

**PREA AUDIT REPORT    Interim X Final  
ADULT PRISONS & JAILS**

**Date of report:** 12/18/2016

<b>Auditor Information</b>			
<b>Auditor name:</b> Maren Arbach			
<b>Address:</b> PO Box 7203 Bismarck ND 58506			
<b>Email:</b> fcc@midco.net			
<b>Telephone number:</b> 701-214-8660			
<b>Date of facility visit:</b> 11/04/2016 to 11/06/2016			
<b>Facility Information</b>			
<b>Facility name:</b> Cascade County Adult Detention Center/ Regional Prison			
<b>Facility physical address:</b> 3800 Ulm Frontage Road Great Falls MT 59404			
<b>Facility mailing address:</b> (if different from above) <a href="#">Click here to enter text.</a>			
<b>Facility telephone number:</b> 406-454-6820			
<b>The facility is:</b>	<input type="checkbox"/> Federal	<input type="checkbox"/> State	<input checked="" type="checkbox"/> County
	<input type="checkbox"/> Military	<input type="checkbox"/> Municipal	<input type="checkbox"/> Private for profit
	<input type="checkbox"/> Private not for profit		
<b>Facility type:</b>	<input type="checkbox"/> Prison	<input checked="" type="checkbox"/> Jail	
<b>Name of facility's Chief Executive Officer:</b> Sheriff Bob Edwards			
<b>Number of staff assigned to the facility in the last 12 months:</b> 140			
<b>Designed facility capacity:</b> 372			
<b>Current population of facility:</b> 433			
<b>Facility security levels/inmate custody levels:</b> Minimum to Maximum-County/Federal Inmates, Minimum to Medium State Inmates			
<b>Age range of the population:</b> 18-70			
<b>Name of PREA Compliance Manager:</b> <a href="#">Click here to enter text.</a>		<b>Title:</b> <a href="#">Click here to enter text.</a>	
<b>Email address:</b> <a href="#">Click here to enter text.</a>		<b>Telephone number:</b> <a href="#">Click here to enter text.</a>	
<b>Agency Information</b>			
<b>Name of agency:</b> Cascade County Adult Detention Center/ Regional Prison			
<b>Governing authority or parent agency:</b> (if applicable) Cascade County Sheriff's Office			
<b>Physical address:</b> 3800 Ulm North Frontage Road Great Falls MT 59404			
<b>Mailing address:</b> (if different from above) <a href="#">Click here to enter text.</a>			
<b>Telephone number:</b> 701-454-6820			
<b>Agency Chief Executive Officer</b>			
<b>Name:</b> Bob Edwards		<b>Title:</b> Sheriff	
<b>Email address:</b> bedwards@casadecountymt.gov		<b>Telephone number:</b> 406-454-7688	
<b>Agency-Wide PREA Coordinator</b>			
<b>Name:</b> Keith Kaululaau		<b>Title:</b> Assistant Facility Administrator/PREA Coordinator	
<b>Email address:</b> kkaululaau@casadecountymt.gov		<b>Telephone number:</b> 406-454-7684	

**AUDIT FINDINGS**

## **NARRATIVE**

A PREA audit was conducted of the Cascade County Adult Detention Center (CCADC) on November 4-6, 2016. This facility is a county run facility and the audit was conducted by Fidelity Correctional Consulting, LLC, led by certified auditor Maren Arbach.

At least six weeks prior to the audit, CCADC posted an Auditor Notice provided by the auditors. The notice was posted in all living areas which was noted during the onsite review. In addition, documentation was provided to the auditor via thumb drive prior to the audit in a very organized manner. Correspondence occurred between the auditor and the PREA Coordinator throughout the pre-audit phase. Prior to arrival, the auditor submitted a tentative audit schedule to the facility to outline the audit activities for the onsite portion. On November 4, 2016, the auditor reported to CCADC to initiate the audit, hold an opening meeting with administration, and conduct agency level interviews.

Auditors began agency level interviews and then conducted the site review of CCADC. PREA signage was evident throughout the facility ensuring reporting information was adequately visible for all inmates and staff.

Following the site review, interviews of specialized and random staff were conducted. The PREA Coordinator was available at all times for auditor clarification and consultation.

Eleven (11) random inmates and thirteen (13) random staff (from all shifts) were interviewed. In addition, fifteen (15) interviews of specialized staff were conducted. All staff and inmates were familiar with PREA.

CCADC works with a full time investigator in the Sheriff's Office to get all of the administrative and criminal investigations completed. In 2015, they had 38 allegations of sexual abuse and sexual harassment. Every allegation was investigated and eight (8) were referred for criminal prosecution. The facility's response plan to allegations is exceptional.

Knowledge and investment in PREA implementation of PREA was evident throughout administration and management of CCADC.

## **DESCRIPTION OF FACILITY CHARACTERISTICS**

The Cascade County Adult Detention Center/Regional Prison (CCADC) was built in 1997. They moved into the facility in 1998. They currently house minimum to maximum custody county and federal inmates as well as minimum to medium custody state inmates and have a designed capacity of 372.

The mission of the CCADC is “It will be the mission of the Cascade County Sheriff/Coroner’s Officer to provide exemplary public safety services to the citizens of Cascade County. This will be accomplished with compassionate, professional and proactive law enforcement/correctional services backed with community involvement.”

The jail and administrative offices are all located within the same building. The administrative offices are directly outside the secured area of the jail. The jail has 14 multiple occupancy cell housing units and two open bay housing units. They have 46 segregation cells in the facility.

## **SUMMARY OF AUDIT FINDINGS**

Overall, there were no deficiencies noted. The few items the auditor found were addressed and corrected by the facility as soon as possible. They implemented a large change in their screening process and provided proof of compliance with the change before a report was finalized.

The auditor was very impressed with the efforts and accomplishments made to achieve PREA compliance. Forty (40) standards were met, two (2) were exceeded, one (1) was not applicable, and 0 were not met.

Number of standards exceeded: 2

Number of standards met: 40

Number of standards not met: 0

Number of standards not applicable: 1

**Standard 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA Coordinator**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy

Interviews, Document, and Site Review:

The CCADC has a policy which outlines all of the elements indicated in this standard. The CCADC is the sole facility operated under the Cascade County Sheriff's Department. Due to this, they have put in place an upper level staff as a PREA Coordinator (PC) but are not required to have a PREA Compliance Manager (PCM). During an interview with PC Keith Kaululaau, he indicated he has sufficient time and authority to develop, implement, and oversee the agency's efforts to be PREA compliant.

Corrective Action:

None needed.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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Interviews, Document, and Site Review:

This standard is not applicable due to the fact the facility does not contract with any other facilities to confine inmates.

Corrective Action:

None needed.

**Standard 115.13 Supervision and monitoring**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy
- PREA Annual Staffing Plan Review form
- 3-1-3-6 Unannounced Supervisory Checks policy

Interviews, Document, and Site Review:

The CCADC incorporated the PREA Annual Staffing Plan Review form in 2016 in preparation for their PREA audit. This form takes in account each of the 11 elements out of standard 115.13 (a).

The facility has faced some issues with staff turnover. In the PAQ, the facility indicated they had instances in the past where the staffing plan was not complied with. It is noted in the PAQ this was due to staff shortage. The staffing plan development and review is a new process for the facility but documentation and interviews indicate this process is being utilized. During one interview, it was stated they are required to comply with a staffing plan of four uniformed staff during the day and three uniformed staff during the night on the state side of the facility due to the Department of Corrections contract. The normal staffing plan facility wide is 14 uniformed staff on during the day and 12 on during the night.

The facility has a policy that requires unannounced rounds by upper level staff. Staff are prohibited from notifying other staff these rounds are being conducted. It should be noted, due to the physical plant, truly unannounced rounds are nearly impossible to complete. Staff in the areas need to open the gates into the units so they will know who is entering. Each month the PC conducts a check to ensure the rounds are being completed per policy and provides documentation to the sheriff regarding compliance with the policy.

Corrective Action:

None needed.

### **Standard 115.14 Youthful inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy
- 15-04-00.0 Juveniles

Interviews, Document, and Site Review:

The CCADC does not house juvenile inmates. When there is an instance of a juvenile with a felony charge, the facility is locked down and the juvenile is brought in to be booked in. As soon as that process is completed, the juvenile is transferred to the juvenile detention center for housing. At all times while the juvenile is in the facility, sight and sound separation is maintained from all adult inmates and they are being directly supervised by staff during the booking process.

Corrective Action:

None needed.

**Standard 115.15 Limits to cross-gender viewing and searches**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy
- 10-14-00 Searches and Control of Contraband
- 15-01-00 Admissions
- Training Curriculum

Interviews, Document, and Site Review:

The CCADC policies indicate cross gender unclothed searches and cross gender visual body cavity searches are not allowed except in exigent circumstances.

Information received in the PAQ indicated there were no instances where cross gender unclothed or cross gender visual body cavity searches were conducted. Interviews with uniformed staff and inmates confirm that cross gender unclothed and cross gender visual body cavity searches are not conducted.

In addition, male staff are not allowed to conduct pat searches of female inmates. Interviews conducted with random female inmates indicated they are not denied access to programming or other out of cell opportunities due to the unavailability of female staff to conduct pat searches.

Due to there being no instances of cross gender unclothed searches, cross gender visual body cavity searches, or pat searches of female inmates by male officers, there are no logs that exist documenting these have occurred.

The facility has implemented practices that allow for inmates to shower, dress, and perform bodily functions without viewing by staff of the opposite gender. The physical plant of the facility has the showers located just off the dayroom within the unit. In an effort to comply with this standard, the facility is utilized curtains to allow for privacy while showering. In addition, both interviews by staff and inmates indicated any cross gender viewing that has occurred is during rounds of the units.

CCADC policy requires for announcement by opposite gender staff when entering a housing unit holding inmates of the opposite gender. While onsite, the auditor observed cross gender announcements occurring while staff of the opposite gender was entering the housing areas.

CCADC policy indicates staff are not to physically examine an inmate to determine their genital status. During interviews, security staff consistently indicated that conducting an unclothed search purely to find out an inmates genital status was forbidden. When probed for how they could find out this information, staff indicated they would ask the inmate.

CCADC has a training curriculum that covers conducting cross gender pat down searches. This training is provided to staff during their basic training.

Note: The facility has placed a ban on any cross gender pat searches including female officers pat searching male inmate.

Corrective Action:

None needed.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- Special Needs Offender training curriculum
- 15-01-00 Admissions
- 19-01-00 Special Needs Inmates policy and procedure

Interviews, Document, and Site Review:

The CCADC indicates in their policy that if an inmate comes in who is hearing impaired and requires an interpreter, the arresting agency will be responsible for contacting the Montana Deaf and Hard of Hearing Services for assistance. If MDHHS is unavailable, they are responsible to contact another qualified interpreter from those found in the phone book. MDHHS is a program through the Department of Public Health and Human Services.

Agency policy prohibits the use of inmate interpreters, inmate readers or other type of inmate assistants in place of using an interpreter for allegations of sexual abuse and sexual harassment. During random staff interviews and interviews with an investigator, they confirmed that they would utilize an interpreter to completed an investigation pertaining to an inmate who is limited English proficient or deaf.

Corrective Action:

None needed.

**Standard 115.17 Hiring and promotion decisions**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy
- Employment Application
- 02-03-20.00 Appointments, Hiring, and Promotions
- Personal History Statement form
- Prison Rape Elimination Act Questionnaire for Prior Institutional Employers

Interviews, Document, and Site Review:

During the onsite audit, while interviewing the human resources contact, it became evident the facility was not asking the questions required under standard 115.17 (a). While the auditor was onsite, the application was updated to include the required questions. The modification to the existing application was verified on 11/04/2016.

The facility policy indicates the agency will consider any incidents of sexual harassment in determining whether to hire or promote anyone which was confirmed in interviews with the facility head, human resources, and the PC.

The facility has developed a form titled Prison Rape Elimination Act Questionnaire for Prior Institutional Employers. This form is sent out to prior institutional employers and requests any information regarding substantiated PREA allegations against the employee. Also included in the questionnaire is a question asking if the candidate resigned during an investigation into an allegation of sexual abuse or sexual harassment.

The facility conducts background checks on any outside contractors who entered into the institution. Based on information received from the PC, outside contractors are escorted through the institution and, if they are working in an area where the inmates are located, the inmates are locked down until the contractor has left the area.

Criminal background checks are conducted on all new hires prior to their start date within the institution. In addition, background checks are rerun every five years.

The facility provided the auditor with a copy of the Personal History Statement which is completed by the applicant. Question #35 states: Have you ever been accused of, or been the subject of any investigation related to any form of **Misconduct** while employed, attending school, serving in the military, or while volunteering for any organization? For the purposes of this question, the term “misconduct” will include: All PREA Investigations, Sexual Harassment, Harassment, Theft, Misuse of Property, Abusive Conduct (both physical and verbal) and Abuse of Power or Privileges.

The applicant marks this as a Yes or No. If they respond yes, there is an area to self-report an explanation.

Corrective Action:

None needed.

### **Standard 115.18 Upgrades to facilities and technologies**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy

Interviews, Document, and Site Review:

PREA Audit Report

This facility has not had a previous PREA audit. There have been no expansions to the facility since August 20, 2012.

Interviews with multiple upper level staff and camera coverage review show a strong use of camera equipment to supplement security staff. Upper level staff indicated they continually monitor the facility and supplement their system as needed.

Corrective Action:

None needed.

**Standard 115.21 Evidence protocol and forensic medical examinations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy
- Detention Center Investigations Policy
- Sex Crimes Policy
- Investigators Training Records

Interviews, Document, and Site Review:

The facility utilizes investigators employed by the sheriff's department as the investigators for criminal and administrative investigations. The investigators have received sufficient training in evidence collection. The facility had trained a nurse to conduct the forensic examinations but the nurse has since left the correctional center to work for a local hospital. If they have a need for a forensic examination, the victim will be transported to Benefis hospital. Per policy, any examinations required following an alleged incident will be given to the victim without financial cost.

The facility does not house juvenile inmates so standard 115.21 (b) does not apply.

The facility has entered into memorandums of understanding with Voices of Hope and Victim-Witness Assistance Services, Inc. to provide advocacy services to victims of sexual assault. The victim will be offered these services at no charge and the victim's needs will be taken into consideration for services.

Corrective Action:

None needed.

**Standard 115.22 Policies to ensure referrals of allegations for investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Sexual Misconduct policy

Interviews, Document, and Site Review:

The PAQ indicates there were 38 allegations of sexual abuse and sexual harassment in 2015. Of those 38 allegations, eight of the allegations were referred for criminal prosecution. All 38 allegations were investigated completely. Investigative file review was conducted while onsite. All investigative documentation was in order. Clarification was made regarding the definitions of sexual abuse and sexual harassment based on file review. There was indication that consensual contact was being referred to as a substantiated PREA allegation.

Clarification was made with the agency investigators to ensure accurate reporting of allegations.

Corrective Action:

None needed.

### **Standard 115.31 Employee training**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA Policy
- Staff training records
- Agency PREA lesson plan

Interviews, Document, and Site Review:

The facility trains all staff who have who have contact with the inmates. The training curriculum was reviewed and covers all the required elements of standard 115.31 (a). Random interviews of staff show knowledge of the elements of this standard. The facility houses both male and female inmates and the training is geared towards both genders.

At the time of the onsite audit, the facility had not conducted refresher training. Standard 115.31 (c) requires that refresher training be conducted at least every two years. On 12/02/2016, the PREA Coordinator notified the auditor that all staff except two have taken the refresher PREA training. The two have not taken the course are active military and currently deployed for one year.

At the time of the onsite audit, the facility was not requiring staff to acknowledge the PREA training. As part of the refresher training the facility implemented, they implemented a training acknowledgement process. This acknowledgement is being utilized in the refresher and the new hire PREA training.

Corrective Action:

None needed.

### Standard 115.32 Volunteer and contractor training

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Orientation Training policy
- Training Curriculum

Interviews, Document, and Site Review:

The facility requires contractors and volunteers go through PREA training based on their level of contact with the inmates. The facility has implemented a PREA acknowledgement form for contractors who are escorted through the facility by trained staff. Any contractors and volunteers who have unsupervised contact with the inmates are required to go through an in class PREA training utilizing the facility PREA training curriculum. The facility PAQ indicates there are 94 volunteers and individual contractors who have been trained in the PREA policy and response.

Corrective Action:

None needed.

### Standard 115.33 Inmate education

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- County Inmate Handbook

Interviews, Document, and Site Review:

During intake into the facility, the inmates are given the facility handbook which covers the PREA rights and response within the facility. In addition, the facility plays the "PREA: What you need to know" video in the booking area for the inmates to view. The PAQ lists there were 4595 inmates admitted into the facility in 2015. Training is completed within the first few hours after arrival into the facility.

Multiple inmate interviews were conducted while onsite. The inmates the auditor spoke with were well aware of their right to be free from sexual abuse and sexual harassment. In addition, they were also aware of all the reporting options that are available for them to utilize.

Standard 115.33 (c) does not apply since all inmates were educated at intake.

If the facility has inmates who are limited English proficient, deaf, visually impaired or otherwise disabled, they have steps in place to ensure they understand their right to be free from sexual abuse and sexual harassment. The facility has access to interpreters using a list of services located in the phone book. In addition, the CCADC indicates in their policy that if an inmate comes in who is hearing impaired and requires an interpreter, the arresting agency will be responsible for contacting the Montana Deaf and Hard of Hearing Services for assistance. If MDHHS is unavailable, they are responsible to contact another qualified interpreter from those found in the phone book. MDHHS is a program through the Department of Public Health and Human Services.

Corrective Action:

None needed.

**Standard 115.34 Specialized training: Investigations**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Investigative Staff Training Records

Interviews, Document, and Site Review:

The CCADC PREA policy requires investigators are trained in conducting sexual abuse in confinement settings.

The CCADC utilizes three investigators who work for the sheriff's department to conduct all of their investigations. They have gone through the NIC "PREA: Investigating Sexual Abuse in Confinement Settings" course. Random investigative staff training records were reviewed. Based on the information provided to the auditor, all elements required under 115.34 have been covered. The investigators are licensed law enforcement staff who have been trained in the appropriate use of Miranda and Garrity warnings.

Corrective Action:

None needed.

**Standard 115.35 Specialized training: Medical and mental health care**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Training Records

Interviews, Document, and Site Review:

The CCADC policy requires medical and behavioral health staff are required to complete specialized training regarding PREA.

The medical staff has completed the NIC "PREA: Medical Care for Sexual Assault Victims in a Confinement Setting" and provided the auditor with proof of training. In speaking with the medical staff, they are aware of the requirements of the PREA standards.

The medical staff at the facility indicated their role in a sexual assault allegation would be to treat the acute medical needs of the victim or aggressor until they could be transferred to the area hospital.

The behavioral health staff has completed the NIC "PREA: Behavioral Health Care for Sexual Assault Victims in a Confinement Setting" and provided the auditor with proof of training. In speaking with the behavioral health staff at the facility, they are aware of the requirements of the PREA standards.

Behavioral Health staff indicated they notify the inmates of the limits to confidentiality. They reported, if they had a known aggressor within the facility who was a state inmate, they would be transferred out of the institution and back to the prison. If the known aggressor is a county inmate, they would refer them to an outside agency for follow up services due to the short incarceration term.

Corrective Action:

None needed.

#### **Standard 115.41 Screening for risk of victimization and abusiveness**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

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In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Facility Screening Instruments
- Completed Screening Forms

Interviews, Document, and Site Review:

The CCADC has a policy requiring the screening of all inmates who are being admitted into the facility.

The CCADC inmates are being screened for their risk as an aggressor and a victim. At the time of the onsite audit, the facility was using a screening tool that was not compliant with the standards.

Immediately after the onsite portion of the audit, the facility implemented a two part screening process. The inmates are asked all questions required by standard 115.41 (d) within the first few hours of being admitted. In addition, the PREA Coordinator is conducting a review of all information obtained during the initial screening as well as any other information that has come in looking for any additional information which may change the rating of the inmate. Also, the facility has instituted a review of the screenings by behavioral health staff which occurs prior to the review by the PREA Coordinator.

The interviews with inmates indicate compliance with the questioning of the inmates at admission to the facility.

The interviews with staff who conduct the initial screenings verify compliance with standard 115.41 (h).

Corrective Action:

None needed.

**Standard 115.42 Use of screening information**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Special Needs Inmates policy
- Special Needs Inmates procedures
- Health Assessment of Inmates policy

Interviews, Document, and Site Review:

The CCADC is utilizing the information obtained in the screening instruments to assist with housing decisions. The staff conducting the screening take into account the rating prior to assigning an inmate to a housing unit. Upon review by the PREA Coordinator, he ensures that the area the inmate is assigned to is still appropriate based on rating.

The facility makes individualized determinations for housing of transgender and intersex inmates based on a case by case basis. At the time of the audit, facility staff indicated they had no current intersex or transgender inmates incarcerated and the auditor did not see any indication there were intersex or transgender inmates in the facility. The PREA policy and staff interviews indicates compliance with the standard.

Corrective Action:

None needed.

**Standard 115.43 Protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Administrative Segregation policy

Interviews, Document, and Site Review:

The CCADC has a policy which prohibits the facility from placing those at risk from being placed in involuntary segregated housing. At the time of the audit, the facility reported they had not used involuntary segregated housing for victims.

If a need for involuntary segregated housing occurs, the procedures outlined in the policy indicate compliance with the requirements of this standard.

Corrective Action:

None needed.

### **Standard 115.51 Inmate reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Inmate Handbook
- Misconduct Reporting policy
- MOU with Voices of Hope

Interviews, Document, and Site Review:

The CCADC provides multiple ways for the inmates to report allegations of sexual abuse and sexual harassment, retaliation for reporting, and staff neglect or violation of responsibilities that may have contributed to an incident. The inmates are able to report verbally to any staff, contractor, or volunteer, through the grievance processor other written report, or by utilizing the external phone line which rings to Voices of Hope. If the inmate chooses, Voices of Hope will contact the agency to pass on the information regarding the allegation. In addition, a third party may make a report on behalf of the inmate.

The CCADC staff can make reports to the Department of Corrections or administrative staff. During interviews with staff, they indicated they would report to agency administration. They were able to articulate multiple methods/people they could report to but, overwhelmingly, they stated they would contact the PREA Coordinator. The staff consistently stated they had faith in the coordinator that he would respond appropriately no matter who the subject of the investigation was.

Corrective Action:

PREA Audit Report

None needed.

### Standard 115.52 Exhaustion of administrative remedies

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action) sexual abuse or sexual harassment.

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Grievance procedure
- Grievance policy

#### Interviews, Document, and Site Review:

The CCADC policy and procedures allow for the use of the grievances to report allegations. There are no time limits for this type of grievance. The staff can submit this grievance to any staff person and is not required to attempt to resolve it with the staff person who is the subject of the allegation. All allegations are submitted to the facility investigators. If an investigator is the subject of the complaint, the allegation will be referred to a different investigator.

According to information received in the PAQ and file review, there have been no grievances filed alleging sexual abuse. There is also no indication of any requests where third party assistance was utilized in the filing for administrative remedies.

In addition, according to information received in the PAQ and file review, there have been no emergency grievances filed alleging sexual abuse. However, the policy and procedures reviewed indicate compliance with standard 115.52 (f).

Upon the completion of an investigation with a finding of unfounded, the case is reviewed to ensure the allegation was made in good faith. If the allegation was made in bad faith, only then can the inmate be disciplined for making the allegation.

#### Corrective Action:

None needed.

### Standard 115.53 Inmate access to outside confidential support services

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

PREA Audit Report

- MOU with Victim-Witness Assistance Services Inc
- MOU with Voices of Hope

Interviews, Document, and Site Review:

The inmates of CCADC have access to call the Voices of Hope for advocacy services. There is a MOU in place between the CCADC and Voices of Hope and with Victim-Witness Assistance Services Inc. While only the MOU with Voices of Hope has the inclusion of a hotline, both MOUs include support and advocacy services.

Corrective Action:

None needed.

**Standard 115.54 Third-party reporting**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- Facility Website
- PREA policy

Interviews, Document, and Site Review:

The CCADC provides the public with reporting information on their website and also on signage within the facility. Any allegations that come in through these methods, are dealt with using the facility’s coordinated response.

Corrective Action:

None needed.

**Standard 115.61 Staff and agency reporting duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy

- Misconduct Reporting policy
- Misconduct Reporting procedure

Interviews, Document, and Site Review:

The CCADC policy requires all staff to immediately report and knowledge, suspicion, or information regarding allegations of sexual abuse or sexual harassment, retaliation for reporting, or neglect or violation of duties that may have contributed to an incident or retaliation. The policy also indicates any information staff are notified of must be kept confidential outside of reporting to designated supervisors or officials.

During interviews with staff, they indicated they are required to make reports immediately regarding any information they become aware of. They also indicated they are forbidden from sharing any information other than with the facility investigator.

Corrective Action:

None needed.

**Standard 115.62 Agency protection duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Administrative Segregation policy

Interviews, Document, and Site Review:

The CCADC policy indicates that if they learn an inmate is at substantial risk of becoming a victim of sexual abuse, they will take immediate action to protect the inmate. According to the PAQ and investigative files, there have been no instances where an inmate has alleged imminent risk.

In all interviews conducted, the auditor questioned what staff would do if an inmate came to them and alleged substantial risk. In each interview, the staff were able to articulate the coordinated response plan. Staff indicated they would temporarily move the potential victim into a visiting room until the alleged perpetrator could be segregated. Following that, staff indicated they would follow the facility coordinated response.

Corrective Action:

None needed.

**Standard 115.63 Reporting to other confinement facilities**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy

Interviews, Document, and Site Review:

The CCADC policy requires the notification of outside facilities when there is an allegation an inmate was abused while incarcerated there. The PAQ indicates they had one allegation they reported to another facility in the past year.

Corrective Action:

None needed.

### **Standard 115.64 Staff first responder duties**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy

Interviews, Document, and Site Review:

The CCADC PREA policy outline the facility response to allegations of sexual abuse to include the preservation of any evidence. During the last year, the facility has had ten allegations of sexual abuse. In each case, the allegation was made to a security staff person. According to file review and interviews with staff who have acted as first responders, they separated the alleged victim from the alleged abuser and took steps to ensure the preservation of evidence.

Corrective Action:

None needed.

### **Standard 115.65 Coordinated response**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- CCADC Institution Plan

Interviews, Document, and Site Review:

The CCADC as a solid coordinated response plan. Upon an allegation coming in, the staff will notify the supervisor on duty and a PREA packet will be completed. From there, a patrol officer is contacted to report to the facility. The patrol officer will conduct the initial interviews and brief a PREA Investigator. Licensed law enforcement conducts all investigations of sexual abuse and sexual harassment that come into the facility. Medical and behavioral health staff at the facility are well versed in their roles in a PREA allegation. Overall, the facility utilizes a well-designed and well executed coordinated response.

Corrective Action:

None needed.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Detention Officer Collective Bargaining Agreement
- Teamsters Local Union #2 Collective Bargaining Agreement
- Operating Engineers Local #400 Collective Bargaining Agreement

Interviews, Document, and Site Review:

The CCADC has collective bargaining agreements in place for all of their different job classifications. In each agreement, the agency has the right to immediately remove someone from a position without discussing the matter with the union for certain types of behavior including disorderly conduct and gross offensive behavior and proven assault on prisoner or visitor abuse such as sexual advances, physical assault, and verbal abuse.

Corrective Action:

None needed.

### **Standard 115.67 Agency protection against retaliation**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Sexual Misconduct policy

Interviews, Document, and Site Review:

The CCADC policies outline a process for retaliation monitoring of inmates and staff who report sexual abuse or sexual harassment and who cooperate with an investigation. The PREA Coordinator is responsible for conducting the retaliation monitoring in all substantiated or unsubstantiated allegations. The facility utilizes a Retaliation Monitoring Data Sheet to track the information obtained in the monitoring. The form looks at disciplinary reports, housing changes, performance evaluations, staff reassignments, and programing changes. The form indicates a minimum of 90 days of monitoring and the monitor can mark to extend the monitoring if needed.

Corrective Action:

None needed

### **Standard 115.68 Post-allegation protective custody**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Administrative Segregation policy

Interviews, Document, and Site Review:

The CCADC policy prohibits the use of involuntary segregated housing for victims who have alleged sexual abuse. According to the PAQ and investigative file review, there have been no instances where involuntary segregation was used on a victim. The procedures listed within the policy indicate compliance with the requirements of standard 115.68 (a). Interviews conducted while onsite show the facility to be in compliance with their policy and the standard.

Corrective Action:

None needed

## Standard 115.71 Criminal and administrative agency investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Coordinated Response
- Detention Center Investigation policy
- Sex Crimes policy
- Investigator Training Records

Interviews, Document, and Site Review:

Since the CCADC utilizes law enforcement staff from the sheriff's office, they have a few policies that cover the information in this standard. The investigators utilized for these investigations, have received additional training covering sexual abuse cases to include evidence collection protocol.

Based on file review and interviews, the facility response to allegations is timely and the investigations are very thorough. Due to the fact the investigators are licensed law enforcement, they work with the prosecutor as far as referrals for criminal prosecution. The facility appears to have a very strong, positive relationship with the prosecutor in their area.

Polygraphs or other truth telling devices are illegal in Montana so there cannot be a requirement the alleged victim to submit to one.

All investigations are documented in a written report that is orderly and concise. All records are maintained according to the standard. If the standard is less than what is required by the retention policy, the retention policy is followed.

All investigations are seen through to completion regardless of if the perpetrator or victim leaves employment or is discharged.

Corrective Action:

None needed.

## Standard 115.72 Evidentiary standard for administrative investigations

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Detention Center Investigation policy
- Sex Crimes policy

Interviews, Document, and Site Review:

As far as administrative investigation, the facility investigators only impose a standard of a preponderance of evidence to substantiate a claim of sexual abuse or sexual harassment.

Corrective Action:

None needed.

### **Standard 115.73 Reporting to inmates**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy

Interviews, Document, and Site Review:

The CCADC policy requires them to notify the alleged victim the outcome of an investigation. During the interview with an investigator, he indicated if the victim is in custody, they will meet with the inmate to inform them of the status. He stated if the victim has been discharged, they will contact them where they were released to despite the fact standard 115.73 (f) states the duty to notify terminates if the inmate leaves their custody. These notifications meet the criteria of standards 115.73 (c) (d).

Standard 115.73 (b) does not apply to this facility since they conduct the investigations.

Corrective Action:

None needed.

### **Standard 115.76 Disciplinary sanctions for staff**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These**

**recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- Sexual Misconduct policy
- PREA policy
- Staff Conduct with Inmates policy
- Collective bargaining agreements

Interviews, Document, and Site Review:

The CCADC staff are subject to disciplinary sanctions for violating agency sexual abuse and sexual harassment policies. According to policy, the allegations will be reviewed on a case by case basis and staff will be subject to discipline based on the disciplinary policy.

Based on the information in the PAQ and review of the investigative files, there were no instances of staff violating the facility sexual abuse or sexual harassment policy.

Corrective Action:

None needed.

### **Standard 115.77 Corrective action for contractors and volunteers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy

Interviews, Document, and Site Review:

The CCADC policy requires they report to law enforcement any acts of sexual abuse by a contractor or volunteer. Based on policy and interviews conducted while onsite, any contractor or volunteer who is the subject of an allegation would not be allowed into the facility until the investigation was complete.

Interviews were conducted with staff regarding possible remedial measures that would be put into place for a contractor or volunteer who was found to have violated the sexual abuse or sexual harassment policy. Information obtained during interviews indicated the perpetrators would not be allowed back in the facility. No remedial measures would be used.

Corrective Action:

None needed.

### **Standard 115.78 Disciplinary sanctions for inmates**

- Exceeds Standard (substantially exceeds requirement of standard)

- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Inmate Handbook

Interviews, Document, and Site Review:

The CCADC inmates are subject to disciplinary action following an administrative finding of guilt during the disciplinary process. Inmates are notified of potential sanctions for offenses in their inmate handbook. The disciplinary process considers the inmate’s mental status when determining if they should be subject to discipline for offenses.

If a state inmate is the perpetrator of an offense, they would be moved from the jail to the prison. The prison would determine whether or not behavioral health services would be appropriate for the perpetrator. If the perpetrator is a county inmate, the inmate would be referred to outside agencies for treatment services due to the short amount of time they are incarcerated in the facility.

Policy indicates that, if an inmate is involved in a relationship with a staff person, they would not be subject to discipline unless the staff person did not consent.

The agency prohibits all forms of sexual activity between inmates. The facility considers all elements of an allegation before determining if the allegation is sexual abuse or a consensual relationship.

Corrective Action:

None needed.

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

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Mental Health Services policy
- Intake Health Screening policy
- PREA policy

Interviews, Document, and Site Review:

The CCADC has two behavioral health staff on site at the facility. If an inmate disclosing prior victimization during booking, the screening form is forwarded to behavioral health staff for follow up. The PAQ indicates there were no inmates who disclosed prior victimization in 2015. In terms of documentation, the behavioral health staff supplied the auditor with copies of reports they had completed in 2016 as a result of PREA investigations or information obtained at intake.

Standard 115.81 (b) asks about services for perpetrators. Due to the short amount of time the county inmates are incarcerated for, they are referred for services outside of the facility upon release. State inmates would be housed at the prison instead of the jail so they can get the follow up services they need.

The CCADC policy requires behavioral health staff to obtain informed consent prior to reporting information about prior sexual victimizations that did not occur in an institutional setting. During interviews with medical and behavioral health staff, all indicated they would not release any information about victimization that occurred outside of the facility unless it had bearing on what is happening in the facility. Each person also indicated they would inform the inmate prior to reporting the information.

Corrective Action:

None needed.

**Standard 115.82 Access to emergency medical and mental health services**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy

Interviews, Document, and Site Review:

In the case of an allegation of sexual abuse, the CCADC would transport the alleged victim to Benefis hospital for an examination. Medical staff onsite would take care of any acute medical needs while the victim is awaiting transport. Medical, behavioral health, and security staff would all work to ensure that the victim and the perpetrator do not take any actions that would potentially destroy evidence. As part of the SANE, the inmate would be given access to emergency contraception and prophylaxis as needed. Medical and behavioral health care would be provided at no cost.

Information regarding the coordinated response is available on the agency website.

Corrective Action:

None needed.

**Standard 115.83 Ongoing medical and mental health care for sexual abuse victims and abusers**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)

- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- MOU with Victim-Witness Assistance Services Inc.
- MOU with Voices of Hope

Interviews, Document, and Site Review:

The CCADC has policy in place regarding the ongoing medical and behavioral health care for inmate victims. Interviews with behavioral health and medical staff show they would get discharge information from the hospital and would follow all instructions. If the services required are outside of the abilities of the onsite staff, the inmate would be transported to an outside facility to obtain the treatment. Interviews with staff and inmates indicated a level of medical care consistent with the community level of care.

If a pregnancy results from the abuse, the victim will receive access to all information pertaining to pregnancy related medical services. As part of the SANE, the victim would be tested for sexually transmitted infections.

CCADC policy indicates all costs associated with treatment services will be covered by the institution.

Standard 115.83 (h) does not apply because it is not a prison.

Corrective Action:

None needed.

### **Standard 115.86 Sexual abuse incident reviews**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- SART Meeting Notes
- Sexual Abuse Incident Review Log

Interviews, Document, and Site Review:

The CCADC holds the required Sexual Abuse Incident Review team meetings at the conclusion of a sexual abuse investigation with a finding of substantiated or unsubstantiated. These meetings are attended by the PREA Coordinator, the sheriff, and other higher level facility staff. At the first meeting, the CCADC invited the prosecutor's office to attend in order to explain the PREA standards and requirements. The log used and the form created for these meetings include each of the requirements covered in standard 115.86 (d). As of this time, they have not had any corrective action that has been uncovered during these meetings.

Corrective Action:

None needed.

**Standard 115.87 Data collection**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- 2015 Sexual Abuse Incident Review Log
- 2015 SSV

Interviews, Document, and Site Review:

The CCADC provided the auditor with the completed 2015 SSV forms. The facility compiled the information off of the SSV into a report and posted it to their website.

Corrective Action:

None needed

**Standard 115.88 Data review for corrective action**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Agency Website
- Sexual Abuse Incident Review Log

Interviews, Document, and Site Review:

The CCADC has their yearly review posted to their website. Since this is the first year for PREA, there was no comparison they could do with the previous year's statistics. They focused on improvements made to the facility to help ensuring the sexual safety of the inmates. This report is posted to their website and there is no personal identifying information on the report.

Corrective Action:

None needed.

**Standard 115.89 Data storage, publication, and destruction**

- Exceeds Standard (substantially exceeds requirement of standard)
- Meets Standard (substantial compliance; complies in all material ways with the standard for the relevant review period)
- Does Not Meet Standard (requires corrective action)

**Auditor discussion, including the evidence relied upon in making the compliance or non-compliance determination, the auditor’s analysis and reasoning, and the auditor’s conclusions. This discussion must also include corrective action recommendations where the facility does not meet standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.**

In order to make my determination, I reviewed the following policies or other documentation:

- PREA policy
- Agency Website

Interviews, Document, and Site Review:

The CCADC PREA policy covers the information contained in standard 115.89. Review of the facility website shows a link to the aggregated information from the facility which is available to the public for review. This information contains no personally identifying information. In addition, the policy requires the agency to maintain the data regarding sexual abuse for at least ten years.

Corrective Action:

None needed.

**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.

Maren Arbach \_\_\_\_\_

12/18/2016 \_\_\_\_\_

Auditor Signature

Date