

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

Interim Final

Date of Report February 27, 2019

Auditor Information

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Company Name: KEA Correctional Consulting LLC	
Mailing Address: P.O. 1872	City, State, Zip: Castle Rock, CO 80104
Telephone: 484-999-4167	Date of Facility Visit: November 8-9, 2018

Agency Information

Name of Agency: Community Counseling and Correctional Services Inc. (CCCS)	Governing Authority or Parent Agency (If Applicable): NA		
Physical Address: 471 East Mercury ST	City, State, Zip: Butte, MT		
Mailing Address: SAA	City, State, Zip: SAA		
Telephone: 406-782-0417	Is Agency accredited by any organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 mission: See Mission Statement articulated in the report narrative.			
Agency Website with PREA Information: www.cccscorp.com			

Agency Chief Executive Officer

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

Agency-Wide PREA Coordinator

Name: Marwan Saba	Title: PREA Coordinator/Compliance Manager
Email: msaba@cccscorp.com	Telephone: 406-782-0417
PREA Coordinator Reports to: CCCS CEO	Number of Compliance Managers who report to the PREA Coordinator 9

Facility Information

Name of Facility: Sanction Treatment Assessment and Revocation Transition (START)			
Physical Address: 801 Highway 48, P.O. Box 1389 Anaconda, MT 59711			
Mailing Address (if different than above): SAA			
Telephone Number: 406-563-7002			
The Facility Is:	<input type="checkbox"/> Military	<input checked="" type="checkbox"/> Private for profit	<input type="checkbox"/> Private not for profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input type="checkbox"/> State	<input type="checkbox"/> Federal
Facility Type:	<input checked="" type="checkbox"/> Jail	<input type="checkbox"/> Prison	

Facility Mission: The Sanction Treatment Assessment Revocation Transition is a 30-120 day, was developed as an alternative to prison or jail for those individuals who have violated the terms of their parole, probation, or pre-release placement. The START program is a highly structured, intensive treatment modality designed to encourage cognitive and behavioral change. Our goal is to provide a safe environment in which offenders can begin to experience a positive change. The approaches used are Cognitive Intervention, Criminal Thinking Error Identification, Life Skills, Relapse Prevention and Social Interaction."

Facility Website with PREA Information: <http://www.cccscorp.com>

Warden/Superintendent

Name: Travis Hettick	Title: Program Administrator
Email: thettick@cccscorp.com	Telephone: 406-563-7002

Facility PREA Compliance Manager

Name: Michele Thiessen	Title: PREA Manager
Email: mthiessen@cccscorp.com	Telephone: 406-563-7002

Facility Health Service Administrator

Name: NA	Title: NA
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Email: NA	Telephone: NA
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Facility Characteristics

Designated Facility Capacity: 152	Current Population of Facility: 133
Number of inmates admitted to facility during the past 12 months	1375
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	945
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1231
Number of inmates on date of audit who were admitted to facility prior to August 20, 2012:	0
Age Range of Population:	Youthful Inmates Under 18: 0 Adults: 19-79
Are youthful inmates housed separately from the adult population?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA
Number of youthful inmates housed at this facility during the past 12 months:	0
Average length of stay or time under supervision:	43 days
Facility security level/inmate custody levels:	Alternative Secure
Number of staff currently employed by the facility who may have contact with inmates:	53
Number of staff hired by the facility during the past 12 months who may have contact with inmates:	9
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	1

Physical Plant

Number of Buildings: One	Number of Single Cell Housing Units: 12 Cells
Number of Multiple Occupancy Cell Housing Units:	2- 46 Cells
Number of Open Bay/Dorm Housing Units:	1- 12 bays
Number of Segregation Cells (Administrative and Disciplinary):	10

Description of any video or electronic monitoring technology (including any relevant information about where cameras are placed, where the control room is, retention of video, etc.):

37 cameras. Addressed in the Facility Narrative section of the report.

Medical

Type of Medical Facility:	Ambulatory Care- Nurse's Station
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Forensic sexual assault medical exams are conducted at:	St. James Hospital
Other	
Number of volunteers and individual contractors, who may have contact with inmates, currently authorized to enter the facility:	1 contractor
Number of investigators the agency currently employs to investigate allegations of sexual abuse:	3 Administrative, 0 Criminal

Audit Findings

Audit Narrative

The Prison Rape Elimination Act (PREA) on-site audit of the Sanction Treatment Assessment Revocation and Transition (START) facility was conducted November 8-9, 2018, by K. E. Arnold from Castle Rock, CO, a United States Department of Justice Certified PREA Auditor for both juvenile and adult facilities. Pre-audit preparation included review of all materials and self reports electronically uploaded to an encrypted thumb drive and mailed to the auditor's address via United States Postal Service. The same was securely packaged.

The documentation review included, but was not limited to, Community Counseling and Correctional Services (CCCS) and START Corporate and facility policies, staff training slides, completed forms regarding both staff and offender training, MOUs, organizational chart(s), PREA Handbook, CCCS and START PREA brochures, offender education materials, photographs of PREA related materials (e.g. posters, etc.), executed Human Resources documents associated with relevant PREA standard(s), and staff training certifications. This review prompted several questions and informational needs that were addressed with the CCCS PREA Coordinator (CCCS PC). The majority of informational needs were addressed pursuant to this process.

Following the on-site audit, the auditor contacted the Shelter Administrator at Safe Space (third-party clearinghouse for receipt of START offender sexual abuse/harassment reports and provider of services to sexual abuse victims) relative to receipt of any reports of sexual abuse from START. The Shelter Director advises no such reports have been received during the last 24 months.

The auditor met with the PA, CCCS PC, COS, and PCM at 8:00AM on Monday, November 8, 2018. The auditor provided an overview of the audit process and advised all attendees the same would be facilitated in the least disruptive manner possible. Additionally, the auditor advised attendees of the tentative schedule(s) for the conduct of the audit. Between 8:30AM and 10:45AM, the auditor toured the entire facility with the PA and COS.

It is noted the rated capacity of START is 152 offenders and the institutional count on November 8, 2018 was 152 offenders.

During the on-site audit, the auditor was provided a programming room (located inside the facility) for offender interviews and a conference room (located in the administrative area) from which to review documents and facilitate confidential interviews with staff. The auditor randomly selected (from a offender roster provided by the PCM) 21 offenders for on-site interviews pursuant to the Inmate Interview Questionnaire. Interviewees represented all pods within the facility.

According to the PCM, there were no offenders, confined in the facility at the time of the on-site audit, who were Limited English Proficient (LEP), youthful, transgender/intersex, blind/low vision, deaf/low hearing, offender(s) placed in segregated housing for risk of sexual victimization/who have alleged to have suffered sexual abuse, or who reported an allegation of sexual abuse at START. Accordingly, such interviews were not conducted.

It is noted the 21 random offender interviewees were generally questioned regarding their knowledge of a variety of PREA protections and their knowledge of reporting mechanisms available to offenders for reporting sexual abuse and sexual harassment. Overall, random offender interviewees presented reasonable knowledge of PREA policies and practices. Of note, the auditor inquired as to the basis for

their knowledge and several random offenders advised they had received training by START staff, as well as, information gleaned pursuant to previous PREA training within State prisons, jails, other CCCS facilities, and transitional centers.

Twelve random staff selected by the auditor from a staff roster provided by the PCM, were interviewed. The Random Sample of Staff Interview Questionnaire was administered to this sample group of interviewees. Interviewees were questioned regarding PREA training and overall knowledge of the agency's zero tolerance policy, reporting mechanisms available to offenders and staff, the response protocols when an offender alleges abuse, and First Responder duties.

The following specialty staff questionnaires were utilized during this review including:

- Agency Head
- Warden
- CCCS PC
- START PCM
- Designated Staff Charged with Monitoring Retaliation (1)
- Incident Review Team (1)
- Human Resources (1)
- Investigator (1)
- Intermediate or Higher Level Facility Staff (1)
- Medical (1)
- Mental Health (1)
- SAFE/SANE Staff- (1)
- Intake (1)
- Staff Who Perform Screening for Risk of Victimization and Abusiveness (2)
- Staff Who Supervise Offenders in Segregated Housing (1)
- Security and Non-Security Staff Who Have Acted as First Responders (10 Security staff and 3 Non-Security staff)
- Non-medical Staff Involved in Cross-Gender Strip or Visual Searches (1)

The Contract Administrator interview was not conducted as START does not employ staff in that capacity.

It is noted CCCS is the umbrella company for START.

The following offender interviews were facilitated in addition to the random offender interviews. The interview sets are noted below:

- Disabled (3- low functioning, 1- mental disabilities, 1- physical)
- Lesbian, Gay, Bisexual (1)
- Reported Sexual Abuse During Screening (1)

Of note, the PCM advises no other LGB offenders were advised at START during the on-site audit. Likewise, there were no other offenders who disclosed sexual victimization during risk screening.

The auditor reviewed 10 Staff Training records, 10 offender files, 10 staff HR files and other records reflected throughout the following narrative prior to the audit, during the audit, and subsequent to completion of the same. Investigative file reviews are referenced in the narrative for 115.71.

On November 8, 2018, the auditor and the CCCS PC proceeded to the PA's Office which is located in the administrative suite. The auditor completed a form entitled PREA Compliance Acknowledgment (Contractors, Visitors, and Volunteers), signing and dating the same and acknowledging understanding

of the contents of the document. Included in the document were definitions of sexual abuse/harassment, zero tolerance towards sexual abuse/harassment at START, and reporting procedures. The auditor finds this PREA informational tool, which is signed by all contractors, visitors, and volunteers to be a very useful training tool.

During the facility tour, the auditor observed, among other features, the facility configuration, location of cameras, staff supervision of offenders, unit layouts (inclusive of shower areas), placement of PREA posters and informational resources, security monitoring, and offender programming.

As START is a secure facility, the same provides the security needed to hold offenders accountable for violating terms of placement while offering the assessment and relapse prevention services necessary to appropriately match needs with resources and determine whether continued community placement (cost effective) is possible or if the offender requires placement in a secure facility. The Montana Department of Corrections (MDOC) experience has been that a short-term sanction serves as an effective wake-up call for the offender in violation of community placement requirements. Average length of stay at START is 30-days with a projected maximum of 60-90 days, dependent upon the needs of the individual offender and the determination of MDOC.

START is equipped with 37 digital surveillance cameras, 31 of which are used to monitor the interior of the facility and six are used to monitor the exterior and Intake Garage area. Strategic camera coverage includes hallways, sally ports, treatment rooms, the kitchen and dining area, group room, as well as, all four pods/accompanying recreation yards, the Intake Garage, the Outside Recreation Yard, Lobby areas, and outside the Lobby. Video footage is reportedly maintained for 90 days. The Program Administrator and Chief of Security have access to video review.

As a point of interest and as reflected at various points throughout this narrative, a PREA Compliance Acknowledgment is issued to all contractors, visitors, and volunteers each time they enter START. Potential entrants are instructed to read this Acknowledgment and affix their signature to the same. The Acknowledgment addresses definitions of sexual abuse, sexual harassment, and voyeurism. Additionally, the same includes a certification of understanding of the requirements of PREA as scripted in the document, verbiage regarding zero tolerance towards any form of sexual abuse/harassment, and verbiage regarding immediate reporting of any knowledge of sexual abuse/harassment. This document serves as a constant PREA reminder to affected individuals entering the confines of START.

The START facility is comprised of a single story with four pods (housing units), Intake, Medical, Food Service, and Maintenance operations (no offenders authorized in Maintenance Shop) located therein. Outdoor recreation areas are located on the single story floor adjacent to each pod. A Laundry area is located in A, B, and C Pods.

In regard to camera placements in the pods, one camera is located on the lower tier and another on the upper tier in A, B, and C Pods. The cameras are located diagonally from one another and coverage appears to be acceptable. The auditor notes the same pursuant to assessment during the facility tour and review in the Control Center. In D Pod, two cameras are located opposite one another at either end of the tier.

The auditor is satisfied camera surveillance coverage is substantial. The same appears to cover staff and offender traffic from facility entry to exit and at points in between. Coupled with direct supervision in the pods, activity areas, treatment rooms, etc., the auditor is satisfied best efforts are being implemented to continually enhance offender sexual safety at START.

During the facility tour, the auditor was apprised of the existence of duress buttons in each cell. He did verify the same pursuant to observation.

Showers throughout the facility are of the single stall variety encapsulated behind a solid secure door, with the exception of the dormitory type pod. In the secure pods, a window adorned with a sliding metal screen is affixed in each shower room door. Observation into the shower can only be accomplished from the pod side of the door. Of note, a properly shaded shower curtain is included in each shower, prohibiting observation of genitalia. Staff line of sight and camera surveillance angles facilitate effective monitoring of the showers to enhance monitoring of the showers.

In the dormitory pod, individual showers are shielded by a properly shielded curtain, thereby precluding viewing of offender genitalia.

Toilet areas in C pod are concealed by partitions. Therefore, privacy is properly enhanced in an attempt to preclude observation of genitalia, etc. by staff and offenders. In A, B, and D Pods, combination toilet/sink components are present in each cell.

Of note, in A, B, and D Pods, there is a window insert in every cell door. There is sufficient privacy as window glaze does not allow for viewing unless one is standing at the door. In C Pod, there are movable screens (similar to a hospital privacy screen) positioned at the entry to each sleeping area. Accordingly, if offenders are disrobing, they can do so in privacy subsequent to placement of the aforementioned screen.

The auditor notes Audit Notices were generously posted throughout the facility. Both offenders and staff were aware of the on-site audit.

As mentioned throughout this report, sexual abuse reporting posters and zero tolerance posters are generously displayed throughout the facility. The auditor finds that offenders have ample opportunity to be aware of sexual safety protocols pursuant to numerous channels.

During the facility tour, the auditor did observe Emergency Grievance Boxes securely affixed to the security technician's desk in the pods. Reportedly, Emergency Grievances are picked up by shift supervisors every shift and provided to the grievance coordinator. Emergency Grievances are immediately distributed to the PCM for immediate processing.

An On-site Audit Closeout meeting was facilitated on November 9, 2018 with the PA, CCCS PC, and PCM in attendance. The auditor expressed his gratitude for the hospitality displayed at the facility, as well as, staff's responsiveness during interviews, information gathering, etc. Additionally, the auditor thanked the PCM for her diligence in terms of ensuring prompt reporting of interviewees.

While a rating is not provided during such Closeouts, the auditor complimented the PA regarding staff's general knowledge of PREA programs and operations. Additionally, he cited the PREA Victimization and Predator Screening process/implementation and staff PREA training/offender training as strengths.

Facility Characteristics

In mid-December, 2005, CCCS began provision of services at START. This began a three-year pilot program between MDOC and CCCS. Following the initial three-year period, MDOC solicited proposals for a permanent assessment/sanction center and CCCS was the successful bidder.

START was initially operated in a retrofitted forensic unit on the state hospital campus at Warm Springs, Montana with an 80-bed capacity. A new \$12,300,000.00 state-of-the-art facility was subsequently completed in August, 2010. The new facility is located six miles northeast of Anaconda, Montana off Highway 48 and has a 142 bed capacity, plus an additional 10 beds for special needs.

START is an assessment/sanction center for adult males who have violated conditions of community placement including pre-release, parole, or probation. Since activation in 2005, START has reportedly maintained a 77 percent successful prison diversion rate, exceeding the initial goal of 50 percent. Sanction and revocation admissions serving over 14 days will typically be assessed during the first week of their confinement for treatment, program, and aftercare needs. After the initial screening and assessment has been completed, an offender may be assigned to one or more of the following programs according to needs assessment: stress management; S.O.B.E.R. Project; Recovery Anonymous; literacy tutoring; mental health programming; and Dialectical Behavior Therapy (DBT). Additionally, a non-denominational religious coordinator visits the facility on a weekly basis and is available to provide pastoral care or assist in the provision of pastoral care to the offender population.

START Case Managers screen all intakes for START facility programs, possible community placement, and aftercare programs, if eligible. Revocation cases, who can be confined at START for 10 to 120 days, include offenders whose community placement has been revoked. Sanction cases include offenders whose community placement has not been revoked, but they have received a sanction to START for a pre-determined time period as the result of a formal administrative disciplinary hearing. Sanctions of 20 days or less may be imposed in these cases however, sanctions exceeding 20 days must be approved by the Community Corrections Administrator. Additional placements have included offenders who quit pre-release or other treatment programs, MASC Diversions, and Holds including offenders awaiting a bed date in treatment and/or pre-release centers.

The START Mission Statement is as follows:

The Sanction Treatment Assessment Revocation Transition is a 30-120 day, was developed as an alternative to prison or jail for those individuals who have violated the terms of their parole, probation, or pre-release placement. The START program is a highly structured, intensive treatment modality designed to encourage cognitive and behavioral change. Our goal is to provide a safe environment in which offenders can begin to experience a positive change. The approaches used are Cognitive Intervention, Criminal Thinking Error Identification, Life Skills, Relapse Prevention and Social Interaction."

The CCCS Mission Statement is as follows:

A team of individuals dedicated to meeting the human services needs of youth and adults to promote healthy living through treatment, training, and supervision.

Summary of Audit Findings

Number of Standards Exceeded: (4) 115.11, 115.31, 115.73, 115.86

115.11 The auditor notes all visitors, contractors, and volunteers sign and date a PREA Compliance Acknowledgment form prior to entry into the facility. This document clearly captures reporting options available to any potential third-party reporter, relevant sexual abuse/harassment definitions, and the zero tolerance policy. Stakeholders are placed on notice relative to PREA expectations at all times. The auditor deems this educational practice to exceed standard expectations.

115.31 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. Additionally, staff training clearly exceeds the topics identified in 115.31(a). Accordingly, the auditor finds START to exceed expectations related to 115.31.

115.73 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.

115.86 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 assault/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 assault investigation.

Number of Standards Met: (39)

Number of Standards Not Met: (0)

115.17 Pursuant to the PAQ, the PA self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with offenders. The PA further self reports, in the past 12 months, there was one contract for services where criminal background record checks were conducted.

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

According to the CCCS PC, the medical contractor works with an agency who provides medical services to CCCS pursuant to an agreement. She provides somewhat minimal intermittent services on an "as needed" basis.

The auditor's review of evidence provided in support of the standard reveals the background check conducted constitutes a professional background investigation. The same does not constitute a criminal background record check as required by 115.17(d). Accordingly, the auditor finds START non-compliant with 115.17(d).

In view of the above, the auditor is imposing a 180-day corrective action period in which a criminal background record check will be completed relative to the contractor. To accomplish this corrective action, the CCCS HR Director will facilitate the same, ensuring a copy of the completed investigation is forwarded to the auditor for retention in the audit file. If any findings contradict the four questions addressed in 115.17(a) and (b), the same will be addressed pursuant to CCCS protocol.

The final completion date for this corrective action is August 6, 2019. However, the target date for completion is May 7, 2019.

February 8, 2019 Update:

The CCCS PC provided the auditor with a criminal background record check relative to the medical contractor dated February 8, 2019. The auditor notes the same reflects 0 offenses as identified in 115.17(a).

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

115.35 The auditor reviewed the contract medical provider's MSP training record and determined she completed some National Institute of Corrections (NIC) PREA specialty training on January 10, 2018. However, the lesson plan submitted for the auditor's review does not address requisite topics articulated in 115.35(a), thereby precluding a compliance finding with respect to the provision. Accordingly, the auditor finds START non-compliant with 115.35(a).

In view of the above, the auditor is imposing a 180-day corrective action period during which the contractor will complete the requisite course addressing the topics identified at 115.235(a). The PCM will forward a copy of the completed test or Certificate for the requisite training to the auditor for retention in the audit file. Additionally, a copy of the training plan for this training will be forwarded to the auditor for review/validation and retention in the audit file.

The final completion date for this corrective action is August 6, 2019. However, the target date for completion is May 7, 2019.

February 25, 2019 Update:

The auditor has been provided a copy of the contractor's NIC Certificate related to the PREA 201 for Medical and Mental Health Practitioners. The Certificate is dated February 22, 2019.

In view of the above, the auditor finds START substantially compliant with 115.35(a) and (c).

115.63 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.

The auditor's review of five 2017 notifications to other facilities regarding sexual abuse/harassment incidents, reported to have arisen at the sending or a previous facility wherein the offender was housed, reveals three of the five notifications were generated by the START PCM or the CCCS PC. In her e-mail notifications, the PCM clearly articulates the PA delegated the notification to her. Additionally, she forwards the e-mails to an Administrator, Captain, PCM at the receiving facilities, and various executives within MDOC. It appears two of the five notifications exceeded the 24 hour policy driven threshold for notification, as established in CCCS policy. The remaining three reports appear to be timely in terms of the policy required 24-hour notification.

The one 2018 notification to another facility was forwarded to the appropriate administrator by the CCCS PC within the 72-hour notification threshold, however, notification was accomplished outside the policy-requisite 24-hour notification.

Accordingly, the auditor finds START non-compliant with 115.63(b).

In view of the above, a 180-day corrective action period is imposed wherein the auditor anticipates START will demonstrate institutionalized compliance with the provision. The auditor recommends CCCS amend the afore-mentioned policy to read that such notifications will be accomplished within 72 hours of being advised of the particulars of the alleged sexual abuse/harassment.

Since the controls are in place relative to prompt staff reporting of these incidents to management, the PCM must either generate a procedural memorandum or facilitate training with the PA and COS, advising of the policy amendment. Any memorandum will be counter-signed and dated by the PA and COS, with a copy forwarded to the auditor for retention in the audit file. The "I understand" caveat will be included in any procedural memorandum.

If the formal training option is exercised, the PCM will forward to the auditor a copy of the training outline and requisite training acknowledgments bearing the "I understand" caveat.

The final completion date for this corrective action is August 6, 2019. However, the target date for completion is May 7, 2019.

01/05/19 Update: The auditor has reviewed an amended policy reflecting the above. The policy clearly amends the reporting time frames, commensurate with the standard provision.

02/27/19 Update: The auditor's review of PA and COS CCCS Staff Development and Training Record Forms regarding the afore-mentioned policy amendment (Policy 3.4 changing the requisite notification period from 24 hours to 72 hours) reveals the training was presented on this date and both attendees understand the subject-matter of the same.

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

Summary of Corrective Action (if any)

See above.

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 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, the policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment, and sanctions for those found to have participated in prohibited behaviors. Finally, a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of offenders, is included in this policy.

START PREA Policy 3.1, page 1, sections 1 and II, pages 1-9, pages 2-6, section III, page 7, section IV(A) (3), and pages 6-9, section IV(A) address all components of 115.11(a) address 115.11(a).

The auditor notes all visitors, contractors, and volunteers sign and date a PREA Compliance Acknowledgment form prior to entry into the facility. This document clearly captures reporting options available to any potential third-party reporter, relevant definitions, and the zero tolerance policy. Stakeholders are placed on notice relative to PREA expectations at all times. The auditor deems this educational practice to exceed standard expectations.

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 reports to the Chief Executive Officer.

According to the CCCS PREA Coordinator (CCCS PC), he has sufficient time to manage all of his PREA-related duties. He oversees eleven facilities with collateral Compliance Manager duties. Nine PREA Compliance Managers (PCM) and one Compliance/PREA Specialist report to him and facilitate PREA-related duties at the respective facilities. As CCCS PC, 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.

Pursuant to the PAQ, the PA self reports there is a designated PCM at START. According to the PA, she does have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards. The auditor's review of the START organizational chart reveals there is a designated PCM at START. According to the CCCS Organizational Chart, the START PCM reports directly to the PA.

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.

The auditor finds START to exceed expectations with respect to 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 OR the response to 115.12(a)-1 is "NO".) 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 Chief Executive Officer (CEO) and the START PA, there are no START contracts with other agencies or providers for confinement of offenders designated to the custody of START.

Additionally, pursuant to memorandum dated January 2, 2018, the PA self reports there are no contracts between START and private agencies or entities, including other government entities, for housing offenders committed to the custody of CCCS and START.

The auditor finds START to be 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 agency ensure that each facility has developed a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? X Yes No
- Does the agency ensure that each facility has documented a staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the generally accepted detention and correctional practices in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any judicial findings of inadequacy in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from Federal investigative agencies in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any findings of inadequacy from internal or external oversight bodies in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration all components of the facility's physical plant (including "blind-spots" or areas where staff or inmates may be isolated) in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the composition of the inmate population in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the number and placement of supervisory staff in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the institution programs occurring on a particular shift in calculating adequate staffing levels and determining

the need for video monitoring? X Yes No NA

- Does the agency ensure that each facility's staffing plan takes into consideration any applicable State or local laws, regulations, or standards in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse in calculating adequate staffing levels and determining the need for video monitoring? X Yes No
- Does the agency ensure that each facility's staffing plan takes into consideration any other relevant factors in calculating adequate staffing levels and determining the need for video monitoring? 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, 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 140. The staffing plan is predicated upon an average daily number of offenders of 152.

START PREA Policy 3.1, page 7, section IV(A)(115.13)(1)(a-k) stipulates an Annual Staffing Plan has been developed in accordance with the requirements of Standard 115.13(a), encompassing all 11 considerations articulated therein.

The PA asserts there is a staffing plan at START. He further asserts there are adequate staffing levels to protect offenders 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, START Chief of Security (COS), START 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:

- a. The Staffing Plan is based on posts. Ratios are assessed to ensure direct supervision, areas augmented by cameras. All posts must be filled, inclusive of Floor Officer and Control Center. Staffing analysis is based on Internet research, factoring in staffing patterns/vacations/and Sick Leave.
- b. There are no judicial findings of inadequacy.
- c. There are no findings of inadequacy from federal investigative agencies.
- d. If and/or when corrective actions are identified in internal or MDOC reviews, corrective action is implemented.
- e. Blind spots are addressed first with mirrors, video surveillance, and then additional staffing. Deficiencies are identified pursuant to daily Management by Walking Around (MBWA) by administrators and supervisors and receipt of input from line staff.
- f. 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 re-allocation of resource considerations and any requests for additional staffing. The Screening Committee is useful however, offender population dynamics are changing.
- g. The primary questions are whether the supervisory complement is adequate to oversee and monitor the geography of the facility and the number of staff.
- h. Programs are facilitated on Day Shift when non-security staffing is maximal. This greatly enhances supervision.
- i. Only MDOC regulations and Montana State Law are applicable at START. Policies are commensurate with MDOC expectations.
- j. Sexual Abuse Review Team (SART) reports are closely reviewed for patterns, etc.
- k. There are no other relevant factors.

In regard to monitoring for compliance with the plan, the PA asserts supervisors, the COS, and he check compliance with the staffing plan on a daily basis. The on-call administrator also monitors the plan. Vacancies are filled as they occur.

The PCM asserts the following issues and considerations are critical to staffing plan development and implementation:

- a. It is imperative the staffing plan is compliant with MDOC audit steps and CCCS requirements. The PREA Resource Center is used as a resource in terms of staffing plan construction. Direct supervision of offenders is employed, augmented by electronic surveillance.
- b. There are no judicial findings of inadequacy. If the same were identified, corrective action would be implemented to address the same.
- c. There are no findings of inadequacy from federal investigative agencies. If the same were identified, corrective action would be implemented to address the same.
- d. There are no findings of inadequacy from internal or external oversight bodies. If the same were identified, corrective action would be implemented to address the same.
- e. All components of the facility's physical plant are taken into consideration for development of the staffing plan. MBWA assists in identification of needs. All supervisors are trained to assess "blind spots" on each shift.
- f. Increases in mental health cases and/or severity of illness, gang affiliations, prevalence of gang markings, and LGBTI offender safety are considerations with respect to the composition of the inmate population. Despite the Screening Committee, the complexion and nature of the offender population is changing. All of the above may dictate requests for a staffing increase or additional camera surveillance.
- g. There is always at least one supervisor on each shift. Is supervision sufficient to oversee facility geography, as well as, the number of staff on shift.
- h. Most programming is completed on Day Shift when the security and non-security staffing complements are full.
- i. State law and federal PREA statute and regulations are governing in terms of PREA and staffing plan development.
- j. The prevalence of substantiated and unsubstantiated incidents of sexual abuse are always considered. SART reviews are the catalyst in terms of staffing plan construction.
- k. Budget considerations may be an example of another relevant factor. Specifically, some programs may have to be cut at some point to ensure offender sexual safety.

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 five most common reasons for deviating from the staffing plan during the last 12 months are as follows: 1. Sick Leave; 2. Annual Leave; 3. Employee Transfers; 4. Transports; and 5. Medical/Dental appointment coverage. Of note, START staff address each vacancy as a deviation and document accordingly. All vacancies are covered to ensure no deviations.

Pursuant to PREA Policy 3.1, page 7, section IV(A)(115.13)(2), in circumstances where there is non-compliance with the staffing plan, START staff will document and justify all deviations from this plan.

The auditor's review of 18 Staff Deviation Forms (2017) and 24 forms (2018) reveals substantial compliance with 115.13(b). Sufficient justification for the action is documented with appropriate review by management staff (signified by signature of the 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.

Pursuant to the PAQ, the PA self reports that at least once every year, the facility, in collaboration with the CCCS PC, reviews the staffing plan to determine whether adjustments are needed to the staffing plan; the deployment of monitoring technology; or the allocation of facility resources to commit to the staffing plan to ensure compliance with the same.

Pursuant to PREA Policy 3.1, page 7, section IV(A)(115.13)(3) 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 the START Annual Staffing Plans and Staffing Plan Reviews for 2017 and 2018 reveals substantial compliance with 115.13(c). The plans are very detailed, addressing coverage plans in multiple scenarios and temporary strategies to address staffing shortages (e.g. terminating activities and programming until adequate coverage can be accomplished).

Pursuant to the PAQ, the PA self reports intermediate-level or higher level staff conduct unannounced sexual safety 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)(115.13)(4) addresses 115.13(d).

The auditor's review of offender sexual safety round logs (2017 and 2018) 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 an attempt to preclude staff from alerting other staff regarding unannounced rounds in progress, rounds are always random. Rounds are never conducted at the same time and they are conducted on every shift. Administrators often gain access to the units through the back doors. Rounds are often made by making one pass and doubling back around for another pass. The auditor's random review of sexual safety 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 two memorandums dated in 2017 and 2018, juveniles are not housed at START and none were housed at START during either year,

Accordingly the auditor finds 115.14(a-c) to be not applicable to START. As there were no deviations for 115.214, the auditor does find START to be substantially compliant with 115.14, however.

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 in non-exigent circumstances? (N/A here for facilities with less than 50 inmates before August 20,2017.) 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 here for facilities with less than 50 inmates before August 20, 2017.) Yes No NA

115.15 (c)

- Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches? X Yes No
- Does the facility document all cross-gender pat-down searches of female inmates? X Yes No

115.15 (d)

- Does the facility implement a policy and practice that enables inmates 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? X Yes No
- Does the facility require staff of the opposite gender to announce their presence when entering an inmate housing unit? X 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? X 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 are not conducted at START. Accordingly, no cross-gender strip or cross-gender body cavity searches of offenders were conducted at START during the audit period.

START PREA Policy 3.1, pages 8 and 9, section 115.15(1 and 2)(a and b) and START Policy 3.2, page 6, section IV(C) address 115.15(a). START PREA Policy 3.1 stipulates such searches can be conducted in exigent circumstances (clearly defined in Policy 3.1 referenced above) and only when pre-authorized by the CEO and in his/her absence, their respective designee. If a strip search should be deemed a necessity by the CEO or designee, typically it will be performed only by a staff member of the same sex as the offender; however, the CEO or designee may authorize an opposite gender staff member in the case of a transgender or intersex offender.

According to the non-medical staff involved in cross-gender strip or visual searches interviewee, policy precludes the conduct of cross-gender strip searches. Strip searches are facilitated by staff of the same gender as the offender.

According to the afore-mentioned interview, it is apparent that strip or visual body cavity searches are conducted by staff of the same gender as the offender. While cross-gender strip or visual body cavity searches are allowed under exigent circumstances, the window is very narrow and, for the most part, authorized only at the highest level of management. Accordingly, cross-gender strip or body cavity searches are not conducted at START.

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 observation confirmed 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 all cross-gender strip or visual body cavity searches are documented. As female offenders are not housed at START, policy provisions regarding documentation of cross-gender pat searches of female offenders are not applicable.

START PREA Policy 3.1, page 9, section 2(d) addresses 115.15(c). The auditor's review of two CCCS START Search, Pronoun and UA Sampling Preference Forms (relevant to self proclaimed transgender offenders) reveals both offenders prefer female staff to strip search them. A copy of a Strip Search Authorization Form is also included in this packet of information wherein one of these offenders was strip searched by a female staff member. Additionally, both offenders are logged on the Exigent Circumstances Log as transgender offenders who requested strip searches by female staff.

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 opposite gender offender housing unit.

START PREA Policy 3.1, page 9, sections 3 and 4 addresses 115.15(d).

Twenty of 21 random offender interviewees assert female staff announce their presence when entering their housing area. Twenty of 21 random offender interviewees assert they and other offenders are never naked in full view of female staff when showering, toileting, or changing clothes.

All 12 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.

The auditor notes that during the facility tour, he observed female staff announce their gender (“Female staff on the floor”) when they initially entered an opposite gender housing unit. The announcement was clearly audible.

In addition to the above, the auditor observed the camera monitors in the control center, searching to determine whether staff can observe offender nudity in the bathrooms and cells. Pursuant to review of different camera angles, the auditor found no deviations with respect to this standard.

Pursuant to the PAQ, the PA self reports there is a START policy prohibiting staff from searching or physically examining a transgender/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 9, section 2(c) addresses 115.15(e).

All 12 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. Accordingly, the corresponding interview could not be conducted.

Pursuant to the PAQ, the PA self reports 100 percent of all security staff have received training on conducting cross-gender pat-down searches of female offenders and searches of transgender/intersex offenders in a professional and respectful manner, consistent with security needs. START PREA Policy 3.1, page 9, section 5 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 twenty-two 2017 and eleven 2018 CCCS START Program Staff Development and Training Record Forms reveals receipt of the requisite training and understanding of the same. Of note, the above is relevant to In-Service participants.

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 review of one Pre-Service PREA training documentation packet reveals substantial compliance with 115.15(f). The employee completed the training prior to contact with offenders and the cross-gender pat-down female offender search and searches of transgender/intersex offenders in a professional and respectful manner, and in the least intrusive manner possible consistent with security needs course, is reportedly included in that training. The START PCM reported the same information.

All 12 random staff interviewees assert they have received training on how to conduct cross-gender pat-down searches of female offenders and searches of transgender/intersex offenders in a professional and respectful manner, consistent with security needs. As PREA training is conducted throughout the calendar year, all interviewees assert they received this training within the last six months.

The auditor notes his review of 10 random staff training files reveals all 10 staff received this requisite training during August, 2018.

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 offenders, etc. are some of the strategies employed with respect to offender understanding of PREA concepts. Additionally, provision of a large print PREA Handbook assists those offenders who present with 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 offenders who are limited English proficient (LEP) equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse/harassment. Pursuant to contract with Language Line, compliance regarding LEP offenders is accomplished. In terms of MOUs for cognitively impaired, low functioning offenders, there is a Corporate agreement with a Special Education Teacher to provide services to this population, when necessary.

The three offenders with disabilities interviewees (one low functioning, one with physical disabilities, and one with mental health deficits) assert 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 offenders with limited English proficiency equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

START Policy 3.3, page 3, section II(A)(3) addresses 115.16(b).

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 auditor reviewed 11 Staff Development and Training Record certifications regarding staff from several disciplines and their completion of Language Link operational procedures training during In-Service training.

The PCM advises the auditor there were no LEP offenders housed at START during the on-site audit. Accordingly, such an interview could not be conducted.

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 self reports the facility documents the limited circumstances in individual cases where offender interpreters, readers, or other types of assistants are used. Reportedly, there were 0 instances, within the past 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).

Ten of 12 random staff interviewees were able to cite at least one circumstance wherein the use of offender interpreters, readers, or other types of assistants would be appropriate in accordance with 115.16(c). Another random staff interviewee asserts the agency allows the use of offender interpreters, readers, or other types of assistants to assist offenders with disabilities or offenders who are limited English proficient when making an allegation of sexual abuse/harassment. However, the interviewee could not cite any circumstances under which the same would be appropriate. All 12 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)? 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? 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? 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)? 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? 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? Yes No

115.17 (b)

- Does the agency consider 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 inmates? Yes No

115.17 (c)

- Before hiring new employees, who may have contact with inmates, does the agency: perform a criminal background records check? 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? 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? 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, section entitled Employee, Contractors, and Volunteers Clearance Check, pages 1 and 2, section IV(B) addresses 115.17(a).

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

As reflected in the narrative for 115.32, there is one contractor at START. The auditor's review of her Disclosure of PREA Employment Standards Violation form dated November 16, 2017 reveals the three questions articulated in 115.17(a) and the sexual harassment question articulated in 115.17(b) were asked and she responded in the negative to all questions.

Of note, the CCCS PC asserts the contractor commenced provision of services on November 29, 2017, thirteen days subsequent to execution of the PREA Employment Standards Violation form.

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 section entitled PREA, page 7, section entitled Hiring and Promotion Decisions, paragraphs b addresses 115.17(b).

As mentioned in the narrative for 115.17(a), four of the ten random staff HR files reviewed by the auditor reveal applicants were queried regarding sexual harassment. One of the two files relative to staff promotions reveals the sexual harassment question was asked. In one promotion case, there is no evidence the sexual harassment question was asked.

CCCS staff efforts to secure information from previous institutional employers are clearly documented in the record. Specifically, CCCS Reference Check forms were mailed to the prior institutional employer and none of the PREA-related questions [three questions articulated in 115.17(a), the sexual harassment question articulated in 115.17(b), and the question regarding substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse] were addressed by the receiving agency. The requisite questions are clearly articulated in this inquiry however, despite the requirements of 115.17(h), the same were not addressed. Accordingly, assessments regarding 115.17(a)(1 and 3), 115.17(b), and 115.17(c) were impeded.

The Human Resources (HR) interviewee asserts 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 before it hires any new employees who may have contact with offenders, it a. conducts criminal background record checks and b. 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 past 12 months, 0 staff who may have contact with offenders have had criminal background record checks.

CCCS Policy 1.3.1.12 section 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 and 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 review of five of 10 criminal background record checks relative to random staff hired since the last START PREA audit reveals substantial compliance with 115.17(c). Specifically, checks were completed and assessed prior to the hire date in four of five cases.

A discussion regarding attempts to contact prior institutional employers is articulated in the narrative for 115.17(b).

Pursuant to the PAQ, the PA self reports agency policy requires that a criminal background record check is completed before enlisting the services of any contractor who may have contact with offenders. The PA further self reports, in the past 12 months, there was one contract for services where criminal background record checks were conducted.

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

According to the CCCS PC, the medical contractor works with an agency who provides medical services to CCCS pursuant to an agreement. She provides somewhat minimal intermittent services on an "as needed" basis.

The auditor's review of evidence provided in support of the standard reveals the background check conducted constitutes a professional background investigation. The same does not constitute a criminal background record check as required by 115.17(d). Accordingly, the auditor finds START non-compliant with 115.17(d).

In view of the above, the auditor is imposing a 180-day corrective action period in which a criminal background record check will be completed relative to the contractor. To accomplish this corrective action, the CCCS HR Director will facilitate the same, ensuring a copy of the completed investigation is forwarded to the auditor for retention in the audit file. If any findings contradict the four questions addressed in 115.17(a) and (b), the same will be addressed pursuant to CCCS protocol.

The final completion date for this corrective action is August 6, 2019. However, the target date for completion is May 7, 2019.

February 8, 2019 Update:

The CCCS PC provided the auditor with a criminal background record check relative to the medical contractor dated February 8, 2019. The auditor notes the same reflects 0 offenses as identified in 115.17(a).

In view of the above, the auditor finds START substantially compliant with 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 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 and contractor 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 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 115.217(d) and (e).

The auditor's random review of five staff hired prior to 2014 reveals 5-year re-investigations were timely completed in 2015 and 2017. The last employee was hired in 2014 and accordingly, the 5-year criminal background record check is not due until June, 2019.

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 115.217(a) are asked pursuant to the application, during hiring and promotion interviews, and annually in conjunction with the performance review process.

During an audit of a CCCS facility conducted during November, 2017, this auditor discovered the three questions were not asked on an annual basis in conjunction with the performance appraisal process. Accordingly, the Disclosure of PREA Employment Standards Violation form was implemented on an annual basis, commencing with calendar year 2018. This document includes the three questions referenced in the narrative for 115.17(a), as well as, sexual harassment [115.17(b)], an affirmative duty to report any such misconduct, and an admonition that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. The employee must sign and date this document on an annual basis, as does a staff witness.

The auditor notes this form is completed during the application and hiring/promotion interview phases of the employment process.

As previously indicated in the narrative for 115.17, the auditor reviewed 10 random staff HR files to determine compliance with the totality of 115.17. Nine of the 10 files included the above properly executed form for calendar year 2018. In regard to the tenth file, the employee resigned prior to the evaluation period.

The auditor finds the afore-mentioned evidence to substantiate 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 115.217(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 115.217(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 115.217) validates these forms were completed in conjunction with both of the afore-mentioned standard provisions, for 2018.

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 non-compliance finding relative to 115.17(d), the auditor finds START non-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 Program Administrator self reports the facility has not made any substantial expansions or modifications to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.

Pursuant to the PAQ, the Program Administrator self reports the facility has not installed or updated the video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.

The auditor finds START to be substantially compliant with 115.18.

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.)
X 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.) X 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.) X 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? X Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? X 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? X Yes No
- 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 entity 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 attempts to make a victim advocate from a rape crisis center available to victims per 115.21(d) above.] X 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 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.

Eight of the 12 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. Steps missed by the four remaining interviewees included securing the crime scene and ensuring both victim and perpetrator do not destroy physical evidence, as opposed to, requesting the victim and ensuring the perpetrator doesn't destroy physical evidence.

Eight of the 12 interviewees assert the COS is the primary administrative sexual abuse/harassment investigator while two report the PCM is the primary investigator. All 12 interviewees assert ADLC LEA investigators facilitate criminal sexual abuse/harassment investigations.

Pursuant to the PAQ, the PA self reports youth are not confined at the facility and accordingly, the requirement 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).

The auditor further notes all administrative sexual abuse/harassment investigators have been trained pursuant to the NIC investigative course mentioned in the narrative for 115.34. The auditor's review of the lesson plan for the same and the description of the course reveals substantial compliance with 115.21(b) in terms of evidence protocol.

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 (SAFE) or Sexual Assault Nurse Examiners (SANEs). Efforts to provide SANEs or SAFEs are documented. In the past 12 months, 0 forensic medical exams were conducted relative to START offenders who alleged sexual assault.

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

As reported by the PA, offenders, who are the victims of sexual abuse at START, are taken to St. James Healthcare for forensic examination. The nurses at St. James Healthcare are well versed in conducting sexual assault examinations and evidence collection. Verification of the above is uploaded in the PAQ pursuant to a letter dated March 5, 2018 from the Director of Emergency/Trauma Services at St. James Hospital.

Pursuant to the Director at St. James Healthcare, the SANE examination consists of an interview and preparation of the victim for the examination. Included are an STD evaluation and preventive care, HIV testing, as well as, counseling. Evidence is subsequently and properly gathered/documented. Referrals to legal aid and/or advocacy groups is also provided.

Pursuant to the SAFE/SANE interviewee, it was determined that 80% of the Nurses at St. James Healthcare are SANE trained however, there are no SAFE/SANE certified Nurses. The remaining 20% of the Nurses are provided SANE Orientation training. Training includes the issues identified in the preceding paragraph. The Auditor is convinced that SAFE/SANE coverage is sufficient and can be accommodated at St. James Healthcare should the need present itself.

Pursuant to the PAQ, the PA self reports the facility attempts to make a victim advocate (VA) from a rape crisis center available to the victim, either in person or by other means, and the efforts are documented. If and when a rape crisis center is not available to provide VA 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 2017 and 2018 Safe Space and CCCS MOUs reveals substantial compliance with 115.21(d). Safe Space is the designated provider of VA services at START.

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

The PCM asserts if requested by the victim, a VA, qualified agency staff member, or qualified community-based organization staff member accompanies and provides emotional support, crisis intervention, information, and referrals during the forensic medical examination process and investigatory interviews. The Clinical Director has completed the PREA Resource Center (PRC) course entitled PREA and Victim Services: A Trauma Informed Approach. The auditor's review of relevant documentation validates the PCM's assertion.

In addition to the above, the PCM asserts Safe Space also provides VA services pursuant to the aforementioned MOU.

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)(115.21)(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 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 part. The MOU is signed by representatives of both parties, detailing 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? Yes No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? 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? 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? Yes No
- Does the agency document all such referrals? Yes No

115.22 (c)

- If a separate entity is responsible for conducting criminal investigations, does such publication describe the responsibilities of both the agency and the investigating entity? [N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).] Yes 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*)

- 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, four allegations of sexual abuse and sexual harassment were received and three were administratively investigated. One of these allegations was referred for criminal investigation. The PA further self reports all administrative/ criminal investigations were completed.

START PREA policy 3.4, page 2, section II(A)(11) clearly requires 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 offender interviews are conducted. Criminal investigations are facilitated by ADLC LEA investigators, taking into account a higher standard of evidence and possible referral for prosecution.

The auditor's review of administrative investigations conducted during the course of the last 12 months reveals substantial compliance with 115.22(a).

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) addresses 115.222(b). Finally, START PREA Policy 3.10, page 2, section II(B) also addresses 115.222(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 afore-mentioned policies and the afore-mentioned 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.

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? 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? Yes No

115.31 (d)

- Does the agency document, through employee signature or electronic verification, that employees 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 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) addresses 115.31(a).

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

All 12 random staff interviewees assert they 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 2018.

The auditor's review of Staff Development Training Record Forms relative to 11 staff (representing numerous disciplines throughout the facility) for 2017 reveals a plethora of PREA training 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. The same was noted with respect to the same 11 staff files reviewed for 2018 PREA training. 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, as well as, the trainer's signature.

The auditor's review of 10 random staff training files reveals two staff were hired during 2018. Both received Pre-Service PREA training prior to solo contact with offenders. One of the files reviewed pertained to a staff member who was trained at another CCCS facility and the Pre-Service documentation was not maintained in the file. With respect to the remaining seven files, evidence of annual In-Service PREA training was present in the same.

Pursuant to the PAQ, the PA self reports training is tailored to the 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.

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 male offender populations.

Pursuant to the PAQ, the PA self reports 53 staff employed by the facility, who may have contact with offenders, were either trained or retrained in PREA requirements. 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 refresher training 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. Additionally, staff training clearly exceeds the topics identified in 115.31(a). Accordingly, the auditor finds START to exceed expectations related to 115.31.

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 to exceed 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? X 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)? X Yes No

115.32 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? 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*)

Instructions for Overall Compliance Determination Narrative

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 one individual contractor who has contact with offenders, has been trained in the agency's policies and procedures regarding sexual abuse/harassment prevention, detection, and response. This constitutes 100% of those similarly situated.

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).

The START contractor asserts she has been trained in her responsibilities regarding sexual abuse/harassment prevention, detection, and response, per agency policy and procedure.

The auditor's review of a completed document entitled PREA Compliance Acknowledgment reveals the START contractor executed the same on November 9, 2017. The same addresses definitions of sexual abuse/harassment, START zero tolerance regarding the same, and reporting options.

The medical contractor is a full-time employee of MDOC, assigned to the Montana State Prison (MSP) in Deer Lodge, Montana. The CCCS PC advises the contractor has completed annual PREA Refresher Training at MSP. The auditor has been provided copies of Certificates signifying she completed 2018 Annual PREA Refresher training at MSP on September 12, 2018. Additionally, the auditor reviewed Certificates for completion of PREA Post-Audit Corrective Action, on the same date.

The auditor reviewed the MSP Final PREA Audit Report dated October 18, 2016 and finds no evidence of training and content deficiencies with respect to the topics covered pursuant to 115.31(a). Accordingly, the auditor deduces the content of requisite training topics to be, minimally adequate, in accordance with 115.31(a). The auditor finds that the START medical contractor received PREA training exceeding the expectations of 115.32(a).

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

The START medical contractor asserts she signed the PREA Compliance Acknowledgment which addresses definitions of sexual abuse/harassment, START zero tolerance regarding the same, and reporting options. Other PREA training is referenced in the narrative for 115.32(a).

Pursuant to the PAQ, the PA self reports the agency maintains documentation confirming 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. The auditor's review of 12 such documents reflects the signer's understanding of PREA and the requisite information articulated in 115.32. This practice demonstrates CCCS and START commitment to PREA standards and provision of training to stakeholders.

Additional contractor training needs are identified in the narrative for 115.32(a).

In view of the above, the auditor finds START non-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 such education? 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 1375 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 Handbook, finding the same to be very detailed and the auditor reviewed several copies of

offender receipts for the START PREA Handbook. Additionally, the Auditor reviewed four offender files, determining that the START PREA Handbook was issued to offenders at Intake.

The staff who facilitates Intake 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 PREA Handbook (included in the PREA packet) to offenders and additionally, he provides a verbal overview of PREA. In addition to provision of the PREA packet to offenders upon arrival, offenders complete the PREA Disclaimer while every admission receives the same training. More in-depth training occurs at Orientation.

Twenty of 21 random offender interviewees assert they received information about the facility's rules against sexual abuse/harassment during Intake.

The auditor's review of 10 random offender files reveals all affected offenders received initial PREA education on their admission date.

Pursuant to the PAQ, the PA self reports 945 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. He asserts he provides comprehensive education immediately following Intake.

Nineteen of 21 random offender interviewees assert they were provided information regarding:

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

The auditor's review of 10 random offender files reveals substantial compliance with 115.33(b). Nine of 10 random offender files reflect completion of comprehensive Orientation education within one week of Intake.

The auditor's review of nineteen 2017 and twenty-one 2018 Receipt of START PREA Handbook and PREA Orientation Forms reveals substantial compliance with 115.33(b). All components of the provision are addressed in the body of the documents, as well as, in the materials provided to offenders.

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 15.33(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). START staff provide an enhanced (large print) Offender Handbook for those offenders who present with visual impairments. In the event of a deaf offender, he can read all relevant PREA-related materials and if questions arise, written communication between the offender and staff would occur.

In regard to offenders who present with intellectual, psychiatric, or speech disabilities, the PA advised that a Pre-Screening occurs with respect to each potential designee and medical/mental health issues are considered. Due to the nature of the START program, it is imperative participants be able to successfully complete the program, inclusive of comprehension and implementation of material presented during groups, etc. Additionally, the ability to effectively communicate is essential during programs, etc. Accordingly, such cases would ordinarily be rejected at the pre-assessment stage of the acceptance process. MDOC Probation and Parole Division Operational Procedure PPD 4.1.100, pages 2 and 3, section III(A), (B), and (C) corroborate the PA's assertion.

With respect to an offender who presents as previously described, who has "fallen through the cracks", the PA related that the following protocol would be implemented:

Screening staff contact the Shift Supervisor and advise of all facts. The Shift Supervisor then contacts either the COS or PA who ultimately contacts MDOC to advise of the issue(s). The offender will be turned around and placed in MDOC custody. START Mental Health staff interview the offender prior to the telephone call being placed to the PA.

It is noted that the Montana State Prison (MSP) is within very close proximity to START. Accordingly, once approval is given, movement would be facilitated in an expeditious manner.

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).

Such documentation is addressed in the narrative for 115.33(b).

Pursuant to the PAQ, the PA self reports the agency ensures key information about the agency's PREA policies is continuously and readily available or visible through posters, offender 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 two posters (included in the PAQ materials) reveals substantial 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.

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 have received 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). The START PREA Investigator (COS), the PCM, and the PA complete the NIC course regarding the conduct of sexual abuse investigations in confinement settings. Additionally, FBOP training for investigators may be required pursuant to contract with that agency.

The investigative staff interviewee asserts he did receive training specific to conducting sexual abuse investigations in confinement settings. He completed the three hour on-line National Institute of Corrections (NIC) training which is specifically tailored to conducting sexual abuse investigations in confinement settings. The interviewee also reports he completed a refresher course within the last 12 months.

The auditor's review of NIC Certificates for the afore-mentioned training and relevant to the PA, COS, and PCM reveals substantial compliance with both standard and policy.

START PREA Policy 3.6, page 3, section II(I)(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.

The investigative staff interviewee asserts training topics included:

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

Additionally, the 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 required training.

The PA further self reports START currently employs one PREA Investigator and he completed the required training. The PA and PCM have 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? X Yes No

- 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? X Yes No

- 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? X Yes No

- 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? Yes No

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.) 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? Yes No

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? Yes No
- Do medical and mental health care practitioners contracted by and volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? 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 has a policy related to the training of medical and mental health practitioners who work regularly in its facilities. According to the PA, five medical and mental health care practitioners work regularly at the facility and have received the requisite training. This equates to 100% of medical and mental health care practitioners who work regularly at the facility and have received training.

Of note, one full-time nurse and one LCSW currently work with offenders at START. The auditor has confirmed specialty training for both.

Additionally, the auditor reviewed the contract medical provider's MSP training record and determined she completed some National Institute of Corrections (NIC) PREA specialty training on January 10, 2018. However, the lesson plan submitted for the auditor's review does not address requisite topics articulated in 115.35(a), thereby precluding a compliance finding relative to the provision. Accordingly, the auditor finds START non-compliant with 115.35(a) and (c).

In view of the above, the auditor is imposing a 180-day corrective action period during which the contractor will complete the requisite course addressing the topics identified at 115.235(a). The PCM will forward a copy of the completed test or Certificate for the requisite training to the auditor for retention in the audit file. Additionally, a copy of the training plan for this training will be forwarded to the auditor for review/validation and retention in the audit file.

The final completion date for this corrective action is August 6, 2019. However, the target date for completion is May 7, 2019.

February 25, 2019 Update:

The auditor has been provided a copy of the contractor's NIC Certificate related to the PREA 201 for Medical and Mental Health Practitioners. The Certificate is dated February 22, 2019. In view of the above, the auditor finds START substantially compliant with 115.35(a) and (c).

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

The medical and mental health staff interviewees assert they have received specialized training regarding sexual abuse/harassment. Both interviewees assert they completed a three 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 review of three NIC Certificates of Completion for two mental health practitioners and one medical practitioner reveals substantial compliance with 115.35. Mental health courses are entitled PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting and Your Role in Responding to Sexual Abuse. The medical training is entitled PREA 201 for Medical and Mental Health Practitioners. 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 assert 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).

The auditor finds there is no documentation validating the contract medical provider completed the requisite training referenced in 115.35(a). Accordingly, the auditor finds START non-compliant with 115.35(c). Corrective action is identified in the narrative for 115.35(a).

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 Annual PREA Refresher course. Accordingly, compliance with 115.35(d) is established.

As articulated in the narrative for 115.32, the contract physician has received requisite training required by the standard.

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, when 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, when 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, when 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 a: Incident of sexual abuse? X Yes No
- Does the facility reassess an inmate's risk level when warranted due to a: 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.

Nineteen of the 21 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. One interviewee asserts he doesn't recall when the questions were asked. The last interviewee asserts he was asked these questions within three days of Intake.

The auditor's review of 10 random offender files reveals all initial victimization/abusiveness screenings were conducted on the date of arrival at START. The auditor did review the file of the interviewee who stated he did not recall when the initial screening was conducted.

Pursuant to the PAQ, the PA self reports policy requires offenders be screened for risk of sexual victimization or risk of abusing other offenders within 72 hours of their intake. In the past 12 months, the Warden self reports 1231 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).

The auditor's review of 11 Initial PREA Assessments completed in 2017 reveals timely facilitation of the Initial Assessment within 24 hours of arrival at START. Additionally, 10 of the 11 Reassessments related to the same offenders were completed within 30 days of arrival at START.

The auditor's review of 11 Initial PREA Assessments completed in 2018 reveals timely completion of the same within 24 hours of arrival at START. Seven of the 11 PREA Reassessments were completed within 30 days of arrival at START. Of note, only one of the four remaining Reassessments was untimely. Mitigating circumstances (e.g. offender left the facility or was out of the facility temporarily) resulted in non-completion of the Reassessment.

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

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 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;

Of note, other subjective questions are asked pursuant to the CCCS Initial Assessment/Reassessment PREA tool.

According to the PCM, pre-arrival information is reviewed (contains information from MDOC and the Violent and Sexual Offender Registry is searched for relevant information). If the intake officer is uncomfortable with the offender's truthfulness, he/she may place the offender in the safest possible housing until a deeper search can be facilitated.

A Basic Information Sheet is also provided in the offender's intake packet to assist the intake officer with background information regarding the offender. Additionally, the PCM is also familiar with some of the new arrivals as they may be re-commitments. Accordingly, she shares her knowledge of PREA factors in the offender's background with the intake officer.

The staff who performs screening for risk of victimization and abusiveness interviewee asserts the initial screening considers age, weight, history of violence, disabilities, mental health issues, and size. In regard to the conduct of the initial screening, the screening is facilitated following strip search, conducted individually behind a closed door. He personally reviews every question with the offender. He does not review any pre-screening material prior to the conduct of the actual screening. The PCM does alert screeners regarding transgender/intersex offender issues and incidents of sexual acting out at other facilities.

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 945 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.

Pursuant to follow-up with the PCM, the auditor learned the 286 offender differential between arrival screenings and reassessments (e.g. 945 reassessments as compared to 1231 initial screenings) is the result of offender release from the program prior to the 30-day reassessment date.

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. He was not aware of the time frame for reassessments.

The PCM asserts she facilitates all reassessments within 30-days of Intake.

Fifteen of 21 random offender interviewees assert they were asked the questions articulated in the narrative for 115.41(a) again since they arrived at START. Twelve of 21 interviewees assert they were reassessed

within 30 days of arrival at START. Two interviewees did not recall the date of reassessment and one interviewee has not been at START for 30-days as of the dates of the on-site audit.

Initial and Reassessments included in the PAQ are addressed above in the narrative for 115.41(b). The auditor reviewed one interviewee's file (the interviewee asserts he has not been reassessed) in the previously mentioned group of random files. Of the 10 random files reviewed, eight of 10 revealed reassessments completed in a timely manner. The offenders (relative to the two remaining 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 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 inmate's risk of sexual victimization or abusiveness.

START PREA Policy 3.3, page 5, section II(B)(4) addresses 115.41(g).

The auditor's review of two reassessments facilitated pursuant to 115.41(g) during the audit period reveals substantial compliance with 115.241(g).

The PCM reports a reassessment is completed each time a START offender reports an incident of either sexual abuse or sexual harassment.

The PCM further asserts she 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).

Both staff responsible for risk screening interviewees assert 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 or is perceived to be lesbian, gay, bisexual, transgender, intersex, or gender nonconforming;
Whether or not the offender has previously experienced sexual victimization; and
The offender's own perception of vulnerability.

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

The CCCS PC asserts 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. According to the PCM, 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.

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? X Yes No
- 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? X Yes No
- 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? 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 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 jeopardizes 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. 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 keep offenders with similar histories (from a sexual aggressor/sexual victimization perspective) and separates PVs/KVs from PAs/KAs. Any of these designations can be housed with offenders who score as Unrestricted.

The auditor's review of 2017 and 2018 START Offender Movement Reports reveals copious notations regarding offender sexual safety housing changes. Reasons for the changes are clearly articulated in writing. Clearly, offender sexual safety is a daily practice at START, inclusive of continual analysis of events and new findings.

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).

The auditor's review of two START Search, Pronoun, and UA Sampling Preference Forms reveals the decision-making process with respect to safe offender housing and programming assignments is multi-faceted, inclusive of significant input from the offender.

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 the safety of transgender/intersex offenders is a primary consideration and staff work diligently to preclude any interference with programming and privileges. Accordingly, facility staff does consider whether the placement will ensure the offender's health and safety. Additionally, facility staff consider whether the placement would present management or security concerns.

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 occasions wherein placement and programming assignments for transgender/intersex offenders are not reassessed a second time during the offender's placement at START.

According to the PCM, this is the case with the two transgender offenders housed at START during this audit period. One offender was housed at START for five days while the other was housed at START for approximately three months. In view of the above, reassessments, as required by 115.42(d), were not completed with respect to either offender.

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. However, the PCM asserts she meets with transgender/intersex offenders weekly and she generally documents the same. This is not a policy requirement.

The staff responsible for risk screening interviewee asserts placement and programming assignments for each transgender/intersex offender are reassessed at least twice per year to review any threats to safety experienced by the offender.

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

The PCM asserts transgender/intersex offenders' own views with respect to 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 be placed on A, B, or D Pods wherein single showers are located. The staff responsible for risk screening interviewee confirms the PCM's assertion regarding locations and adds showers would be provided during Count Times or staff lock downs.

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 bi-sexual offender interviewee asserts 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 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? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The opportunities that have been limited? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The duration of the limitation? Yes No
- If the facility restricts access to programs, privileges, education, or work opportunities, does the facility document: The reasons for such limitations? Yes No

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? Yes No
- Does such an assignment not ordinarily exceed a period of 30 days? 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? 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? 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? 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 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 there is no available alternative means of

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separation from likely abusers. The PA further self reports 0 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 2017 and 2018, the PA advised 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 to the best of his knowledge, no such involuntary placements have been effected since the last audit.

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 not have access to work opportunities due to the mission of the unit. Additionally, there are no educational opportunities at START. Such offenders do have access to programs and privileges.

The interviewee further asserts if the facility restricts access to programs or privileges, the facility documents the opportunities that have been limited, the duration of the limitation, and the reasons for such limitation. According to the interviewee, the same has not happened in the last three years, to the best of his knowledge.

The auditor's review of segregated housing operations essentially confirms the interviewee's assertion.

Pursuant to the PAQ, the PA self reports in the past 12 months, 0 offenders at risk of sexual victimization were assigned to involuntary segregated housing for longer than 30 days while awaiting alternative placement.

START PREA Policy 3.3, 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 every 24 hours to assess potential release from the unit.

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. He estimates 48 hours would be the longest duration of such housing.

As previously indicated in the narrative for 115.43(a), the PA self reports 0 offenders at risk for sexual victimization were held in involuntary segregated housing within the past 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 may not afford each such offender a review every 30 days to determine whether there is a continuing

need for separation from the general population. The rationale is articulated in the last sentence of this narrative.

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 he does not know if an offender assigned to involuntary segregated housing is reviewed every 30 days to determine if continued placement in involuntary segregated housing is required.

Given the relatively short duration of stay at START, it is highly likely the offender will not be housed a sufficient amount of time to facilitate the requisite 30-day review.

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? X Yes No

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 of offenders;
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's review of MOUs between CCCS and ADLC LEA and Safe Space reveal agreements to accept confidential reports of sexual abuse and sexual harassment from offenders confined at START. These entities are external to START and staff from the same report the calls to START leadership.

The PREA Handbook, page 3 also addresses 115.51(a).

All 12 random staff interviewees were able to articulate at least two methods 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 reports to staff, submission of a written report to staff, third-party report, submission of an emergency grievance, Hotline call, submission of a kite to staff, contact the Police Department, and report to family.

Twenty of 21 random offender interviewees were able to articulate at least two methods 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, submission of a kite to staff, contact the Police Department, and report to family. Fourteen interviewees assert they could contact the Hotline to report to someone who does not work at the facility.

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(115.51)(b) addresses 115.51(b).

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

Pursuant to 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. It is noted that the PREA Hotline, as well as, the telephone number to Safe Space (advocacy provider) and Western Montana Mental Health, is clearly provided pursuant to posters located adjacent to each offender telephone in the housing units. Additionally, these telephone numbers are available pursuant to the CCCS PREA Handbook.

According to the PCM, offenders may report abuse/harassment to a private entity pursuant to the Safe Space Hotline. Safe Space is external to START and CCCS. The MOU between CCCS and Safe Space 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 report, Safe Space contacts the PA and if unavailable, the CCCS PC.

Eighteen of 21 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, submitting the same prior to the end of the shift.

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

All 12 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 21 random offender interviewees assert reports of sexual abuse/harassment can be made either verbally or in writing. Nineteen of 21 random offender interviewees assert 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 orally, in writing, by phone, or through a third party, and will be considered confidential. This information is available in the Offender PREA Handbook as well.

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

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

All random staff interviewees identified at least two methods in which staff can privately report sexual abuse/harassment of offenders. Methods of reporting include, but are not limited to, written reports, verbal reports to supervisor(s)/administration, telephonic report, e-mail report, Hotline 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 NA

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.) 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.) 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.) 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*)
- 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 CCCS 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 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, (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 be made within 90 days of the filing of the grievance. The PA further self reports 1 grievance was filed within the last 12 months wherein sexual abuse was alleged. This one grievance alleging sexual abuse reached final decision within 90 days after being filed.

The PA further self reports 0 grievances alleging sexual abuse involved extensions because final decision was not reached within 90 days. 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's review of one Emergency Grievance reveals the same was dated January 6, 2017, picked up the same date, and addressed the same date. Clearly, START staff treated this sexual harassment Emergency Grievance in an expeditious manner. Clearly, the grievance was not properly identified as an Emergency Grievance however, again, the sincerity and attention of staff is noteworthy.

Pursuant to the PAQ, the PA self reports agency policy and procedure permits third parties, including fellow offenders, staff members, family members, attorneys, and outside advocates to assist offenders in filing requests for administrative remedy relating to allegations of sexual abuse and to file such requests on behalf

of offenders. The PA further self reports agency policy and procedure requires if the offender declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the offender's decision to decline. Zero grievances alleging sexual abuse were filed by offenders in the past 12 months in which the offender declined third-party assistance, ensuring documentation of the offender's decision to decline.

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 past 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. The PA further self reports that during the last 12 months, there were 0 instances of offender discipline for incidents of this nature.

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? X Yes No

- Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible? X 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? X 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? X Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? 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 facility provides offenders with access to outside victim advocates for emotional support services related to sexual abuse by:
Giving offenders mailing addresses and telephone numbers (including toll-free hotline numbers where available) for local, state, or national victim advocacy or rape crisis organizations;
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 Handbook addresses 115.53(a) in terms of posters and locations wherein information regarding VA/counseling service 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 who can respond with assistance to 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.

Clearly, offenders have every opportunity to be apprised of information relevant to 115.53(a).

Nineteen of 21 random offender interviewees assert they know there are services available outside the facility for dealing with sexual abuse, if needed. Twelve of the 21 interviewees assert Safe Space or counseling services are available for assistance. The majority of these interviewees cited Safe Space.

Twelve interviewees assert the facility provides mailing addresses and telephone numbers for Safe Space, counseling services, and VA services. Three interviewees, who were not specifically aware of the services, assert the information is present on posters, in the PREA Handbook, and the PREA Brochure issued at intake. Seventeen of 21 interviewees assert the numbers are free to call.

Seventeen of 21 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 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 interactions with offenders.

Fifteen of 21 interviewees assert that what they say to people from these services remains private. Eight of 21 random offender interviewees assert conversations with staff from these services could be listened to or shared for purposes of mandatory reporting.

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

The MOU between CCCS and Safe Space 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*)
- 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 PREA Coordinator who, in turn, disseminates the same to each facility. All telephone calls are taken by the PA or PCM. If the CCCS PC is contacted, he will immediately contact 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 inmate sexual abuse or sexual harassment on behalf of inmates. 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.

All visitors, contractors, and volunteers sign and date the PREA Compliance Acknowledgment prior to entry into the facility. This document clearly captures reporting options available to any potential third-party reporter.

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 CCCS 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? 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? 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*)
- 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 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 the five 2017 investigations and the two 2018 investigations reveals no concerns regarding staff reporting.

All 12 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. Eleven of the 12 interviewees assert they report immediately to their supervisor, generally the security supervisor/COS/or PA. One interviewee asserts he reports as soon as possible.

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 assert at the initiation of services to an offender, they disclose the limitations of confidentiality and their duty to report. Such disclosure is driven by their respective Code of Ethics, licensure, and policy. They further assert they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment to a designated supervisor [e.g. the PA, Clinical Director, and then to security supervisor(s)] or official immediately upon learning of it. Neither interviewee has become personally 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 MDOC if any such individuals were housed at START. Like the PA, the 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 PA and COS 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, be 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 directly to designated supervisors. The PA's interview statement parallels the version noted in the preceding paragraph.

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 (i.e. it takes some action to assess and implement appropriate protective measures without unreasonable delay). The PA further self reports in the past 12 months, there was 0 instances wherein the facility determined an offender was at substantial risk of imminent sexual abuse.

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.

The auditor's review of one investigation reveals allegations of physical harm based on name calling and use of abusive language. While this does not specifically meet the definition of a sexual abuse allegation, the PCM initiated expeditious action to move the potential victim to another housing area. The fact pattern, as described by the potential victim, is more reflective of sexual harassment given the name calling and language.

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, alert the PA and 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 removed from the danger zone. The management team would determine whether a request for removal from the facility is appropriate.

All 12 random staff interviewees assert the potential victim is immediately removed from the danger zone and supervised. Additionally, supervisor(s) are contacted.

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

- 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 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, there were three allegations 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).

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.

The auditor's review of five 2017 notifications to other facilities regarding sexual abuse/harassment incidents, reported to have arisen at the sending or a previous facility wherein the offender was housed, reveals three of the five notifications were generated by the START PCM or the CCCS PC. In her e-mail notifications, the PCM clearly articulates the PA delegated the notification to her. Additionally, she forwards the e-mails to an Administrator, Captain, PCM at the receiving facilities, and various executives within MDOC. It appears two of the five notifications exceeded the 24 hour policy driven threshold for notification,

as established in CCCS policy. The remaining three reports appear to be timely in terms of the policy required 24-hour notification.

The one 2018 notification to another facility was forwarded to the appropriate administrator by the CCCS PC within the 72-hour notification threshold, however, notification was accomplished outside the policy-requisite 24-hour notification.

It is noted CCCS policy also requires notification in terms of incidents of sexual harassment. While this factor and 24-hour notification actually exceed standard expectations as articulated in 115.63(a), the auditor finds START non-compliant based on performance. Specifically, as previously stated, notifications exceeded the CCCS policy requisite of 24 hours notification.

Accordingly, the auditor finds START non-compliant with 115.63(b).

In view of the above, a 180-day corrective action period is imposed wherein the auditor anticipates START will demonstrate institutionalized compliance with the provision. The auditor recommends CCCS amend the afore-mentioned policy to read that such notifications will be accomplished within 72 hours of being advised of the particulars of the alleged sexual abuse/harassment.

01/05/19 Update: The auditor has reviewed an amended policy reflecting the above. The policy clearly amends the reporting time frames, commensurate with the standard provision.

02/27/19 Update: The auditor's review of PA and COS CCCS Staff Development and Training Record Forms regarding the afore-mentioned policy amendment (Policy 3.4 changing the requisite notification period from 24 hours to 72 hours) reveals the training was presented on this date and both attendees understand the subject-matter of the same.

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

Since the controls are in place relative to prompt staff reporting of these incidents to management, the PCM must either generate a procedural memorandum or facilitate training with the PA and COS, advising of the policy amendment. Any memorandum will be counter-signed and dated by the PA and COS, with a copy forwarded to the audit for retention in the audit file. The "I understand" caveat will be included in any procedural memorandum.

If the formal training option is exercised, the PCM will forward to the auditor a copy of the training outline and requisite training acknowledgments bearing the "I understand" caveat.

The final completion date for this corrective action is August 6, 2019. However, the target date for completion is May 7, 2019.

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(b).

Pursuant to the PAQ, the PA self reports the facility requires allegations received from other facilities/agencies about incidents alleged to have arisen at START, are investigated in accordance with the PREA standards. The PA further self reports in the past 12 months, two 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).

The Agency Head asserts in regard to referrals of sexual abuse/harassment allegations (allegedly occurred at a CCCS facility), there is a PA who is generally the point of contact for receipt of the same.

The PA opens an investigation regarding the same.

The PA asserts 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 two allegations allegedly arising at START, pertaining to the same offender, reveals the allegations were adequately investigated in accordance with PREA expectations.

In view of the above, the auditor finds START non-compliant with 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*)
- 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:

1. Separate the alleged victim and abuser;
2. Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
3. 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
4. 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.

Pursuant to the PAQ, the PA self reports in the past 12 months, there was one allegation that an offender was sexually abused. In this incident, the first security staff member to respond to the report separated the alleged victim and abuser. In the past 12 months, there were 0 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)(1-10) address this provision. Specifically, upon learning that an offender was sexually abused, the first security staff member to respond to the report shall be required to:

- (1) Separate the alleged victim and abuser;
- (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- (3) 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
- (4) 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 security staff first responders and three non-security staff first responders were interviewed. All interviewees assert the first step in the first responder protocol centers on separation of the victim and perpetrator. Eleven interviewees assert the second step is to secure the crime scene. Nine of the 13 interviewees assert the third step entails requesting the victim not destroy physical evidence as described in 115.64(a) while the fourth step entails ensuring the perpetrator does not destroy physical evidence.

The auditor's review of a Sexual Assault Investigation Report dated April 2, 2018 reveals substantial compliance with 115.64(a). The alleged victim and perpetrator were immediately separated however, the time frame for evidence collection and nature of the fact pattern precluded evidence collection. The same is applicable to securing the crime scene.

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 were 0 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)(1-10) address this provision.

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 sexual abuse allegation(s). Additionally, the Coordinated Response to PREA Incidents document serves as an excellent guideline for staff as they perform sexual assault 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 is detailed by position and response to the sexual assault incident. The plan is reviewed annually during In-Service training.

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? X Yes No

115.66 (b)

- 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 relates there is no collective bargaining unit 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 has entered into a collective bargaining unit agreement since the last PREA audit.

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? X 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, COS, 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 COS assume primary responsibility for retaliation monitoring. The PCM assumes such responsibilities in the event one or the other are not available.

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 PA.

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 recommend 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 can be placed on administrative leave.

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

The auditor's review of retaliation monitoring regarding all individuals who reported sexual abuse/harassment allegations, as identified in the investigations identified and in 115.71, reveals substantial compliance with 115.67(b). Retaliation monitoring was initiated in each case and properly documented on the START Monthly Retaliation Monitoring Report and PREA Incident Follow-up Forms. It is noted all monitored offenders, with the exception of one, were removed from START within the first 30-45 days of the alleged incidents. Retaliation monitoring was initiated in all Substantiated and Unsubstantiated cases.

The auditor finds substantial compliance with 115.67 as documentation is timely and thorough. Investigations clearly reveal geographical separation of victims and perpetrators within the facility in appropriate cases. In one case, the alleged victim was placed in another CCCS program.

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. Monitoring for less than 90 days is driven by release/removal from the program. 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 were zero times an incident of retaliation occurred in the past 12 months.

START PREA Policy 3.9, pages 4 and 5, section II(J)(3 (a-c) addresses 115.67(c).

The PA asserts that 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 COS 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 indicators of potential retaliation. In regard to retaliation against staff, an increase in call-offs, requesting 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? 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 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 and determination reveals there is no available alternative means of separation from likely abusers. The PA further self reports 0 offenders alleged to have suffered sexual abuse were held in involuntary segregated housing in the past 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. 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 every 24 hours to assess potential release from the unit. 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 supervise 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 not have access to work opportunities due to the mission of the unit. Additionally, there are no educational opportunities at START. Such offenders do have access to programs and privileges.

The interviewee further asserts if the facility restricts access to programs, privileges, education, or work opportunities, the facility documents the opportunities that have been limited, the duration of the limitation, and the reasons for such limitation. According to the interviewee, the same has not happened in the last three years, to his knowledge.

The staff who supervise 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. He estimates 48 hours would be the longest duration of such housing.

The staff who supervises offenders in segregated housing interviewee asserts he does not know if an offender assigned to involuntary segregated housing is reviewed every 30 days to determine if continued placement in involuntary segregated housing is required.

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 (l)

- 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, page 1, section 1 addresses 115.71(a).

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

The auditor's review of three 2017 and two 2018 administrative sexual assault/harassment investigations 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.

START PREA Policy 3.10, page 1, section II(A) addresses 115.71(b). The PA, COS, and/or PCM are the designated administrative investigators. All of these investigators have completed the appropriate NIC PREA Investigations course. Pursuant to memo dated September 7, 2018, ADLC LEA special investigators conduct criminal investigations.

The investigative staff interviewee asserts he has received 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 application 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 he has taken a refresher course within the last 12 months.

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

The investigative staff interviewee asserts 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);
Law enforcement will interview the perpetrator.;

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

START PREA Policy 3.10 entitled Investigations, page 2, section II(B) addresses 115.71(d).
Compelled interviews are not conducted by START staff pursuant to the above policy.

The investigative interviewee asserts when it is determined a prosecutable crime may have taken place, he does not consult with prosecutors before conducting compelled interviews. Specifically, that action falls under the purview of ADLC LEA. The afore-mentioned 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 investigative interviewee asserts credibility considerations include analysis of past incidents wherein the victim provided information and reports of sexual abuse/harassment allegations. Additionally, the PREA screening is researched and assessment of history of sexual abuse or victimization is considered. All victims, suspects, or witnesses are considered credible until proven otherwise. The investigators employs deductive reasoning to match and compare events, time lines, evidence, etc. He looks for holes in stories. Finally, he asserts he 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.

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 asserts the SART review includes such assessments. Reviewing camera footage and observation of the crime scene provides insight into staff actions. The question becomes, "Do staff reports align with the reports of the victim and other staff and offender witnesses?"

The interviewee asserts administrative investigations are documented in written reports. Description of the incident, witness statements, evidence analysis, video analysis, photographs, victim and witness credibility are primarily the topics addressed in the report. 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 investigative staff interviewee asserts criminal investigations are documented. Criminal investigative reports are less detailed in comparison to administrative reports however essentially, the same topics are addressed.

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 investigative staff interviewee asserts ADLC LEA refers cases for prosecution. Accordingly, he is not aware of the mechanics of that process.

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) provision.

START PREA Policy 3.10 entitled Investigations, page 1, section I. second paragraph addresses 115.71(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 and 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.

The PA asserts if an outside agency investigates allegations of sexual abuse, contact is maintained with the ADLC LEA on a weekly basis. The CCCS PC asserts the PA or COS makes such contact with ADLC LEA. The PCM asserts either the PA, COS, or she makes weekly contact with ADLC LEA on a weekly basis. Telephonic calls of inquiry are documented.

The investigative staff interviewee asserts he acts as a liaison when an outside agency investigates an incident of sexual abuse at START. He 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*)

- 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 investigative staff interviewee asserts for allegations of sexual abuse/harassment, a preponderance of the evidence is used to substantiate allegations of sexual abuse/harassment.

The auditor's review of 2017 and 2018 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? 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.) 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? 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? 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

- 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 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. The auditor's review of three investigations reveals the same pertained to incidents occurring within the last 12 months (November, 2017 to November, 2018). 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.

With respect to the first investigation, the same was completed in November, 2017 and the alleged victim was notified of the investigative finding by receipt of a signed and dated START Program Victim's Notification Form. The document was counter-signed by the offender. In this matter, the description of the fact pattern is typical of sexual harassment.

The second investigation was completed on or about April 2, 2018 and there is no evidence the alleged victim was notified of the investigation disposition.

With respect to the third investigation, there is evidence in the report that the alleged victim was notified of the investigative finding. The fact pattern portrays the alleged sexual abuse as consensual between two offender participants.

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 relevant information from the investigative entity in order to inform the offender of the outcome of the investigation. The PA further self reports one alleged offender sexual abuse investigation was completed by an outside agency. This case represents the only scenario within the last 12 months wherein the alleged victim was not notified of the investigation outcome.

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

It is noted the auditor reviewed e-mails and attempts to ascertain the status of the criminal referral on April 3, 2018 and April 10, 2018. The alleged incident occurred on April 1, 2018. The auditor finds the PA was vigilant in terms of follow-up regarding the status of the case.

In addition to the above, it is noted ADLC LEA determined the matter was sexual harassment, as opposed to, sexual abuse.

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 the offender (unless the agency has determined 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 the staff member has been indicted on a charge related to sexual abuse within the facility;
or
the agency learns 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 past 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. The auditor's review of three investigations reveals the same pertained to incidents occurring within the last 12 months (November, 2017 to November, 2018). Written notifications to affected offenders are described in the narrative for 115.73(a).

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

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? Yes No

115.76 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? 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? 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)? 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 0 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 past 12 months, 0 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 past 12 months, 0 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).

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

The PA asserts that in the event of any violation of agency sexual abuse/harassment policies by a contractor or volunteer, the allegation would be investigated. Local law enforcement may be contacted in the event the matter is criminal. The contractor or volunteer is removed from the facility and offender contact pending the outcome of the investigation.

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)

- 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 past 12 months, there were 0 administrative findings of offender-on-offender sexual abuse that occurred at the facility. Similarly, there were 0 criminal findings (offender) of guilt for offender-on-offender sexual abuse that occurred within the facility during the past 12 months.

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

Page 8 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. Removal from START is generally the sanction imposed following an administrative or criminal finding the the offender engaged in offender-on-offender sexual abuse. Sanctioning is within the sole province of MDOC.

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, page 2, 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).

Pursuant to a memorandum dated January 2, 2018 from the PA, there has been no incidents during 2017 wherein offender on staff sexual abuse has occurred. Similarly, in a memorandum dated September 7, 2018 from the PA, the same condition is prevalent for 2018.

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's review of an offender's misconduct report for the charges of Threatening, Conduct Which Disrupts or Interferes with the Security or Orderly Operation of the Community Corrections Facility, and Direct Insolence reveals substantial compliance with 115.78(f). The incident occurred on August 1, 2017

and the offender stated to a staff member, "I'm sending you to Prison". When the staff member asked the offender if he had threatened him, he responded, "Yes, you just threatened to rape me". The entire conversation was overheard by a staff witness.

Given all facts presented in the investigation, the auditor concurs the offender made this statement and therefore, report, in bad faith. The offender was given Due Process and accordingly, the provisions of 115.78 were appropriately applied.

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.)
X 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.) X 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? X 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?
X 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? 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 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 was/is offered within 14 days of the initial screening. In the past 12 months, the PA reports 100% of offenders who disclosed prior victimization during screening 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 initially asserted he did not recall if staff asked him if he wanted to meet with medical or mental health care practitioners after he advised he had been previously sexually abused. However, he later recanted, advising that staff did ask him if he desired such a meeting and he requested a meeting with the mental health provider. The meeting occurred two days following the report.

The staff responsible for initial screening for victimization/abusiveness interviewee asserts if a screening indicates an offender has experienced prior sexual victimization, whether in an institutional setting or in the community, he is offered a follow-up meeting with a medical/mental health practitioner. He immediately contacts Medical and/or Mental Health for follow-up meetings under these circumstances.

The PCM self reports .5% of all START intakes in the last 12 months reported previous sexual abuse during Intake. One hundred percent of such offenders were offered medical and mental health services, regardless if the abuse occurred in a correctional facility or not. With respect to those offered services, .01% actually accepted services and participated in a follow-up meeting with the provider(s).

A note or citation is made on the assessment/reassessment if offered services and the offender declined.

The auditor did validate the same.

Pursuant to the PAQ, the PA self reports all prison offenders who have previously perpetrated sexual abuse, as indicated during the screening pursuant to 115.41, whether it occurred in an institutional setting or in the community, are offered a follow-up meeting with a mental health practitioner. The PA further self reports the

follow-up meeting was/is offered within 14 days of the intake screening. Reportedly, during the last 12 months, 100% of offenders who have previously perpetrated sexual abuse, as indicated during the screening, were offered a follow-up meeting with a mental health practitioner. Mental health staff reportedly 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(b).

The staff responsible for initial risk screening interviewee's response in terms of 115.81(a/c) parallels his response reflected in the narrative for 115.81(b).

A note or citation is made on the assessment/reassessment if offered services and the offender declined.

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 non-prescribed 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 inmate 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 their respective discipline 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., forms, logs) 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, he is, within a maximum of one hour, transported to Saint (St.) James Hospital. The nature and scope of services are determined according to the professional judgment of both START medical/mental health practitioners (referral to St. James Hospital) and subsequently, professionals at St. James Hospital.

START PREA Policy 3.11, pages 1 and 2, section II(A)(1-10) addresses 115.82(b). This policy stipulates the First Responder will: physically separate the alleged victim from the alleged abuser; notify all necessary staff (Immediate supervisor, administrator, medical, mental health) of START; 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 the 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. Ensure the perpetrator does not destroy physical evidence.

Ten security staff first responders and three non-security staff first responders were interviewed. All interviewees assert the first step in the first responder protocol centers on separation of the victim and perpetrator. Eleven interviewees assert the second step is to secure the crime scene. Nine of the 13 interviewees assert the third step entails requesting the victims not destroy physical evidence as described in 115.64(a) while fourth step entail ensuring the perpetrator does not destroy physical evidence.

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 this audit cycle, 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. Medical and mental health staff maintain secondary materials (e.g., forms, logs) 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). These issues are addressed as part of the SAFE/SANE examination.

The medical staff interviewee asserts victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. If a forensic examination is not administered for some reason, medical staff provide requisite information as articulated in 115.82(c). SAFE/SANE Nurses provide this information during any forensic examination conducted at St. James Hospital.

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.) 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.) 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 X 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, page 3, section II(C)(a) addresses 115.83(a) and (b).

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 and subsequently refers the victim to St. James Hospital.

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 none of the affected victims were removed from the facility for a forensic examination, etc.

START PREA Policy 3.5, page 3, section II(C)(b) addresses 115.83(c).

Both the medical and mental health staff interviewees assert 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)(c) and (d) addresses 115.83(f).

Of note, as previously mentioned in the narrative for 115.21(c), no forensic examinations have been conducted at St. James Hospital relative to START offender victims during the last 12 months.

As reflected in the narrative for 115.82(c) above, tests for sexually transmitted infections are provided during the SAFE/SANE examination process.

Pursuant to the PAQ, the PA asserts 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).

There is no evidence to review with respect to the last 12 months.

As START is considered to be a programming jail, the auditor finds 115.83(h) to be 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? 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 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, 0 criminal and/or administrative investigations of alleged sexual abuse were completed at the facility. However, based on the auditor's review, records reflect three such investigations were completed at START. However, one of these investigations was 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 assault/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 assault investigation.

The auditor's review of the two SART reports for the two sexual assaults allegedly occurring within the last 12 months, reveals substantial compliance with 115.86.

The auditor's review of one 2017 SART also reveals substantial compliance with 115.86, in entirety. Timeliness, composition of the SART team, factors considered during the SART review, and implementation/ completion of recommended corrective actions are clearly articulated in the SART reports.

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, 0 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. However, as reflected in the narrative for 115.86(a), the auditor finds there were three such investigations completed at START. However, one of these investigations was determined to be unfounded. The auditor's findings pursuant to review of the two applicable SART reviews are addressed in the narrative for 115.86(a), above.

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 PREA compliance manager.

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 PCM asserts a report of the SART findings is prepared in accordance with bullet 6 of 115.86(d). She prepares most of these reports. The trends the PCM has noted involve the need to review direct supervision constantly, training staff regarding the same.

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 COS is a member of the SART and accordingly, the auditor interviewed him during the on-site review. The COS 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 START substantially compliant with 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.) 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 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 2017 and 2018 spread sheets 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 non-applicable to START.

Pursuant to the PAQ, the PA self reports the agency provided the Department of Justice with data from the previous calendar year upon request.

The auditor's review of the 2017 SSV appears to be consistent with the investigations conducted during 2017.

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? 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? 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/operations 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.

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, and incident reports are all forwarded to the CCCS PC. 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 CCCS Annual Report that is posted on the CCCS website. The same is dated March 1, 2018 and is 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 2016 and 2017 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.

Pursuant to the PAQ, the PA self reports agency policy requires aggregated sexual abuse data from facilities under its direct control and private facilities with which it contracts be made readily available to the public, at least annually, through its website.

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).

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.*) 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.) X 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 inmates, residents, and detainees? X 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*)

The auditor was provided all necessary materials in a prompt manner during the Pre-Audit phase. Staff have worked diligently with the auditor during the Post-Audit phase. The START PCM ensured both staff and offender interviewees reported for interviews in rapid succession, thereby ensuring an efficient interview process.

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 within 90 days of issuance by auditor. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. 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*)

Meets Standard (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

Does Not Meet Standard (*Requires Corrective Action*)

No comment.

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

February 27, 2019

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.