115.32 (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 No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports all 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 that zero individual contractors who have contact with offenders, have been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response during 2020 and 2021.

The CCCS PC self reports there are no volunteers at START.

START PREA Policy 3.6, page 2, section II(E) addresses 115.32(a).

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 contractors who have contact with offenders have been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.

START PREA Policy 3.6, pages 2 and 3, section II(F) addresses 115.32(b). A copy of the START Volunteer Manual was included on the thumb drive and the same does address the START zero tolerance policy regarding sexual abuse and sexual harassment. According to the PCM, this document, in addition to

biennial PREA training (Power Point presentation and the aforementioned video) is provided to the contractor. Information regarding reporting of sexual abuse and sexual harassment is provided pursuant to the Power Point presentation.

Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming that volunteers/contractors understand the training they have received.

START PREA Policy 3.6, page 3, section II(G) addresses 115.32(c).

The auditor notes PREA Compliance Acknowledgments are signed and dated by all contractors, volunteers, and visitors to the facility. The document addresses PREA definitions of sexual assault and sexual harassment, zero tolerance, and reporting.

In view of the above, the auditor finds START substantially compliant with 115.32.

Standard 115.33: Inmate education

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.33 (a)

- During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? X Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? X Yes No

115.33 (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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.33 (c)

- Have all inmates received the comprehensive education referenced in 115.33(b)? X Yes No
- 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? X Yes No

115.33 (d)

- Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? X Yes No

- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? X Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? X Yes No

115.33 (f)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports offenders receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment. The PA further self reports 601 offenders were admitted to START during the last 12 months, of which 100% were provided the requisite information at intake.

START PREA Policy 3.3, page 1, section II(A)(1)(a)(1-4) addresses 115.33(a).

Requisite information is provided to offenders in the START Offender PREA Handbook. The auditor reviewed the same and found it to be very detailed.

The staff who facilitates intakes interviewee asserts he does provide offenders with information about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse/sexual harassment. Specifically, he provides a PREA pamphlet and Offender PREA Handbook (included in the PREA packet) to

offenders. Additionally, he provides a verbal overview of PREA and information as articulated on facility PREA posters. More in-depth training occurs at orientation.

Fifteen of 16 random offender interviewees assert they received information about the facility's rules against sexual abuse/harassment during intake. Specifically, the majority of interviewees state they received the PREA pamphlet and Offender PREA Handbook at intake.

The auditor's on-site random review of 11 of 12 offender files reveals all affected offenders received initial PREA education on their admission date.

Pursuant to the PAQ, the PA self reports 383 offenders were admitted to START during the last 12 months, whose length of stay was 30 days or more. According to the PA, all of these offenders received comprehensive PREA education within 30 days of intake.

The intake staff interviewee asserts the offender expanded PREA education training is conducted subsequent to intake, generally within one week of the same.

Fifteen of 16 random offender interviewees state they were provided information regarding:

- Their right not to be sexually abused or harassed;
- How to report sexual abuse/harassment;
- Their right not to be punished for reporting sexual abuse/harassment; and
- They received this information at intake and orientation (conducted within one week of intake).

Fourteen of 16 random offender interviewees state that all information was provided during intake. The auditor's on-site review of one of 12 random offender files reveals the affected offender received initial PREA education on his admission date. Six offenders received orientation training following COVID-19 quarantine. Two offenders received orientation training within one day of intake.

Of note, the auditor's review of the one offender's file who stated he did not receive any PREA training, reveals he received the requisite intake information with the orientation training provided the next day.

Pursuant to the PAQ, the PA self reports all offenders, received within the last 12 months, have been educated within 30 days of Intake. The PA further self reports 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/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 for the new facility differ from those of the previous facility.

START PREA Policy 3.3, page 2, section II(A)(1)(d) addresses 115.33(c).

Pursuant to the PAQ, the PA self reports education is available in accessible formats for all offenders including those specific groups listed in the verbiage of 115.33(d).

START PREA Policy 3.3, pages 2 and 3, section II(A)(2) addresses 115.33(d).

Offender educational materials and MOUs are addressed in greater depth in the narrative for 115.16.

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

START PREA Policy 3.3, page 2, section II(A)(1)(e and f) addresses 115.33(e).

Findings regarding documentation of offender participation in PREA education sessions are referenced in the narrative for 115.33(e).

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

START PREA Policy 3.3, page 2, section II(A)(1)(c) addresses 115.33(f).

The auditor's review of three posters (included in the PAQ materials) reveals some compliance with 115.33(f). Posters are informative, providing telephone numbers and addresses for reporting to external sources, stressing zero tolerance regarding offender sexual abuse/sexual harassment, and other reporting information.

The auditor is aware that START no longer uses SAFE SPACE as an external reporting source. The auditor has determined that the previous START Offender PREA Handbook included Safe Space as a 115.51(b) reporting source and the same is contradictory to 115.51(b) requirements, as articulated in a corresponding United States Department of Justice Frequently Asked Question (USDOJ FAQ). Pursuant to a recently signed MOU between CCCS and Boyd Andrews Community Services, new 115.51(b) reporting requirements have been established and accordingly, posters and the START PREA Handbook are in the process of modification to address the same. Additionally, the telephone number, minimally, to Boyd Andrews Community Services is being added to the START PREA Handbook and posters.

The auditor notes that Boyd Andrews Community Services is a non-profit re-entry corporation located in Helena, MT. By virtue of reciprocal agreement, designated officials from each facility agree to report incoming sexual abuse/harassment allegations received from facilities managed by the parties to the agreement in accordance with 115.51(b). The auditor's review of this agreement appears to meet all tenets of 115.51(b).

Since START effected appropriate steps to address this matter prior to the on-site audit, the auditor finds no basis for a non-compliance finding. However, the auditor requires the PCM to submit to him a roster of clients admitted to the facility between the date of issuance of this interim report and July 25, 2022. The auditor will randomly select a sampling of names and the PCM will forward to the auditor corresponding Resident Receipts for the START Offender PREA Handbook and START Client Orientation PREA Acknowledgment forms. Additionally, the PCM will either facilitate a town hall meeting for existing clients or post an informational memorandum, advising them of the new 115.51(b) reporting procedures. A copy of the town hall meeting minutes or, in the alternative, a memorandum will be forwarded to the auditor for inclusion in the audit file. In addition to the above, the PCM will forward to the auditor a copy of the amended START Offender PREA Handbook and PREA posters.

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

Standard 115.34: Specialized training: Investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.34 (a)

- 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).) X Yes No NA

115.34 (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).) X Yes No NA

- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) X Yes No NA

- 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).) X Yes No NA

- 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).) X Yes No NA

115.34 (c)

- 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).) X Yes No NA

115.34 (d)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings.

START PREA Policy 3.6, page 3, section II(l) addresses 115.34(a). In view of promotions and turnover, the CCCS PC and the PCM are the designated sexual abuse/harassment investigators at START. The PA has also completed the investigative specialty training (the National Institute of Corrections (NIC) course re: the conduct of sexual abuse investigations in confinement settings and/or the advanced course. Additionally, FBOP training for investigators may be required pursuant to contract with that agency.

Both the administrative and criminal investigative interviewees state they did complete training specific to conducting sexual abuse investigations in confinement settings. The administrative investigative interviewee completed the three hour on-line advanced NIC training course which is specifically tailored to conducting sexual abuse investigations in confinement settings. This course included substantial scenario-based training. The criminal investigative interviewee states he completed an in-person sexual abuse investigation

in a confinement setting training that was sponsored by the State of Montana. The power point presentation, lecture, scenario-based presentation was presented in Missoula, MT in February, 2022.

The auditor's review of NIC Certificates for the aforementioned training relevant to the PA, CCCS PC, and PCM reveals substantial compliance with both standard and policy.

START PREA Policy 3.6, page 3, section II(l)(2) addresses 115.34(b).

The auditor's review of the syllabus for this training reveals the requisite topics identified in 115.34(b) are addressed.

Both the administrative and criminal investigative interviewees state that training topics included:

Techniques for interviewing sexual abuse victims;
Proper use of Miranda and Garrity warnings;
Sexual abuse evidence collection in confinement settings; and
The criteria and evidence required to substantiate a case for administrative or prosecution referral.

Additionally, the administrative investigative interviewee asserts the course included instruction regarding evidence packaging and tagging, establishing chain of custody, and photographing crime scenes/evidence.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing investigators have completed the required training and the same has been addressed in the narrative for 115.34(a).

The PA further self reports START currently employs one PREA investigator plus the CCCS PC facilitates sexual abuse/harassment investigations at START. Both investigators completed requisite training. The PA has also completed the training as reflected in the narrative for 115.34(a).

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

Standard 115.35: Specialized training: Medical and mental health care

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.35 (a)

- 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.) X Yes No NA

- 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.) X Yes No NA

- 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.) X Yes No NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in how and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)
 Yes No NA

115.35 (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 No NA

115.35 (c)

- 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 No NA

115.35 (d)

- 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 No NA
- 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 No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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. According to the PA, four medical and mental health care practitioners work regularly at the facility and have received the requisite specialty training. This equates to 100% of medical and mental health care practitioners who work regularly at the facility and have received training.

START PREA Policy 3.5, page 4, section III(A)(1-4) addresses 115.35(a).

The medical and mental staff interviewees assert they have received specialized training regarding sexual abuse/harassment. Both interviewees assert they completed the three to four hour on-line NIC PREA course regarding provision of care to victims of sexual abuse in a confinement setting.

The above courses included the following:

How to detect and assess signs of sexual abuse/harassment;
How to preserve and protect physical evidence of sexual abuse;
How to respond effectively and professionally to victims of sexual abuse/harassment; and
How and to whom to report allegations or suspicions of sexual abuse/harassment.

The auditor's on-site review of three Staff Development and Record Forms or NIC Certificates of Completion for one mental health practitioner and two medical practitioners reveals substantial compliance with 115.35(a).

Pursuant to the PAQ, the PA self reports forensic examinations are not facilitated at START or by START staff. Accordingly, the auditor finds 115.35(b) not-applicable to START.

The medical and mental health interviewees state forensic medical examinations are not conducted at START.

Pursuant to the PAQ, the PA self reports the agency maintains documentation showing medical and mental health practitioners have completed the required training.

START PREA Policy 3.5, pages 4 and 5, sections III(B and D) address 115.35(c).

START PREA Policy 3.5, page 5, section III(E) addresses 115.35(d).

Pursuant to review of training files, the auditor has confirmed the current medical and mental health interviewees have completed the CCCS Pre-Service or Annual PREAART. Accordingly, compliance with 115.35(d) is established. Of note, one nurse was not yet due for PREAART in view of proximity to her hiring date.

In view of the above, the auditor finds START substantially compliant with 115.35.

SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS

Standard 115.41: Screening for risk of victimization and abusiveness

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.41 (a)

- Are all inmates assessed during an intake screening for their risk of being sexually abused by other inmates or sexually abusive toward other inmates? X Yes No

- 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? X Yes No

115.41 (b)

- Do intake screenings ordinarily take place within 72 hours of arrival at the facility?
X Yes No

115.41 (c)

- Are all PREA screening assessments conducted using an objective screening instrument?
X Yes No

115.41 (d)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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?
X Yes No
- 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?
X Yes No
- 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? X Yes No
- 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)? X Yes No
- 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? X Yes No

- 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? X Yes No
- Does the intake screening consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (10) Whether the inmate is detained solely for civil immigration purposes? X Yes No

115.41 (e)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.41 (f)

- 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? X Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? X Yes No
- 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? X Yes No

115.41 (h)

- 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? X Yes No

115.41 (i)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the inmate's detriment by staff or other inmates? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other offenders.

START PREA Policy 3.3, page 4, section II(B) addresses 115.41(a). Screening is completed within 24 hours of arrival pursuant to policy.

The staff who performs screening for risk of sexual victimization and abusiveness interviewee asserts 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.

All 17 random offender interviewees assert upon arrival at START (during intake), they were asked whether they had ever been in jail or prison before, whether they have ever been sexually abused, whether they identify as being lesbian/gay/bisexual (LGB), and whether they think they may be in danger of physical abuse at the facility.

The auditor's review of 11 of 12 random offender files reveals reveals initial victimization/abusiveness screenings were conducted on the date of arrival at START.

Pursuant to the PAQ, the PA self reports policy requires that offenders are screened for risk of sexual victimization or risk of abusing other offenders within 72 hours of their intake. In the last 12 months, the Warden self reports 561 offenders entered the facility (either through intake or transfer) whose length of stay in the facility was 72 hours or more who were screened for risk of sexual victimization or risk of sexually abusing other offenders, within 72 hours of entry into the facility. This equates to 100% of those screened pursuant to the criteria specified in the preceding sentence.

START PREA Policy 3.3, page 4, section II(B) addresses 115.41(b).

As previously stated, the auditor's review of 11 of 12 random initial PREA assessments completed in 2021 reveals timely facilitation of the initial assessment within 24 hours of arrival at START. Additionally, eight of 10 reassessments related to the same offenders were completed within 30 days of arrival at START.

Two reassessments were not yet due at the time of the on-site audit in light of the offender's arrival date. With respect to on additional case, initial assessments and reassessments could not be located.

The staff who performs screening for risk of victimization and abusiveness interviewee states he screens offenders for risk of victimization or risk of sexually abusing other offenders within 72 hours of intake. As a matter of fact, he asserts he completes requisite screening at intake.

Pursuant to the PAQ, the PA self reports the risk assessment is conducted using an objective screening instrument.

The auditor's review of the initial assessment/reassessment PREA screening tool reveals the same is based on objective criteria. A scoring system is implemented in the same in terms of the objective criteria assessed.

The auditor has reviewed the entire screening tool and has determined that all requisite components as mentioned in 115.41(d) are addressed, with the exception of detention solely for civil immigration purposes. It is noted offenders are not housed at START solely for civil immigration purposes. There is no MOU or contract with Immigration and Customs Enforcement (ICE) regarding housing for such offenders. Accordingly, it is logical the same would not be addressed in this initial assessment/re-assessment tool.

The auditor's review of the PREA assessment tool reveals the intake screening considers, at a minimum, the following criteria to assess offenders for risk of sexual victimization:

1. Whether the offender has a mental, physical, or developmental disability;
2. The age of the offender;
3. The physical build of the offender;
4. Whether the offender has previously been incarcerated;
5. Whether the offender's criminal history is exclusively nonviolent;
6. Whether the offender has prior convictions for sex offenses against an adult or child;
7. Whether the offender is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
8. Whether the offender has previously experienced sexual victimization;
9. The offender's own perception of vulnerability;

The staff member who performs screening for risk of victimization and abusiveness interviewee asserts the initial screening considers age, build, instant offense, LGBTI status, history of sexual abuse victimization in confinement or the community, and physical and emotional disabilities status. In regard to the conduct of the initial screening, the screening is facilitated following strip search and conducted individually behind a closed door in an office located in intake. He personally reviews every question with the offender. He does review any pre-screening material prior to the conduct of the actual screening.

START PREA Policy 3.3, page 4, section II(B)(2) addresses 115.41(e).

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 383 offenders who were admitted to the facility during the last 12 months were reassessed for their risk of sexual victimization or of being sexually abusive, within 30 days of admission, based upon any additional, relevant information received since Intake. Reportedly, this equates to 100% reassessment of all intakes, who were housed at the facility for 30 days or more, during the last 12 months.

START PREA Policy 3.3, page 5, section II(B)(3) addresses 115.41(f).

The staff responsible for initial risk screening interviewee asserts reassessments are completed by the PCM within 30 days of arrival at START.

Twelve of 17 random offender interviewees assert they were asked the questions articulated in the narrative for 115.41(a) again since they arrived at START. Eleven of 17 interviewees assert they were reassessed within 30 days of arrival at START. Two interviewees were not yet due for reassessment based on the date of their arrival at START.

Findings with respect to the auditor's on-site review of random offender files are reflected above in the narrative for 115.41(b).

The auditor reviewed one interviewee's file (the interviewee asserts he has not been reassessed) as part of the previously mentioned random files. Of the 12 random files reviewed, eight of 10 revealed

reassessments completed in a timely manner. The offenders (relative to two files) had been confined at START less than 30-days as of the dates of the on-site audit.

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, page 5, section II(B)(4) addresses 115.41(g).

According to the PCM, one reassessment was facilitated pursuant to 115.241(g). Specifically, the investigation into a sexual abuse matter concluded on February 6, 2020 and the 115.241(g) reassessment was conducted on February 6, 2020. The 115.241(f) reassessment was facilitated on January 31, 2020. The auditor's review of all related documents reveals substantial compliance with 115.241(g).

The staff member responsible for facilitation of risk screening interviewee states the PCM 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 and abusiveness.

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 perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the offender has previously experienced sexual victimization; and
The offender's own perception of vulnerability.

START PREA Policy 3.3, page 5, section II(B)(6) addresses 115.41(h).

The staff member responsible for risk screening interviewee asserts that offenders are not disciplined in any way 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 perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming;
Whether or not the offender has previously experienced sexual victimization; and
The offender's own perception of vulnerability.

START PREA Policy 3.3, page 5, section II(B)(7) addresses 115.41(i).

The CCCS PC and PCM assert the agency has outlined who should have access to an offender's risk assessment within the facility in order to protect sensitive information from exploitation. The information flow commences with the intake officer and flows to the PCM to the PA/cos and clinical director. The staff member responsible for risk screening interviewee confirms the statement of the PCM, specifically stating that the PCM and PA are the primary recipients and users of offender assessments.

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

Standard 115.42: Use of screening information

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.42 (a)

- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

115.42 (b)

- Does the agency make individualized determinations about how to ensure the safety of each inmate? X Yes No

115.42 (c)

- 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)? X Yes No
- When making housing or other program assignments for transgender or intersex inmates, does the agency consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether a placement would present management or security problems? X Yes No

115.42 (d)

- 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? X Yes No

115.42 (e)

- 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? X Yes No

115.42 (f)

- Are transgender and intersex inmates given the opportunity to shower separately from other inmates? X Yes No

115.42 (g)

- 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.) X Yes No NA
- 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.) X Yes No NA
- Unless placement is in a dedicated facility, unit, or wing established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting lesbian, gay, bisexual, transgender, or intersex inmates, does the agency always refrain from placing: intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status? (N/A if the agency has a dedicated facility, unit, or wing solely for the placement of LGBT or I inmates pursuant to a consent decree, legal settlement, or legal judgement.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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.

START PREA Policy 3.3, page 6, section II(C)(b) addresses 115.42(a).

The auditor's review of memorandums describing housing assignments reveals the intake officer and PCM make housing decisions along with the PA and cos. They use information relayed to them through an offender's initial screening, as well as, information gathered from the PREA screening tool. If an offender has been assigned living quarters that jeopardize their safety, they would be reassigned immediately.

The PCM asserts the facility uses information from risk screening during intake to facilitate housing and programming assignments. Specifically, the information is used to maintain separation of Known and Potential Victims of Sexual Victimization (PVs, KVs) from Known and Potential Sexual Aggressors (PAs, KAs). PAs and KAs are not housed in the same cell with PVs or KVs. Either classification can be housed with those offenders who classify as Unrestricted (U). Assignment staff attempt to separate the classifications by tier and locations conducive with effective monitoring/supervision.

The staff responsible for risk screening interviewee asserts he attempts to house offenders with similar histories together (from a sexual aggressor/sexual victimization perspective) , separating PVs/KVs from PAs/KAs (see acronym definitions above). He can house any of these designations with those offenders who score as U.

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, page 6, section II(C)(c) addresses 115.42(b).

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

START PREA Policy 3.3, page 6, section II(C)(d and e) addresses 115.42(c).

The PCM asserts she handles the majority of intake housing, reviewing the housing grid and ensuring proper assignments. All cell changes are approved by the PCM or PA.

According to the PCM, zero transgender/intersex offenders were housed at START throughout the audit period. The auditor validated the same pursuant to staff interviews.

Pursuant to the PAQ, START is a 30-120 day alternative to prison or jail for those individuals who have violated the terms of their parole, probation, or pre-release placement. Accordingly, there are many occasions wherein placement and programming assignments for transgender/intersex offenders are not reassessed a second time/year during the offender's placement at START.

According to the PCM, transgender/intersex offender's placement and programming assignments are reassessed twice annually to review any threats to safety experienced by the offender, provided the offender is housed at the facility for a one year period. However, the PCM asserts she meets with transgender/intersex offenders frequently and documents the same.

The staff responsible for risk screening interviewee was not aware of the twice annual reassessment or reevaluation of transgender/intersex offender reviews of housing and programming.

The auditor has not discovered any situations meeting the requirements of 115.42(d).
START PREA Policy 3.3, page 6, section II(C)(f) addresses 115.42(e).

The PCM asserts transgender/intersex offender's own views with respect to his safety are given serious consideration in placement and programming assignments. The staff responsible for risk screening interviewee confirms the statement of the PCM.

START PREA Policy 3.3, page 7, section II(C)(i) addresses 115.42(f).

The PCM asserts transgender/intersex offenders are given the opportunity to shower separately from other offenders, should they request the same. Pursuant to request, they can shower in the intake area showers. Offenders would be moved off the unit and escorted to the intake area. The staff responsible for risk screening interviewee confirms the PCM's assertion and adds that there are singular secure showers in A, B, and C units.

START PREA Policy 3.3, page 7, section II(C)(j) addresses 115.42(g).

According to the CCCS PC gay, lesbian, bi-sexual, transgender, or intersex offenders are not placed in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such offenders. The PCM asserts the facility 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, intersex offenders. The single offender interviewee who self identifies as gay states he is not placed in a housing area designated only for gay, lesbian, bi-sexual, transgender, or intersex offenders.

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

Standard 115.43: Protective Custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.43 (a)

- 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? X Yes No
- 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? X Yes No

115.43 (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? X Yes No
- 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? X Yes No
- 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 X No
- 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? X Yes No
- 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.) X Yes No NA
- If the facility restricts any 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.) X Yes No NA
- If the facility restricts any 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.) X Yes No NA

115.43 (c)

- 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? X Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? X Yes No

115.43 (d)

- 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? X Yes No
- 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? X Yes No

115.43 (e)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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 in the past 12 months for one to 24 hours awaiting completion of assessment.

START PREA Policy 3.3, page 8, section II(E)(a) addresses 115.43(a).

Pursuant to memorandums authored in 2019 and 2020, and 2021, the PA advises that no offenders were placed in involuntary segregation while awaiting an assessment or alternative placement.

The PA asserts the agency 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 available alternative means of separation from potential abusers. The PA further asserts no such involuntary placements have been effected since the last audit as staff would work diligently to reassign them in considerably less time than 24 hours.

START PREA Policy 3.3, page 8, section II(E)(b) addresses 115.43(b).

The staff who supervises offenders in segregated housing interviewee asserts when offenders are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they do have access to work opportunities as orderlies, runners, etc. They are compensated with commissary items.

While there are no educational opportunities at START, books are distributed to offenders housed in segregated housing (D Unit) . Additionally, such offenders do have access to religious programs, recreation, telephone privileges, etc.

The interviewee further asserts if the facility restricts access to programs, privileges, education, or work opportunities, staff document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitation. According to the interviewee, the PA approves such limitations and the same is reduced to writing. She does not recall any instances of this happening during the last three years, to her knowledge.

During the on-site audit, zero offenders were housed in D Unit as the result of 115.43(a) concerns.

The auditor's review of segregated housing operations (D Unit) essentially confirms the interviewee's assertion.

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

START PREA Policy 3.3, page 8, section II(E)(c) addresses 115.43(c).

The PA asserts offenders at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The PA further asserts offenders at high risk for sexual victimization or who have alleged sexual abuse and have been placed in involuntary segregated housing are reviewed within 24 hours to assess potential release from the unit.

The staff who supervises inmates in segregated housing interviewee asserts offenders are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. She indicates such placement would be determined by the PA and PCM.

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.

START PREA Policy 3.3, page 8, section II(E)(d) addresses 115.43(d).

Pursuant to the PAQ, the PA self reports if an involuntary 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.

START PREA Policy 3.3, page 8, section II(E)(e) addresses 115.43(e).

The staff who supervises offenders in segregated housing interviewee asserts she believes an offender assigned to involuntary segregated housing is evaluated every week to determine if continued placement in involuntary segregated housing is required.

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

REPORTING

Standard 115.51: Inmate reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.51 (a)

- Does the agency provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment? X Yes No
- 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? X Yes No
- 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? X Yes No

115.51 (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? X Yes No
- Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials? X Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? X Yes No
- 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) Yes No X NA

115.51 (c)

- Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? X Yes No
- Does staff promptly document any verbal reports of sexual abuse and sexual harassment? X Yes No

115.51 (d)

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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:

Sexual abuse or sexual harassment;

Retaliation by other offenders or staff for reporting sexual abuse and sexual harassment; and Staff neglect or violation of responsibilities that may have contributed to such incidents.

START PREA Policy 3.4, pages 1 and 2, section II(A)(1, 2, and 3) addresses 115.51(a).

The auditor has been aware of 115.51(b) procedural modifications that have been in process for several months. As one component of the procedural modifications, START has initiated a reciprocal agreement MOU with Boyd Andrews Community Services (BACS) to facilitate 115.51(b) requirements. This is the second 115.51(b) external reporting source for START offenders. As of the dates of the on-site audit, policy, the START Offender PREA Handbook, the PREA brochure, and poster amendments were in process.

Once amended, START Policy 3.4, the START Offender PREA Handbook, the PREA brochure, and PREA posters will reveal substantial compliance with 115.33 and 115.51(b). During the pre-audit review, the auditor determined that the previous policy and the START PREA Handbook included Safe Space as a 115.51(b) reporting source. The same is contradictory to 115.51(b) requirements, as articulated in a corresponding U.S. Department of Justice Frequently Asked Question (FAQ). Pursuant to a recently signed, but previously developed MOU between CCCS and BACS, new 115.51(b) reporting requirements have been established and accordingly, the aforementioned policy, posters and the START Offender PREA Handbook were in the process of modification to address the same.

The auditor notes that BACS is a non-profit re-entry corporation located in Helena, MT. By virtue of reciprocal agreement, designated officials from each facility agree to report incoming sexual abuse/harassment allegations received from facilities managed by the parties to the agreement in accordance with 115.51(b). The auditor's review of this agreement appears to meet all tenets of 115.51(b).

Since START effected appropriate steps to address this matter prior to the on-site audit, the auditor finds no basis for a non-compliance finding. However, the auditor requires the PCM to submit to him a roster of clients admitted to the facility between the date of issuance of this interim report and June 13, 2022. The auditor will randomly select a sampling of names and the PCM will forward to the auditor corresponding Receipts for the START Offender PREA Handbook and START Client Orientation PREA Acknowledgment forms. Additionally, the PCM will either facilitate a town hall meeting for existing clients or post an informational memorandum, advising them of the new 115.51(b) reporting procedures. A copy of the town hall meeting minutes or, in the alternative, the memorandum will be forwarded to the auditor for inclusion in the audit file.

In addition to the above, the PCM will forward to the auditor a copy of the aforementioned amended policy, START Offender PREA Handbook, the PREA brochure, and posters for review and inclusion in the audit file.

All 11 random staff interviewees were able to articulate at least one method in which offenders can privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting incidents of sexual abuse/harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Cited methods of private reporting are as follows:

- Verbal report to staff;
- Submission of a written report to staff;
- Third-party report;
- Submission of an emergency grievance;
- Contact ADLC LEA;
- Hotline call; and
- Submission of a kite to staff.

All 16 random offender interviewees were able to articulate at least one method in which offenders can privately report sexual abuse/harassment, retaliation by other offenders or staff for reporting incidents of sexual abuse/harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Specific methods of private reporting include:

Verbal report to staff;
Submission of a written report to staff;
Third-party report;
Submission of an emergency grievance;
Hotline call to BACS;
Submission of a kite to staff; and
Contact ADLC LEA.

Pursuant to the PAQ, the PA self reports the agency provides at least one way for offenders to report abuse or harassment to a public or private entity or office that is not part of the agency. The PA further self reports the agency does not have a policy requiring provision of information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security, to offenders detained solely for civil immigration purposes. START does not contract with ICE for housing of civil immigration cases.

CCCS PREA Policy 1.3.5.12, page 14, section IV(b) addresses 115.51(b).

The PREA Handbook, page 4, paragraph 1 addresses 115.51(b).

An MOU with ADLC LEA reflects agreement regarding offender report of abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward offender reports of sexual abuse and sexual harassment to agency officials, allowing the offender to remain anonymous upon request. Therefore the START PREA Hotline provides offenders with direct toll free access to ADLC LEA who then notifies the administrator of any reports. Once the amendments articulated in the narrative for 115.51(a) are complete and requisite documents are addressed or posted, offenders will have full knowledge of 115.51(b) benefits.

According to the PCM, offenders may report abuse/harassment to a private entity pursuant to the BACS Hotline and ADLC LEA. Both reporting sources are external to START and CCCS. The MOU between CCCS and BACS describes receipt and immediate transmission of offender reports of sexual abuse/harassment to agency officials that allow the offender to remain anonymous. Subsequent to receipt of a report, the Helena Pre-Release Center PA contacts the CCCS PC.

Fourteen of 16 random offender interviewees assert they are allowed to make a report without giving their name.

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

CCCS PREA Policy 1.3.5.12, page 14, section IV[115.51(c)] addresses 115.51(c).

It is noted that the requirement for staff to accept reports verbally and, 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 11 random staff interviewees assert when an offender alleges sexual abuse/harassment, he can do so verbally, in writing, anonymously, and from third parties. All verbal reports are immediately documented.

All 16 random offender interviewees state reports of sexual abuse/harassment can be made either verbally or in writing. Sixteen interviewees state someone else can make a report for them so that they do not have to be named.

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, offenders, volunteers, and contractors can make private reports via written, verbal, electronic, and third party channels. The information conveyed will be considered confidential. This information is available in the START Offender PREA Handbook as well.

Staff and offenders may report abuse, harassment, retaliation, or neglect, to any staff, PA, volunteer, parole officer, attorney, BACS, or Western Montana Mental Health Advocate.

Amended START PREA Policy 3.4, pages 1 and 2, section II(A)(1 and 3) will address 115.51(d).

All 11 random staff interviewees identified at least two methods in which staff can privately report sexual abuse/harassment of offenders. Methods of reporting include:

Written reports;
Verbal reports to supervisor(s)/administration behind closed doors;
Telephonic report;
Email report; and
Third-party report.

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

Standard 115.52: Exhaustion of administrative remedies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.52 (a)

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address inmate grievances regarding sexual abuse. This does not mean the agency is exempt simply because an inmate does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. Yes No

115.52 (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 No NA
- 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 No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- 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 No NA

115.52 (d)

- 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.) X Yes No NA

- 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.)
X Yes No NA
- 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.) X Yes No NA

115.52 (e)

- 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.)
X Yes No NA
- 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.) X Yes No NA
- 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.)
X Yes No NA

115.52 (f)

- 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.) X Yes No NA
- 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.)
X Yes No NA
- 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.) X Yes No NA
- 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.)
X Yes No NA
- 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.) X Yes No NA

- 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.) X Yes No NA
- 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.) X Yes No NA

115.52 (g)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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, pages 3-5, section II(A)(13)(i-vi) addresses 115.52(a).

This subject-matter is also addressed on pages 4, 5, and 6 of the START PREA Handbook.

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 self reports 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, page 3, section II(A)(13)(i, ii, iii, and iv) addresses 115.52(b).

The START PREA Handbook, page 4, section entitled Grievance Procedure also addresses 115.52(b).

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, page 4, section II(A)(13)(v)(5) addresses 115.52(c).

CCCS PREA Handbook, page 5, section entitled Grievance Procedure, 4(b)(2) addresses 115.52(c).

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 further self reports zero grievances were filed by offenders within the last 12 months wherein sexual abuse was alleged.

According to the PA, 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.

START PREA Policy 3.4, pages 4 and 5, section II(A)(13)(vi)(1-4). addresses 115.52(d).

The auditor did interview a START offender regarding an alleged sexual harassment matter. The interviewee stated that he was sexually harassed by a staff member at another CCCS facility.

The CCCS PC received the interviewee's complaint via U.S. Postal Service. He, in addition to the START PCM, interviewed the offender promptly following receipt of the interviewee's correspondence. The CCCS PC concluded that evidence supported sexual harassment and accordingly, the investigation was substantiated.

The auditor notes that the sexual harassment allegation originated at a facility other than START. In view of the above, this matter does not fall under the parameters of 115.52(d) as applicable to START.

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 were filed by offender(s) within the last 12 months. However, while one offender victim never asked for help in filing a grievance, a 3rd party grievance was filed on his behalf. When the offender was contacted while out on conditional release in another state, he refused to file a grievance.

START PREA Policy 3.4, pages 8 and 9, section II(D)(2 and 3) addresses 115.52(e).

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 days.

START PREA Policy 3.4, pages 3 and 4, section II(A)(13)(v) and (1) addresses 115.52(f).

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. While the PA further self reports that during the last 12 months, there was one instance of wherein a third party false report was provided, offender(s) were not disciplined as they were not housed at START.

START PREA Policy 3.4, page 4, section II(A)(13)(v)(3) addresses 115.52(g).

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

Standard 115.53: Inmate access to outside confidential support services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.53 (a)

- 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? X Yes No

- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) Yes No NA
- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? Yes No

115.53 (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 No

115.53 (c)

- 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 No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility provides offenders with access to outside victim advocates (VAs) 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;
 Offenders are not housed at START solely for civil immigration purposes; and
 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).

Page 4 of the PREA Offender Handbook addresses 115.53(a) in terms of posters and locations wherein information regarding VA addresses and telephone numbers can be found.

The auditor's review of the MOU between CCCS and Safe Space clearly specifies the subject-matter of 115.53(a) as Safe Space VAs agree to provide counseling and follow-up to sexual abuse victims. Additionally, the auditor's review of a poster bearing the names/addresses/telephone numbers of five service

providers in response to assistance with offender sexual abuse matters reveals substantial compliance with 115.53(a).

In addition to the above, the START PREA pamphlet provided to offenders during intake reflects the names and telephone numbers of one national VA source and two other resources. Given the fact that Safe Space is the designated 115.53 VA provider pursuant to MOU, the auditor recommends that Safe Space and telephone number/address be appropriately added to the document in the section entitled "If you are in need of rape crisis counseling..."

The auditor notes that one poster reflects telephone numbers identified as Sexual Abuse Hotline Numbers. As referenced in the narratives for 115.51(a) and (b), neither Safe Space nor RAINN are hotline reporting resources. It does not appear that these telephone numbers relate to reporting sources rather, they appear to be 115.53(a) resources. Accordingly, the auditor requires that the poster be amended to reflect the resources as rape counseling resources or some similar verbiage.

The PCM will forward a copy of the amended poster to the auditor. Additionally, the subject-matter of the amended poster will be addressed in a town hall setting or a memorandum to the offender population explaining the changes. The PCM will provide to the auditor a copy of the town hall meeting minutes or memorandum and date of distribution. Photos of the amended poster and a few posting locations will also be provided to the auditor.

Finally, the PCM will ensure that staff are trained regarding the aforementioned changes. A copy of the training plan and Staff Development and Training Record forms for each attendee will also be provided to the auditor.

Fifteen of 16 random offender interviewees assert they know there are services available outside the facility for dealing with sexual abuse, if needed. Two of the 16 interviewees state Safe Space, one states counseling, four state mental health services, one states treatment services, two state therapy through Montana Health, and one states that clinics are available for assistance.

Twelve interviewees state the facility provides mailing addresses and telephone numbers for the above services. Twelve interviewees state the information is present on posters, in the PREA Offender Handbook, and pursuant to request to staff. Thirteen of 16 interviewees assert the numbers are free to call.

Fourteen of 16 random offender interviewees assert they would be able to talk with people from these services any time, dependent upon hours of provider operation.

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 auditor's review of the START Offender PREA Handbook reveals offenders can converse with representatives from these services in as confidential manner as possible. The auditor strongly recommends that an addition be inserted in the PREA handbook, expounding on the mandatory reporting obligations that accompany service provider conversations and interaction with offenders.

All 16 random offender interviewees assert that what they say to people from these services remains private. Three of 16 random offender interviewees assert conversations with staff from these services could be listened to or shared for purposes of mandatory reporting. Two of the latter three interviewees state criminal activity serves as a basis for VA sharing of information with law enforcement.

Pursuant to the PAQ, the PA self reports the facility maintains 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 clearly captures the requirements of 115.53. The auditor's review of the same reveals a comprehensive and complete agreement to provide requisite services.

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

Standard 115.54: Third-party reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.54 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? X Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency or facility provides a method to receive third-party reports of offender sexual abuse or sexual harassment. A third party reporting form is located on all pods and on the www.cccscorp.com website. All reports are directed to the CCCS PC who, in turn, disseminates the same to each facility. All telephone calls are received by the PA or START PCM. If the CCCS PC is contacted, he immediately contacts the PA. Emails are another source of receiving third party reports and they are delivered to the PA immediately.

The PA further self reports the agency or facility publicly distributes information on how to report offender sexual abuse or sexual harassment on behalf of offenders. Through use of signs, pamphlets, posters, and education, offenders have access to third party reporting forms that can be mailed to appropriate parties. Additionally, third party reporting forms are available in the Lobby for offender visitors.

Telephone numbers are reflected on the START and CCCS website. Additionally, contact information is publicized on posters in the Lobby Area.

START PREA Policy 3.4, page 8, section II(D)(1) addresses 115.54(a). Third Party Reporting is also addressed on page 4 of the START Offender PREA Handbook.

In view of the above, the auditor finds START substantially compliant with 115.54.

OFFICIAL RESPONSE FOLLOWING AN INMATE REPORT

Standard 115.61: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.61 (a)

- 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? X Yes No
- 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? X Yes No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? X Yes No

115.61 (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? X Yes No

115.61 (c)

- 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? X Yes No
- 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? X Yes No

115.61 (d)

- 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? X Yes No

115.61 (e)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? X Yes No

Auditor Overall Compliance Determination

Exceeds Standard (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency requires all staff to report immediately and according to agency policy:

Any knowledge, suspicion or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility whether or not it is part of the agency;
Any retaliation against offenders or staff who reported such an incident;
Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.

START PREA Policy 3.4, page 6, section II(C)(1) addresses 115.61(a).

The auditor's review of one 2020 and one 2021 (incident occurred in late 2020) investigations reveals no concerns regarding staff reporting.

All 11 random staff interviewees assert they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment that occurred in a facility, 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. All 11 interviewees state they report immediately to their supervisor, generally the security supervisor, cos/PA/PCM/clinical director (cd), and the CCCS PC.

Pursuant to the PAQ, the PA self reports apart from reporting to designated supervisors or officials and designated local service agencies, agency policy prohibits staff from revealing any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

START PREA Policy 3.4, page 7, section II(C)(3) addresses 115.61(b).

START PREA Policy 3.4, page 7, section II(C)(5) addresses 115.61(c).

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 mental health interviewee states the offender signs an Informed Consent at commencement of the encounter. The medical staff interviewee states the offender signs an Informed Consent at intake. She also may remind them of her mandatory reporter status.

They further state they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor [the PA, PCM, CCCS PC, cd, and then to security supervisor(s)] or official immediately upon learning of the same. Neither interviewee has become aware of such incidents during the audit period.

START PREA Policy 3.4, page 7, section II(C)(4) addresses 115.61(d).

The PA asserts no juveniles are housed at START. In terms of vulnerable adult sexual abuse, he would report the same to the MDOC contract manager. Like the PA, the CCCS PC asserts no juveniles are housed at START. The same applies to vulnerable adults.

START PREA Policy 3.4, page 7, section II(C)(6) addresses most of 115.61(e).

It is noted that the CCCS PC and START PCM are designated and trained PREA investigators at START. The aforementioned policy clearly requires that all allegations of sexual abuse and sexual harassment,

including third party or anonymous reports, are reported to the PA or cos immediately. The PA confirmed this requirement during his interview.

The PA asserts all allegations of sexual abuse and sexual harassment (including those from third-party and anonymous sources) are reported to him and he disseminates the allegation to the CCCS PC and designated supervisor.

The auditor's review of investigations reveals no concerns in terms of communication of the incident(s) to trained investigators.

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

Standard 115.62: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.62 (a)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports when the facility learns an offender is subject to 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 zero instances wherein the facility determined an offender was at substantial risk of imminent sexual abuse as the result of a sexual abuse threat.

START PREA Policy 3.4, page 2, section II(A)(7) addresses 115.62(a).

This provision is addressed in slides 40 and 41 of the START PREA Power Point Training Presentation, which is provided to staff.

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 it is recommend that the offender be moved to another cell or unit.

In response to the same question, the PA asserts the matter is investigated. The potential victim is immediately removed from the danger zone. The management team would determine whether a request for removal from the facility is appropriate. If deemed appropriate, a PA to PA transfer to another CCCS facility would be attempted. The primary strategy entails removal of the alleged perpetrator from the facility if his identity is known.

All 11 random staff interviewees state the potential victim is immediately removed from the danger zone and supervised.

In view of the above, the auditor finds START substantially compliant with 115.62.

Standard 115.63: Reporting to other confinement facilities

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.63 (a)

- 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? X Yes No

115.63 (b)

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? X Yes No

115.63 (c)

- Does the agency document that it has provided such notification? X Yes No

115.63 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? X Yes No

Auditor Overall Compliance Determination

- X **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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 sexual abuse is alleged to have occurred. The PA further self reports in the past 12 months, zero allegations were received at the facility where an offender was abused while confined at another facility.

START PREA Policy 3.4, page 8, section II(C)(10) addresses 115.63(a).

The auditor's review of one 2019 and one 2020 allegation of sexual abuse that allegedly occurred at two separate county correctional facilities reveals no deviation from 115.63(a). Proper written notifications were made to MDOC executive(s) and a sheriff within 24 hours of advisement of the alleged incidents.

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

START PREA Policy 3.4, page 8, section II(C)(10) addresses 115.63(a-d). This policy stipulates if staff receives information that an offender was sexually abused or sexually harassed while confined in another facility, they will immediately report it to the PA. The PA will then notify the head of the facility where the alleged abuse occurred within twenty-four (24) hours; although this standard allows for notification to occur

within seventy-two (72) hours. Documentation of notification will be maintained in the PA's office. Once notification is made, it is up to the facility head or agency office which received notification to ensure the allegation is fully investigated according to state law and PREA standards.

As reflected above, 115.63(b) requires written notification to the receiving facility within 72 hours of receipt of the allegation. However, the aforementioned START policy reflects notification within 24 hours of receipt of the allegation and accordingly, the auditor finds that both policy and practice exceed 115.63(b) expectations.

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

START PREA Policy 3.4, page 8, section II(C)(10) addresses 115.63(c).

A discussion of the evidence is reflected in the narrative for 115.63(a) and (b).

Pursuant to the PAQ, the PA self reports the facility requires 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 from other facilities regarding incidents alleged to have originated at START.

START PREA Policy 3.4, page 8, section II(C)(10) addresses 115.63(d).

In regard to referrals of sexual abuse/harassment allegations (allegedly occurring at a CCCS facility), the PA is generally the point of contact for receipt of the same.

The PA opens an investigation regarding the same.

When a report of sexual abuse allegation is received from another facility head regarding an incident that allegedly occurred at START, an investigation is immediately initiated and upon completion, a report is made to the referring administrator.

There is an example of another facility head or agency reporting such an allegation to the PA. An investigation was initiated and the allegation was determined to be unfounded.

The auditor's review of the one allegation allegedly arising at START reveals the allegation was adequately investigated in accordance with PREA expectations.

In view of the above, the auditor finds START exceeds standard expectations with respect to 115.63.

Standard 115.64: Staff first responder duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.64 (a)

- 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?
X Yes No
- 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? X Yes No
- 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? X Yes No

- 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? X Yes No

115.64 (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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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 that, upon learning of an allegation an offender was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
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
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 including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

In the last 12 months, there was zero allegations that an offender was sexually abused. In the last 12 months, there was zero allegations where staff were notified within a time period that still allowed for the collection of physical evidence.

START PREA Policy 3.11, pages 1 and 2, section II(A)(1-10) addresses 115.64(a). Specifically, upon learning that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

Separate the alleged victim and abuser;
Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and
If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.

The Coordinated Response to PREA Incidents document also provides accurate direction to First Responders.

Ten of the 11 random staff interviewees were able to properly identify the four first responder steps articulated in 115.64(a). Of note, all interviewees were in possession of a laminated first responder card bearing all 115.64(a) requirements.

Similarly, both the security and non-security first responder interviewees properly identified the four first responder steps articulated in 115.64(a).

Pursuant to the PAQ, the PA self reports agency policy requires if the first responder is not a security staff member, the responder shall be required to request the alleged victim not take any actions that could destroy physical evidence, and then notify security staff. The PA further self reports there was zero instances wherein non-security staff members were the first responders, during the last 12 months.

START PREA Policy 3.11, pages 1 and 2, section II(A)(1-10) addresses 115.64(b).

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.

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

Standard 115.65: Coordinated response

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.65 (a)

- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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.

START PREA Policy 3.11, pages 1-9 addresses 115.65(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.

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 the sexual abuse allegation(s). Additionally, the Coordinated Response to PREA Incidents document serves as an excellent guideline for staff as they perform sexual abuse related duties.

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. He asserts the plan (policy) is extensive by position and response to the sexual abuse incident.

In view of the above, the auditor finds START substantially compliant with 115.65.

Standard 115.66: Preservation of ability to protect inmates from contact with abusers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.66 (a)

- 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 limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? Yes No

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to PAQ documentation, the PA asserts there is no collective bargaining agreement at START. While 115.66 is technically not applicable to START, the facility is substantially compliant as there are no deviations from standard.

The Agency Head asserts neither CCCS nor any governmental entity responsible for collective bargaining on the company's behalf, entered into or renewed any collective bargaining agreements or other agreements since the last START PREA audit. There is no union or Collective Bargaining Unit Agreement at START.

In view of the above, the auditor finds START substantially compliant with 115.66.

Standard 115.67: Agency protection against retaliation

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.67 (a)

- 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 No

- Has the agency designated which staff members or departments are charged with monitoring retaliation? X Yes No

115.67 (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? X Yes No

115.67 (c)

- 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? X Yes No
- 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? X Yes No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No
- 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? X Yes No

- 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? X Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? X Yes No

115.67 (d)

- In the case of inmates, does such monitoring also include periodic status checks? X Yes No

115.67 (e)

- 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? X Yes No

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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 staff and offenders. The PA further self reports the agency designates staff member(s) or charges department(s) with monitoring for possible retaliation. The PA and PCM are designated as the retaliation monitors at START.

START PREA Policy 3.9, page 4, section II(J)(1) addresses 115.67(a). The PA and PCM assume primary responsibility for retaliation monitoring. If neither are available, the CCCS PC assigns another trained staff member to facilitate retaliation monitoring.

Page 6, paragraph 2 of the START PREA Handbook also addresses 115.67(a).

START PREA Policy 3.9, page 4, section II(J)(2) addresses 115.67(b). This policy stipulates staff and offenders who fear retaliation can speak to the mental health professional on site. Staff can also access the company Employee Assistance Program. Alternative protection against retaliation may include moving an offender to another housing unit or to another detention facility if deemed necessary by the Program Administrator.

The Agency Head asserts protection of offenders and staff from retaliation for sexual abuse/harassment can be accomplished by moving offenders from pod to pod, unit to unit, facility to facility. Staff can be moved from shift to shift, post to post, facility to facility and recommended for the Employee Assistance Program. Offender victims of retaliation may be referred to START mental health professionals.

The PA asserts every sexual abuse/harassment allegation is investigated and notifications are made accordingly. The victim and perpetrator (offenders), minimally, can/will be assigned to separate housing units. A request through MDOC can also be made to transfer one or both offenders. Staff can be reassigned to other posts or facilities, if necessary and approved. Finally, staff perpetrators can be placed on administrative leave.

The PA was also administered the interview questionnaire for the designated staff member charged with monitoring retaliation. Accordingly, his responses as previously articulated are appropriate. Additionally, he asserts the PCM facilitates retaliation monitoring for offenders, minimally, on a weekly basis.

The auditor notes that the one 2020 and one 2021 sexual abuse investigations were determined to be unfounded. Both investigations encompassed alleged incidents that occurred during 2020 although one investigation was completed in 2021 subsequent to receipt of the unfounded allegation. Pursuant to 115.67(f), the retaliation monitoring obligation terminates in the event of unfounded allegation(s).

Pursuant to the PAQ, the PA self reports the facility monitors the conduct and treatment of offenders or staff who reported 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. In view of the brevity of the program (generally a maximum of 90 days), the PA reports the facility monitors the conduct or treatment for a minimum of 30 days or more, if necessary. The facility acts promptly to remedy any such retaliation and continues such monitoring beyond 90 days if the initial monitoring indicates a continuing need. Reportedly, there was zero times an incident of retaliation occurred in the last 12 months.

START PREA Policy 3.9, pages 4 and 5, section II(J)(3 (a-c) addresses this provision.

If retaliation is suspected, an investigation is initiated and notifications are made. Offenders may/are assigned to separate housing units. Staff perpetrators may be placed on administrative leave/reassigned to a different post or duty assignment/transferred to another facility.

Formal retaliation monitoring is initiated. The PA facilitates staff retaliation monitoring while the PCM facilitates offender retaliation monitoring for up to 90 days, unless extended. Victims may be referred to the mental health practitioner and/or other clinicians.

In terms of signs of possible retaliation, the PA asserts a change in the offender's attitude, isolation, behavioral changes, and hygiene changes are potential indicators of retaliation. In regard to retaliation against staff, an increase in call-offs, frequent job location changes, requesting shift changes, and changes in appearance are indicators of potential retaliation.

Retaliation monitoring is facilitated for at least 90 days, unless the PA determines a need to extend monitoring. Of course, monitoring is terminated if the allegation is determined to be unfounded.

There is no maximum length of time relative to retaliation monitoring. According to the PA, the victim must feel comfortable, as well as, the PA.

START PREA Policy 3.9, page 5, section II(J)(3 (a) addresses 115.67(d). This policy stipulates initiation of documented periodic checks with the offender, monitoring offender incident reports, housing changes, program changes, and negative performance of staff are considerations in retaliation monitoring.

The policy citations regarding the subject-matter of 115.67(e) are reflected the narrative for 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 afore-mentioned retaliation monitors effect the same.

The PA asserts in the event an individual who cooperates with an investigation expresses a fear of retaliation, the allegation is investigated and notifications are made. If the affected individual is an offender and the alleged retaliating individual is another offender, both offenders are geographically separated by unit within the facility. If the situation involves a staff member who is allegedly retaliating, he/she is placed on administrative leave, reassigned to another post, or reassigned to another CCCS facility, if appropriate based on the circumstances. A staff victim of retaliation can be reassigned to another post or facility.

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

Standard 115.68: Post-allegation protective custody

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.68 (a)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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 resulted in a determination that there is no 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 in the last 12 months for one to 24 hours awaiting completion of assessment. If an involuntary 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.

START PREA Policy 3.3, page 8, section II(E)(a-e) address 115.68(a).

The PA asserts the agency 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 available alternative means of separation from potential abusers. Staff work diligently to identify alternative housing strategies in such matters. The PA further asserts no such involuntary placements have been effected since the last audit.

The PA asserts offenders at high risk for sexual victimization or who have alleged sexual abuse are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. The PA further asserts offenders at high risk for sexual victimization or who have alleged sexual abuse and have been placed in involuntary segregated housing are reviewed within 24 hours to assess potential release from the unit. Experience dictates that most offenders similarly situated may request protective custody. According to the PA, no incidents have arisen within the last 12 months wherein segregated housing was used to protect an offender who was alleged to have suffered sexual abuse.

The staff who supervises offenders in segregated housing interviewee asserts when offenders are placed in segregated housing for protection from sexual abuse or after having alleged sexual abuse, they do have access to work opportunities as orderlies, runners, etc. They are compensated with commissary items.

While there are no educational opportunities at START, books are distributed to offenders housed in segregated housing (D Unit). Additionally, such offenders do have access to religious programs, recreation, telephone privileges, etc.

The interviewee further asserts if the facility restricts access to programs, privileges, education, or work opportunities, staff document the opportunities that have been limited, the duration of the limitation, and the reasons for such limitation. According to the interviewee, the PA approves such limitation(s) and the same is/are reduced to writing. She does not recall any instances of this happening during the last three years.

The staff who supervises offenders in segregated housing interviewee asserts offenders are placed in involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged. She indicates such placement would be determined by the PA and PCM.

According to the staff who supervises offenders in segregated housing interviewee, offenders assigned to involuntary segregated housing pursuant to 115.43(a) would be evaluated on a weekly basis to determine if continued placement in involuntary segregated housing is required.

The staff member who supervises offenders in segregated housing interviewee states that if the facility restricts access to programs, privileges, education, or work opportunities, documentation would include:

The opportunities that have been limited;
The duration of the limitations; and
The reason for such limitations.

In view of the above, the auditor finds START substantially compliant with 115.68.

INVESTIGATIONS

Standard 115.71: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.71 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.21(a).] X Yes No NA
- 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).] X Yes No NA

115.71 (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? X Yes No

115.71 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? X Yes No

- Do investigators interview alleged victims, suspected perpetrators, and witnesses?
X Yes No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? X Yes No

115.71 (d)

- 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? X Yes No

115.71 (e)

- 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? X Yes No
- 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? X Yes No

115.71 (f)

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? X Yes No
- 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? X Yes No

115.71 (g)

- 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? X Yes No

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution? X Yes No

115.71 (i)

- 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? X Yes No

115.71 (j)

- 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? X Yes No

115.71 (k)

- Auditor is not required to audit this provision.

115.71 (I)

- 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).) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility has a policy related to criminal and administrative agency investigations.

START PREA Policy 3.10 entitled Investigations, page 1, section 1 addresses 115.71(a).

The investigative staff interviewee asserts administrative investigations are initiated immediately. If she receives the call and it appears to be a sexual abuse allegation, she will report to the facility. Anonymous and third party reports are treated the same as any report. There is no differentiation as to how the allegations and reports are investigated.

The auditor's review of one 2021 administrative sexual abuse investigation [incident(s) allegedly occurred between July and November, 2020] and one 2020 administrative sexual abuse investigation reveals substantial compliance with the entirety of 115.71. The investigations were initiated in a timely manner and conducted in a thorough and objective manner. Of note, there is no evidence indicating that the 2021 investigation involved an incident perpetrated within the last 12 months.

START PREA Policy 3.10 entitled Investigations, page 1, section II(A) addresses 115.71(b). A discussion regarding the specifics of 115.71(b) evidence is noted in the narrative for 115.34.

The administrative investigative staff interviewee asserts she has completed training specific to conducting sexual abuse investigations in confinement settings. The three hour on-line training course was comprised of topics such as techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative or prosecution referral. The interviewee asserts she has also completed the advanced course. This course is a scenario-based program. A description of the criminal investigative interviewee's specialized training is addressed in the narrative for 115.34.

START PREA Policy 3.10 entitled Investigations, page 2, section II(C)(3) addresses 115.71(c).

The administrative investigative interviewee states the following steps, but not limited to the same, are taken during the conduct of an administrative sexual abuse/harassment investigation:

Check to ensure first responders separated the victim and perpetrator, secured the crime scene, and a staff member stays with the victim, review staff reports (20 minutes);
De-brief with staff. Did the victim identify the perpetrator? Who? What? When? Where? Why?, and review/download video (up to 1-2 hours);
Identify perpetrator by name and review his PREA screening (5-15 minutes);

Were there any kites, etc. which may provide links to the incident (one hour);
Threshold questioning of victim and offer medical/mental health assistance. Question his actions (15 minutes to one hour);
Interview staff and offender witnesses (one to two hours, dependent upon the number); and
Law enforcement will interview the perpetrator.

Throughout the process, the interviewee follows the PREA Investigative Checklist.

The interviewee asserts that circumstantial evidence includes kites, interview notes, witness statements, video, assessments/reassessments, applicable medical/mental health notes, and telephone monitoring bytes.

The criminal investigative interviewee states the following steps, but not limited to the same, are taken during the conduct of a criminal sexual abuse/harassment investigation:

The sexual abuse report is received by Dispatch;
Interviewee reports to the facility and is briefed by administrative investigative staff, PA, or shift supervisor (generally within 15-30 minutes of receipt of report);
Make the call regarding a forensic examination;
Check the crime scene and evidence preservation;
Collect any physical evidence;
Threshold questioning of victim;
Review any reports;
Review video and telephone monitoring;
Review files;
Interview staff and offender witnesses;
Interview perpetrator;
Facilitate follow-up interviews, if necessary;
Write report.

START PREA Policy 3.10 entitled Investigations, page 2, section II(B) addresses 115.71(d).

Compelled interviews are not conducted by START pursuant to the above policy. The criminal investigative interviewee states he does maintain contact with the prosecutor's office prior to the conduct of compelled interviews.

The administrative investigative interviewee asserts when it is determined a prosecutable crime may have taken place, she does not consult with prosecutors before conducting compelled interviews. Specifically, the matter falls under the purview of ADLC LEA and the aforementioned policy clearly reflects START staff do not conduct compelled interviews. Incidents involving sexual abuse are generally referred to law enforcement for criminal consideration.

START PREA Policy 3.10 entitled Investigation, page 2, section II(C)(4) and (5) addresses 115.71(e).

The administrative investigative interviewee asserts credibility considerations include offender eye contact throughout the interview, consistency of the information provided, and how known facts/evidence align with statements. The interviewee asserts she follows her instincts while interviewing and during evidence gathering. All victims, suspects, or witnesses are considered credible until proven otherwise.

The criminal investigative interviewee states credibility assessments are based on the consistency of the victim's, witness', and perpetrator's statement as compared to the developed fact pattern and evidence.

Additionally, both the administrative and criminal investigative interviewees state they would not 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 PCM advises that zero offenders who reported sexual abuse at START were housed at the facility during the on-site audit.

START PREA Policy 3.10 entitled Investigations, pages 1 and 2, section II(A)(1)(a) and (b) addresses 115.17(f).

In regard to assessment of whether staff actions or failures to act contributed to the abuse, the investigative staff interviewee states she assesses staff negligence or dereliction of duties as compared against the Code of Conduct and policy.

The administrative investigative interviewee states administrative investigations are documented in written reports pursuant to the following format:

Description of the incident;
Witness statements;
Evidence analysis;
Video analysis;
Photographs;
Victim and witness credibility; and
A conclusion and findings are also included in the report.

START PREA Policy 3.10 entitled Investigations, page 3, section II(C)(6) address 115.71(g).

The administrative investigative staff interviewee asserts criminal investigations are documented. Criminal investigative reports are similar to administrative reports and essentially, the same topics are addressed. A credibility assessment relative to physical evidence is an additional component in a criminal investigation.

The criminal investigative interviewee states that criminal reports include the following:

Specification of the Who?, What?, When?, Where?, and Why? of the incident;
Timeline of both the incident and investigative protocol;
Physical evidence assessment and credibility synopsis;
Interviews credibility assessment and synopsis; and
Findings.

The auditor has not reviewed any criminal reports relative to incidents occurring during this audit period.

Pursuant to the PAQ, the PA self reports substantiated allegations of conduct that appear to be criminal are referred for prosecution. During this audit period, no investigations were referred for prosecution.

The administrative investigative staff interviewee states that ADLC LEA refers cases for prosecution. The same is not a START staff function.

The criminal investigative interviewee states that all sexual abuse cases are referred to the county attorney for prosecution consideration. The presence of a criminal code violation and probable cause in terms of the evidentiary standard are generally requisite for prosecution consideration.

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, page 3, section II(D) addresses 115.71(i).

The auditor has not identified any deviations from either policy or standard.

START PREA Policy 3.10 entitled Investigations, page 1, section I. second paragraph addresses t115.71(j).

When a staff member is alleged to have committed sexual abuse and terminates employment prior to a completed investigation into his/her conduct, the investigative staff interviewee asserts HR has already been notified. The investigation continues. The investigation likewise continues when a victim who alleges sexual abuse/harassment or an alleged abuser leaves the facility prior to a completed investigation into the incident. This practice is applicable for both administrative and criminal investigations.

The PA asserts if an outside agency investigates allegations of sexual abuse, either he or the PCM maintains telephonic or email contact with the ADLC LEA on a weekly basis. The CCCS PC asserts the PA or PCM makes such contact with ADLC LEA. The PCM asserts the PA maintains weekly email or telephonic contact with ADLC LEA investigators.

The administrative investigative staff interviewee asserts she acts as a liaison when an outside agency investigates an incident of sexual abuse at START. She facilitates whatever the investigator needs.

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

Standard 115.72: Evidentiary standard for administrative investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.72 (a)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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.

START PREA Policy 3.10, page 3, section II(E) addresses 115.72(a).

The administrative investigative staff interviewee asserts for administrative allegations of sexual abuse/harassment to be substantiated, a preponderance of the evidence is necessary. Preponderance is described as 51% of available evidence or more available evidence substantiating that the incident occurred than not. The criminal investigative interviewee states that a minimum evidentiary standard of probable cause is required.

The auditor's review of the aforementioned 2020 and 2021 investigations reveals compliance with both policy and the standard in terms of evidence used to substantiate an allegation of sexual abuse/harassment.

In view of the above, the auditor finds START substantially compliant with 115.72.

Standard 115.73: Reporting to inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.73 (a)

- 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? X Yes No

115.73 (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.) X Yes No NA

115.73 (c)

- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer posted within the inmate's unit? X Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The staff member is no longer employed at the facility? X Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? X Yes No
- Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, 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 inmate whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? X Yes No

115.73 (d)

- 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? X Yes No
- Following an inmate's allegation that he or she has been sexually abused by another inmate, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility? X Yes No

115.73 (e)

- Does the agency document all such notifications or attempted notifications? X Yes No

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency has a policy requiring that any offender who makes an allegation he 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 one criminal and/or administrative investigation of alleged sexual abuse was completed by the facility during the last 12 months. That investigation has been addressed in the narrative for 115.71(a). The PA reports the one alleged offender victim was notified, verbally or in writing, upon completion of the sexual abuse investigation.

START PREA Policy 3.10, page 3, section II(F)(1) addresses 115.73(a). Of note, this policy clearly requires the same notification regarding sexual harassment cases. Since the standard requires only such notifications with respect to sexual abuse allegations, the auditor finds START to exceed standard expectations.

The auditor's review of one sexual abuse investigation completed on February 26, 2021 reveals the alleged sexual abuse victim had released from START in January, 2022. Pursuant to telephonic follow-up with the ex-offender (alleged victim), he denied the allegation(s). This serves as notification that the investigation was unfounded. Of note, the conversation is documented in the administrative investigation report.

The auditor notes that given the above fact pattern, 115.73 notifications are not required pursuant to 115.73(f).

According to the PA, the PCM makes such notifications to offenders following the completion of investigations. The investigative staff interviewee asserts the PCM prepares a written notice and issues the same to the offender.

Pursuant to the PAQ, the PA self reports if any 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 zero sexual abuse investigations were completed by an outside agency during the last 12 months.

START PREA Policy 3.10, page 2, section II(C)(2) and page 3, section II(F)(2) addresses 115.73(b).

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

the staff member is no longer posted within the offender's unit;
the staff member is no longer employed at the facility;
the agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or

the agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

The PA further self reports there has been no substantiated or unsubstantiated complaints (i.e. not unfounded) of sexual abuse committed by a staff member against an offender in an agency facility within the last 12 months.

START PREA Policy 3.10, pages 3 and 4, section II(G)(1-4) addresses 115.73(c).

Pursuant to the PAQ, the PA self reports following an offender's allegation he has been sexually abused by another offender in an agency facility, the agency subsequently informs the alleged victim whenever:

the agency learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or

the agency learns the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

START PREA Policy 3.10, page 4, section II(H)(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 audit period.

Pursuant to the PAQ, the PA self reports the agency has a policy that all notifications to offenders described in 115.73 are documented. The PA further self reports one criminal and/or administrative investigation of alleged sexual abuse was completed by the facility during the last 12 months.

START PREA Policy 3.10, page 4, section II(I) addresses 115.73(e).

A narrative regarding the investigator's telephonic interview with the alleged victim is clearly documented in the investigative report. Based on the alleged victim's statement regarding the non-existence of the alleged misconduct, he was clearly advised of the investigative outcome.

In view of the above, the auditor finds START exceeds expectations with respect to 115.73.

DISCIPLINE

Standard 115.76: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.76 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? X Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? X Yes No

115.76 (c)

- 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? X Yes No

115.76 (d)

- 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)? X Yes No
- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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.

START PREA Policy 3.9, page 3, section II(H) and CCCS Policy 1.3.5.9, pages 1 and 2, section IV(A-F) address 115.76(a). Additionally, pursuant to CCCS Policy Number 1.3.5.1, infractions will lead from corrective action up to and including discharge. Pursuant to this policy, involvement in criminal activity/ conviction for a crime or a guilty finding for gross misconduct, will result in immediate termination by the Board of Directors without provision of compensation.

Pursuant to the PAQ, the PA self reports zero facility staff have violated agency sexual abuse or sexual harassment policies during the last 12 months.

START PREA Policy 3.9, page 3, section II(H)(1) addresses 115.76(b).

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 in the last 12 months, zero facility staff have been disciplined short of termination for violation of agency sexual abuse or sexual harassment policies.

START PREA Policy 3.9, page 3, section II(H)(2) and CCCS Policy 1.3.5.9, pages 1 and 2, section IV(A-F) address 115.76(c).

Pursuant to the PAQ, the PA self reports all terminations for violations of sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, are reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies. The PA further self reports in the last 12 months, zero staff from the facility have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.

START PREA Policy 3.9, pages 3 and 4, section II(H)(3) addresses 115.76(d).

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

Standard 115.77: Corrective action for contractors and volunteers

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.77 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? Yes No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? Yes No

115.77 (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 No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports any contractor or volunteer who engages in sexual abuse is prohibited from contact with offenders and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies. In the last 12 months, zero contractors or volunteers have been reported to law enforcement agencies and relevant licensing bodies for engaging in sexual abuse of offenders.

START PREA Policy 3.9, page 4, section II(I)(1) addresses 115.77(a).

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.

START PREA Policy 3.9, page 4, section II(I)(2) addresses 115.77(b).

In view of the above, the auditor finds START substantially compliant with 115.77.

Standard 115.78: Disciplinary sanctions for inmates

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.78 (a)

- 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? X Yes No

115.78 (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? X Yes No

115.78 (c)

- 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? X Yes No

115.78 (d)

- 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? X Yes No

115.78 (e)

- 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? X Yes No

115.78 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? X Yes No

115.78 (g)

- 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.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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 that the offender engaged in offender-on-

offender sexual abuse. The PA further 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.

In the last 12 months, there was zero administrative findings of offender-on-offender sexual abuse that occurred at the facility. Similarly, there was zero criminal findings (offender) of guilt for offender-on-offender sexual abuse that occurred within the facility during the last 12 months.

START PREA Policy 3.9, page 2, section II(C)(1-3) addresses 115.78(a). Pages 8 and 9 of the START PREA Handbook reflects Prohibited Acts of which offenders may be administratively charged, pursuant to 115.78, related to sexual abuse and sexual harassment.

START PREA Policy 3.9, page 2, section II(C)(1-3) addresses 115.78(b).

The PA asserts administrative offender disciplinary hearings are facilitated by MDOC staff. Removal from START is generally the sanction imposed following an administrative or criminal finding that the offender engaged in offender-on-offender sexual abuse. However, loss of Good Time may also be imposed. Sanctioning is within the sole province of MDOC.

START staff issue the misconduct report and MDOC staff facilitate the due process hearing. MDOC staff make 115.78(b) and (c) considerations.

START PREA Policy 3.9, page 2, section II(D)(1) addresses 115.78(c).

Pursuant to the PAQ, the PA self reports the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse. The PA further self reports if the facility offers therapy, counseling, or other interventions designed to address and correct the underlying reasons or motivations for abuse, the facility considers 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, pages 2 and 3, sections II(D)(2) and (3) address 115.78(d).

The mental health staff interviewee asserts the facility offers therapy, counseling, or other intervention services designed to address and correct the underlying reasons or motivations for sexual abuse and the facility considers whether to offer these services to offending offenders. The interviewee further elaborated when such services are provided, an offender's participation is not required as a condition of access to programming or other benefits.

Pursuant to the PAQ, the PA self reports the agency disciplines 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, page 3, section II(G) addresses 115.78(e).

The auditor finds no evidence of 115.78(e) incidents during the audit period.

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.

START PREA Policy 3.9, page 3, section II(E) addresses 115.78(f).

The auditor has found no evidence substantiating any 115.78(f) violation.

Pursuant to the PAQ, the PA self reports the agency prohibits all sexual activity between offenders. The PA further self reports the agency disciplines offenders for such activity only if it is determined the sexual abuse activity is coerced.

START PREA Policy 3.9, page 3, section II(F) addresses 115.78(g).

In view of the above, the auditor finds START substantially compliant with 115.78.

MEDICAL AND MENTAL CARE

Standard 115.81: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.81 (a)

- 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 No NA

115.81 (b)

- If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.) Yes No NA

115.81 (c)

- 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? Yes No

115.81 (d)

- 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 No

115.81 (e)

- Do medical and mental health practitioners obtain informed consent from inmates before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the inmate is under the age of 18? Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)

- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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 initial screening.

In the last 12 months, 1% of offenders disclosed prior victimization during screening and were offered a follow-up meeting with a medical 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 3.3, page 7, section II(C)(m) addresses 115.81(a)(c).

The offender who disclosed sexual victimization during risk screening interviewee states he was asked if he wanted to meet with medical or mental health care practitioners after he advised he had been previously sexually abused and he was afforded the requisite meeting. Of note, pursuant to conversation with the PCM, she advised of another offender with whom she was conducting an initial 115.41 assessment who stated he was sexually abused as a child. He verbally declined an interview with medical/mental health staff.

The staff responsible for initial screening for victimization/abusiveness interviewee asserts if a screening indicates an offender has experienced prior sexual victimization in a confinement setting, he is offered a follow-up meeting with a medical/mental health practitioner. The interviewee verbally contacts medical and/or mental health staff for follow-up meetings under these circumstances. The meeting(s) is/are generally facilitated within 14 days of the offender's arrival at START.

Pursuant to follow-up with the CCCS PC and PCM, the auditor has learned that at START, this procedure applies only to offenders who have experienced sexual abuse in an institutional setting. Accordingly, the auditor finds START non-compliant with 115.81(a)(c) as there is compliance with only part of the provision.

In view of the above, the auditor imposes a 180-day corrective action period wherein START staff will demonstrate compliance with 115.81(a)(c) and institutionalization of the same. The corrective action period will commence with the date of this interim report and will conclude on or before August 5, 2022.

To demonstrate compliance with 115.81(a)(c), the PCM will provide training to all stakeholders (PA, cos, cd, all staff who facilitate initial victimization/aggressor screenings, security supervisors, and medical/mental health staff) regarding the nuances of the provision. A copy of training documentation attesting to their completion of the training, as well as, the lesson plan, will be provided to the auditor for review and inclusion in the audit file.

In addition to the above, the PCM will provide a listing of all incoming offenders who arrive at START between the date of this report and June 27, 2022, who identify prior institutional or community sexual abuse. The auditor will select some names and the PCM will provide the auditor with a copy of the initial assessment, as well as, a copy of the relevant progress notes related to the offender's meeting regarding the prior sexual abuse.

Subsequent to the auditor's review of the documents and satisfaction that compliance has been established, the auditor will close the audit finding.

July 1, 2022 Update:

While not available during the on-site audit due to mental health staff absence from the facility, START staff have since provided copies of three screening instruments regarding offenders who reported historical community sexual abuse. In all three cases, the victim arrived at START prior to commencement of the on-site audit. In all three cases, the victim met with mental health staff within 14 days of intake. This validation was gleaned from provider progress notes.

In addition to the above, the auditor's review of two files related to offender's similarly situated reveals each offender met with mental health staff within 14 days of intake. This validation was gleaned from provider progress notes.

In view of the above, the auditor has determined that START staff were compliant with 115.81(a) during the audit period. Pursuant to contact with the both the CCCS PC and START PCM, the auditor has clarified expectations with respect to 115.81(c).

In view of the above, the auditor finds that START was and is compliant with 115.81(c).

It is noted that START is not classified as a prison facility but rather, a jail-type facility. Accordingly, the auditor finds that 115.81(b) is not applicable to START. The PA's characterization of the facility as a jail is commensurate with the auditor's observations.

START PREA Policy 3.3, page 7, section II(C)(m) addresses 115.81(b).

The staff responsible for initial risk screening interviewee's response in terms of 115.81(b) parallels his response reflected in the narrative for 115.81(c).

Pursuant to the PAQ, the PA self reports information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other staff, as necessary, 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.

START PREA Policy 3.3, page 7, section II(C)(m)(i) addresses 115.81(d).

The auditor has found no contradictory evidence suggesting information is disclosed outside the parameters of 115.81(d). Pursuant to random conversations with staff and follow-through during interviews, it is apparent such information is not provided to other than designated staff.

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

CCCS PREA Policy 1.3.5.12, page 22, section IV(115.81)(d) addresses 115.81(e). This policy stipulates that medical and mental health practitioners shall 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.

Both medical/mental health interviewees assert they obtain informed consent from offenders before reporting about prior sexual victimization that did not occur in an institutional setting. This practice is driven by CCCS policy and the Code of Ethics.

In addition to the above, there is no separate informed consent process for offenders under the age of 18 as the same are not housed at START.

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

Standard 115.82: Access to emergency medical and mental health services

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.82 (a)

- 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?
X Yes No

115.82 (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? X Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? X Yes No

115.82 (c)

- 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? X Yes No

115.82 (d)

- 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?
X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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, pages 1 and 2, section II(B) addresses 115.82(a).

The medical and mental health staff interviewees assert offender victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services. If the offender victim is amenable and circumstances warrant, he is, within a maximum of one hour, transferred to the appropriate local hospital. The nature and scope of services are determined according to the professional judgment of

both START medical/mental health practitioners (referral to the aforementioned local hospital) and subsequently, professionals at the aforementioned hospital.

START PREA Policy 3.11, pages 1 and 2, section II(A)(1-10) addresses 115.82(b). This policy stipulates that the first responder will:

Physically separate the alleged victim from the alleged abuser;
Notify all necessary START staff (immediate supervisor, administrator, medical, mental health);
Address the need for acute medical treatment and contact community medical (hospital) personnel if needed;
Follow universal precautions for bodily fluids;
Ensure a staff member stays with the alleged victim until the alleged victim is placed in the care of another staff member such as mental health or medical at all times;
Preserve and protect any potential crime scene until law enforcement arrives;
Escort offenders to “dry” areas where water may not be accessed, ensuring sight and sound separation of alleged victim and alleged abuser; and
If the alleged abuse occurred within 96 hours, the first responder staff shall immediately 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; and
Ensure the perpetrator does not destroy physical evidence.

First responder interviews are addressed in the narrative for 115.21(a) and 115.64(a).

The auditor's review of a PREA Response Checklist; Medical Response Form reveals substantial compliance with 115.82(b). The document reflects the relevant information as required by this provision, inclusive of contacting medical staff and referral for a SAFE/SANE examination. While this document has not been completed (completion not necessary given the fact patterns reflected in the investigations) during the last 24 months, the auditor finds START to be strategically prepared to implement the process should the need arise.

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. The auditor notes that validation is accomplished by the SANE interviewee as captured in the narrative for 115.21(c). 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.

START PREA Policy 3.5, page 3, section II(C)(d) addresses 115.82(c).

The auditor notes the previously mentioned MOU with St. James Hospital addresses the requirements of 115.82(c).

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. SAFE/SANE Nurses provide this information during any forensic examination conducted in conjunction with a sexual abuse incident at START.

Pursuant to the PAQ, the PA self reports treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

START PREA Policy 3.5, page 3, section II(C)(c) addresses 115.82(d).

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

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

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.83 (a)

- 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? X Yes No

115.83 (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? X Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? X Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No X NA

115.83 (e)

- 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.*) Yes No X NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? X Yes No

115.83 (g)

- 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? X Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.)
Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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.

START PREA Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(a) addresses 115.83(a) and (b).

Throughout the audit process, the auditor has not discovered any evidence substantiating that during the last 12 months, offenders have reported prior institutional sexual abuse.

START PREA Policy 3.5 entitled Medical and Mental Health, page 3, section II(C)(a) addresses 115.83(b).

According to the medical staff interviewee, during the early stages of her intervention with a sexual abuse victim, she provides first-aid and attempts to stabilize the victim. She takes vitals, facilitates threshold questioning, and facilitates a clothed visual inspection to identify cuts/bruising. Subsequently, she recommends that the victim be transported to the local hospital at which forensic examinations are conducted, if appropriate.

The mental health staff interviewee asserts she inquires as to where the victim is at emotionally. She then explains details of the services she is providing while, at the same time, providing support and monitoring. She also offers follow-up care.

The auditor finds there is no available documentary evidence for the last 12 months as zero incidents of sexual abuse occurred during that period. However, in the case of the late 2020 sexual abuse situation, a forensic examination was not deemed to be warranted in view of the fact pattern. The auditor concurs with the assessment.

START PREA Policy 3.5, page 3, section II(C)(b) addresses 115.83(c).

Both the medical and mental health staff interviewees state medical and mental health services offered are consistent with the community level of care.

Pursuant to the PAQ, the PA self reports 115.83(d) is not applicable to START as only male offenders are housed at the facility. The auditor confirmed the same during the on-site audit.

Pursuant to the PAQ, the PA self reports 115.83(e) is not applicable to START as only male offenders are housed at the facility. The auditor confirmed the same during the on-site audit.

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 PREA Policy 3.5, page 3, section II(C)(d) addresses 115.83(f).

Of note, as previously mentioned in the narrative 115.21(c), zero forensic examinations have been conducted relative to START offender victims during the last 12 months. As reflected in the narratives for 115.21(c) and 115.82(c) above, tests for sexually transmitted infections are provided during the SAFE/SANE process.

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 PREA Policy 3.5, page 3, section II(C)(c) addresses 115.83(g).

As previously mentioned, there is no evidence to review with respect to the last 12 months. Additionally, with respect to the two investigations addressing 2020 incidents, neither involved financial cost for services rendered.

As START is considered to be a programming jail, the auditor finds 115.83(h) not applicable.

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

DATA COLLECTION AND REVIEW

Standard 115.86: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.86 (a)

- 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? X Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? X Yes No

115.86 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? X Yes No

115.86 (d)

- 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? X Yes No
- 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? X Yes No

- 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? X Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? X Yes No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? X Yes No
- 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? X Yes No

115.86 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? X Yes No

Auditor Overall Compliance Determination

- X **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.

The PA further self reports in the last 12 months, zero criminal and/or administrative investigations of alleged sexual abuse were completed at the facility. As previously indicated, one sexual abuse investigation was completed during 2021 however, the same addressed alleged incidents occurring in 2020. Additionally, the thorough investigation was determined to be unfounded. Additionally, one 2020 sexual abuse investigation was likewise determined to be unfounded.

START PREA Policy 3.7, page 1, section II(A)(1)(a) addresses 115.86(a). It is noted this policy stipulates a Sexual Assault Review Team (SART) review is completed following both substantiated and unsubstantiated sexual abuse/sexual harassment investigations. The auditor has determined this practice exceeds standard expectations given the provision requires a SART only after the conclusion of a sexual abuse investigation.

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 investigation. The PA further self reports in the past 12 months, zero criminal and/or administrative investigations of alleged sexual abuse completed at the facility were followed by a sexual abuse incident review within 30 days, excluding only unfounded incidents.

START PREA Policy 3.7, page 1, section II(A)(1)(b) addresses 115.86(b).

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 PREA Policy 3.7, page 1, section II(A)(1)(c) addresses 115.86(c).

The PA asserts the facility does have a sexual abuse incident review team. The team includes upper-level management officials and allows for input from line supervisors, investigators, and medical/mental health practitioners.

The auditor finds the SART Report exceeds the expectations of 115.86(d) in terms of content, addressing several components of the incident not required pursuant to standard.

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 regarding the following:

Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

Consider whether the incident or allegation was motivated by race, ethnicity, gender identity, lesbian, gay, bisexual, transgender, or intersex identification;

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

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

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

Prepare a report of its findings, including, but not necessarily limited to, determinations made pursuant to the above and any recommendations for improvement and submit such report to the facility head and PCM.

START PREA Policy 3.7, page 2, section II(A)(1)(d) addresses 115.86(d).

The PA asserts requests for additional staffing/cameras are a by-product of the SART process. Refining staff training programs, dissemination of relevant information to the offender population, and addition of training programs are also by-products of the SART review process. Finally, the SART process brings into focus necessary details and considerations for staff employment terminations, as well as, program terminations for offenders.

All of the SART considerations noted in the first sentence of the narrative for 115.86(d) are considered during SART reviews. The SART process is intended to "enhance all things PREA based on the findings of the SART."

The PCM asserts a report of the SART findings is prepared in accordance with bullet 6 of 115.86(d). She generally prepares these reports. No trends have been noted during the audit period.

If corrective action is recommended, a corrective action plan is developed and implemented in most cases. If the corrective action is not adopted, the PCM documents the rationale.

The cd is a member of the SART and accordingly, the auditor interviewed him during the on-site review. The cd articulated compliance with the components of the review identified in the first sentence of the 115.86(d) narrative.

Pursuant to the PAQ, the PA self reports the facility implements the recommendations for improvement or documents its reason for not doing so.

START PREA Policy 3.7, page 2, section II(A)(1)(e) addresses 115.86(e).

In view of the above, the auditor finds that START exceeds standard expectations with respect to 115.86.

Standard 115.87: Data collection

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.87 (a)

- 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? X Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? X Yes No

115.87 (c)

- 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? X Yes No

115.87 (d)

- 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? X Yes No

115.87 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.) Yes No X NA

115.87 (f)

- 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 No X NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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

START PREA Policy 3.7, pages 2 and 3, section II(A)(2)(a-k) addresses 115.87(a)/(c).

The auditor's review of PREA data from the 2019 and 2020 PREA Annual Reports reveals substantial compliance with 115.87(a)/(c).

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

START PREA Policy 3.7, page 3, section II(A)(2)(6) addresses 115.87(b). This policy stipulates the annually aggregated data is available on the CCCS website.

Annual aggregation of data is addressed in the narrative for 115.87(a)/(c). The auditor did review the annually aggregated data on the CCCS website.

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.

START PREA Policy 3.7, page 3, section II(A)(2)(3) addresses 115.87(d).

The auditor has learned neither CCCS nor START contract with any other private facilities for the confinement of any offenders designated to their care, custody, and control. Accordingly, the auditor finds 115.87(e) to be not-applicable to START.

Pursuant to the PAQ, the PA self reports the agency has not provided the Department of Justice with data from the previous calendar year upon request.

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

Standard 115.88: Data review for corrective action

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.88 (a)

- 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? X Yes No
- 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? X Yes No
- Does the agency review data collected and aggregated pursuant to § 115.87 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? X Yes No

115.88 (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 X Yes No

115.88 (c)

- 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? X Yes No

115.88 (d)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

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:

Identifying problem areas;
Taking corrective action on an ongoing basis; and
Preparing an annual report of its findings from its data review and any corrective actions for each facility, as well as, the agency as a whole.

START PREA Policy 3.7, pages 3 and 4, section II(B)(1)(a-c) addresses 115.88(a).

The Agency Head asserts incident-based sexual abuse data statistics are evaluated to identify and evaluate any patterns. Adjustments to staff training, offender education, the staffing plan, policies, and programming/operational routines are considered for implementation based on such assessments.

The CCCS PC 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/training. Relevant information is forwarded to Corporate (generally electronically) and when information is in hard copy, the same is locked in filing cabinets in the CCCS PC Office.

According to the CCCS PC, corrective action is taken on an ongoing basis pursuant to review and evaluation of the data.

The agency does prepare 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 PA at each facility is responsible for annual report preparation and those reports address the whole of company PREA operations.

According to the PCM, she compiles information and forwards the same to the CCCS PC. He is the clearinghouse for such information. SART reviews, investigations, training, LGBTI assignments, and intake housing grids are starting points for data collection. All hard copies of documents are maintained in a locked file cabinet in the PCM's Office. Electronic files are password protected.

The auditor validated the above during the on-site audit.

The auditor did review the 2019 and 2020 START PREA Annual Reports. The same are signed by the CCCS CEO and the CCCS PC. The overall report does capture corporate strategies in terms of

establishing a healthy staff and offender sexual safety culture, inclusive of zero tolerance for sexual abuse and sexual harassment. Both the 2019 and 2020 reports capture the requirements of 115.88(a).

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 PA further self reports the annual report provides an assessment of the agency's progress in addressing sexual abuse.

START PREA Policy 3.7, page 4, section II(B)(2) addresses 115.88(b).

As reflected in the narrative for 115.88(a) above, the revised annual PREA Report format addresses progress and the requirements of 115.88 from a corporate perspective however, specific corrective action plans for facilities are also addressed singularly in facility narratives.

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 PA further self reports the annual reports are approved by the agency head.

START PREA Policy 3.7, page 4, section II(B)(3) addresses 115.88(c).

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

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 self reports the agency indicates the nature of the material redacted.

START PREA Policy 3.7, page 4, section II(B)(4) addresses 115.88(d).

It is noted that the annual reports previously referenced contain no redactions.

The CCCS PA asserts information that would jeopardize safety and security and information that is a violation of personal privacy are typically redacted from the annual report. The agency does indicate the nature of the material redacted. The same is noted as to what and why information was redacted.

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

Standard 115.89: Data storage, publication, and destruction

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.89 (a)

- Does the agency ensure that data collected pursuant to § 115.87 are securely retained?
X Yes No

115.89 (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? X Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? X Yes No

115.89 (d)

- 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? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

Pursuant to the PAQ, the PA self reports the agency ensures incident-based and aggregate data are securely retained.

START PREA Policy 3.7, page 4, section II(C)(1) addresses 115.89(a).

The CCCS PC 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/ training. Relevant information is forwarded to corporate (generally electronically) and when information is in hard copy, the same is locked in filing cabinets in the CCCS PC Office. Hard copies are also retained in locked cabinets in the START PA's or START PCM's offices.

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 be made readily available to the public, at least annually, through its website.

START PREA Policy 3.7, page 4, section II(C)(2) addresses 115.89(b).

Pursuant to the auditor's review of the START website, all relevant statistics captured on the SSVs are posted on the same.

Pursuant to the PAQ, the PA self reports before making aggregated sexual abuse data publicly available, the agency removes all personal identifiers.

START PREA Policy 3.7, page 4, section II(C)(3) addresses 115.89(c).

The auditor did not observe any personal identifiers in the statistics reflected on the website.

Pursuant to the PAQ, the PA 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.

START PREA Policy 3.7, page 4, section II(C)(4) addresses 115.89(d).

Throughout the audit period, the auditor found no deviations from 115.89(d).

In view of the above, the auditor finds START substantially compliant with 115.89.

AUDITING AND CORRECTIVE ACTION

Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.401 (a)

- 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.*) X Yes No

115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) X Yes No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the *second* year of the current audit cycle.) Yes No NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the *third* year of the current audit cycle.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? X Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? X Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with s, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? X Yes No

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

- Does Not Meet Standard** (*Requires Corrective Action*)

Facility staff were very attentive to the auditor's needs with respect to the totality of the audit process. Information was provided in a timely manner, etc. Staff and resident interviews were coordinated to ensure the auditor was able to facilitate all interviews in an efficient manner, aside from any exceptions noted.

Report writing has been inhibited as the result of a COVID outbreak at the facility. The same is addressed in the front end of this report.

Standard 115.403: Audit contents and findings

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

115.403 (f)

- 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 that there has never been a Final Audit Report issued.) X Yes No NA

Auditor Overall Compliance Determination

- Exceeds Standard** (*Substantially exceeds requirement of standards*)
- X **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- Does Not Meet Standard** (*Requires Corrective Action*)

NA.

AUDITOR CERTIFICATION

I certify that:

- 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, and
- I have not included in the final report any personally identifiable information (PII) about any inmate or staff member, except where the names of administrative personnel are specifically requested in the report template.

Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.¹ Auditors are not permitted to submit audit reports that have been scanned.² See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.

K.E. Arnold

July 1, 2022

Auditor Signature

Date

¹ See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110> .

² See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.