

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

Interim Final

Date of Report 11/08/2020

Auditor Information

Name: Maren Arbach

Email: fcc@midco.net

Company Name: Fidelity Correctional Consulting, LLC

Mailing Address: PO Box 7203

City, State, Zip: Bismarck, ND 58507-7203

Telephone: 701-214-8660

Date of Facility Visit: January 21st through January 23rd, 2020

Agency Information

Name of Agency:

Cascade County Detention Center

Governing Authority or Parent Agency (If Applicable):

Cascade County

Physical Address: 3800 North Ulm Frontage Road

City, State, Zip: Great Falls, MT 59404

Mailing Address: 3800 North Ulm Frontage Road

City, State, Zip: Great Falls, MT 59404

The Agency Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Agency Website with PREA Information: [Click or tap here to enter text.](#)

Agency Chief Executive Officer

Name: Jesse Slaughter, Sheriff

Email: jslaughter@casadecountymt.gov

Telephone: 406-454-6820

Agency-Wide PREA Coordinator

Name: Steve Grubb, Lieutenant

Email: sgrubb@casadecountymt.gov

Telephone: 406-454-6827

PREA Coordinator Reports to:

Keith Kaululaau, Captain

Number of Compliance Managers who report to the PREA Coordinator

0

Facility Information

Name of Facility: Cascade County Detention Center

Physical Address: 3800 North Ulm Frontage Road

City, State, Zip: Great Falls, MT 59404

Mailing Address (if different from above):
Click or tap here to enter text.

City, State, Zip: Click or tap here to enter text.

The Facility Is:

Military

Private for Profit

Private not for Profit

Municipal

County

State

Federal

Facility Type:

Prison

Jail

Facility Website with PREA Information: <https://www.cascadecountymt.gov/departments/sheriffs-office>

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

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

ACA

NCCHC

CALEA

Other (please name or describe: Click or tap here to enter text.)

N/A

If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:
Click or tap here to enter text.

Warden/Jail Administrator/Sheriff/Director

Name: Keith Kaululaau

Email: kkaululaau@cascadecountymt.gov

Telephone: 406-454-7684

Facility PREA Compliance Manager

Name: Steve Grubb

Email: sgrubb@cascadecountymt.gov

Telephone: 406-454-6827

Facility Health Service Administrator N/A

Name: Aurelia Thomas

Email: athomas@cascadecountymt.gov

Telephone: 406-454-6820

Facility Characteristics

Designated Facility Capacity:	372	
Current Population of Facility:	466	
Average daily population for the past 12 months:	472	
Has the facility been over capacity at any point in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input type="checkbox"/> Males <input checked="" type="checkbox"/> Both Females and Males	
Age range of population:	18-70	
Average length of stay or time under supervision:	5 days and up	
Facility security levels/inmate custody levels:	Minimum, Medium, Close, Maximum	
Number of inmates admitted to facility during the past 12 months:	3958	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	1652	
Number of inmates admitted to facility during the past 12 months whose length of stay in the facility was for 30 days or more:	773	
Does the facility hold youthful inmates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Number of youthful inmates held in the facility during the past 12 months: (N/A if the facility never holds youthful inmates)	Click or tap here to enter text. <input checked="" type="checkbox"/> N/A	
Does the audited facility hold inmates for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Select all other agencies for which the audited facility holds inmates: Select all that apply (N/A if the audited facility does not hold inmates for any other agency or agencies):</p>	<input checked="" type="checkbox"/> Federal Bureau of Prisons <input checked="" type="checkbox"/> U.S. Marshals Service <input checked="" type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input checked="" type="checkbox"/> State or Territorial correctional agency <input checked="" type="checkbox"/> County correctional or detention agency <input checked="" type="checkbox"/> Judicial district correctional or detention facility <input checked="" type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: Click or tap here to enter text. <input type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with inmates:	88	

Number of staff hired by the facility during the past 12 months who may have contact with inmates:	48
Number of contracts in the past 12 months for services with contractors who may have contact with inmates:	4
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	4
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	62
Physical Plant	
<p>Number of buildings:</p> <p>Auditors should count all buildings that are part of the facility, whether inmates are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house inmates, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.</p>	1
<p>Number of inmate housing units:</p> <p>Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house inmates of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows inmates to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.</p>	17
Number of single cell housing units:	2
Number of multiple occupancy cell housing units:	13
Number of open bay/dorm housing units:	2
Number of segregation cells (for example, administrative, disciplinary, protective custody, etc.):	36
In housing units, does the facility maintain sight and sound separation between youthful inmates and adult inmates? (N/A if the facility never holds youthful inmates)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Medical and Mental Health Services and Forensic Medical Exams

Are medical services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Are mental health services provided on-site?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Where are sexual assault forensic medical exams provided? Select all that apply.	<input type="checkbox"/> On-site <input checked="" type="checkbox"/> Local hospital/clinic <input type="checkbox"/> Rape Crisis Center <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.)

Investigations

Criminal Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:	3
When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Administrative Investigations

Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?	3
When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-inmate or inmate-on-inmate), ADMINISTRATIVE INVESTIGATIONS are conducted by: Select all that apply	<input type="checkbox"/> Facility investigators <input checked="" type="checkbox"/> Agency investigators <input type="checkbox"/> An external investigative entity
Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)	<input type="checkbox"/> Local police department <input type="checkbox"/> Local sheriff's department <input type="checkbox"/> State police <input type="checkbox"/> A U.S. Department of Justice component <input type="checkbox"/> Other (please name or describe: Click or tap here to enter text.) <input checked="" type="checkbox"/> N/A

Audit Findings

Audit Narrative

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.

Cascade County Detention Center (CCDC) contracted for a PREA audit to be conducted of their facility in Great Falls, MT. The audit was conducted by dual-certified auditor Maren Arbach. The onsite portion of the audit occurred January 21st through January 23rd, 2020. CCDC is a jail facility that also houses offenders for the Montana Department of Corrections.

Approximately six weeks prior to the onsite portion of the audit, audit notices, in English and Spanish, were posted in all living areas, staff areas, and common areas. The notices provided the auditor's contact information in which inmates, staff, and visitors could utilize to write confidentially regarding sexual abuse and sexual harassment at the facility. No communications were received by the auditor pre or post-onsite.

On January 21st, the auditor arrived at CCDC to initiate the onsite portion of the audit. A brief meeting was held with the jail administrator and the PREA Coordinator. Following the meeting, the auditor conducted a site review of the facility accompanied by the jail administrator and PREA Coordinator. The site review covered the entire facility to include: all inmate living areas and common areas, the kitchen, visitation areas, medical, and recreation areas. The facility population on that date was 152 state offenders and 272 county offenders.

Following the site review, interviews were conducted as follows:

- 1) 23 randomly selected inmate interviews
- 2) Three targeted inmate interviews
- 3) Six randomly selected staff interviews
- 4) 14 specialized staff interviews

During the first day onsite, the auditor requested and was provided with lists of all staff and offenders to include: full offender roster (alphabetically and by living unit), full staff roster, full volunteer roster, rosters of all offenders who fall into one of the targeted interview categories. All information was provided promptly.

At the end of the onsite, a meeting was held with the jail administrator and the PREA Coordinator regarding preliminary findings and observations, the process of the post-audit phase, the issuance of the Interim Report, the Corrective Action Period, and the Final Report.

The interim report was issued to the facility on 05/30/2020. There were delays with the issuing of the interim report due to the auditor being needed by her primary job to assist with pandemic mitigation. The interim report had 11 standards under corrective action. During the months of June through October, 2020, the auditor and the PREA Coordinator communicated via phone and email to remedy the areas within these standards. On 11/04/2020, the PREA Coordinator provided the auditor with the final documentation for review. The auditor reviewed the last of the documentation and updated the standards within the report accordingly.

Facility Characteristics

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.

Cascade County Detention Center is located in Great Falls, MT on the outer edge of town. The facility is designed to house 372 offenders. On the first day onsite, there were 424 offenders in custody at the facility. Approximately 1/3 of the facility is utilized as a prison and houses offenders from the Montana Department of Corrections. The state side of the facility is separated from the county side by a long hallway with a slider. The kitchen area is on the county side of the facility. The kitchen supervisor there are always two staff assigned to work in the kitchen area; either two kitchen staff or one kitchen staff and an officer. There are 9-12 offenders assigned to work in the kitchen at any given time.

Summary of Audit Findings

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

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

Standards Exceeded

Number of Standards Exceeded: 0

List of Standards Exceeded: Click or tap here to enter text.

Standards Met

Number of Standards Met: 43

Standards Not Met

Number of Standards Not Met: 0

List of Standards Not Met: Click or tap here to enter text.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.11 (a)

CCDC Policy Manual, Chapter 16- PREA, states, “The Cascade County Adult Detention Facility has zero tolerance for non-consensual sexual adults, inmate on inmate sexual abuse, sexual misconduct, and staff sexual harassment between inmates or staff and inmates and recognizes these inmates as crime victims. The facility will immediately respond to all allegations, investigate all incidents, discipline those involved and prosecute those participating in such conduct as set forth in the PREA Standards. It is the policy of the Cascade County Detention Facility to ensure that all employees maintain the optimum level of professionalism and ethical standards toward any individual under the care, custody, or supervision of the Sheriff’s Office by any employee, volunteer, contractor, or individual agent providing services to the Office.”

Section One of chapter nine outlines all of the prohibited acts outlined by the standards. They include sexual abuse, nonconsensual sexual acts, abusive sexual contact, sexual harassment by staff and inmates, and staff sexual misconduct. Staff sexual misconduct includes the act of voyeurism.

CCDC is compliant with this provision of the standard.

115.11 (b)

The CCDC PREA Coordinator holds the position of Operations Lieutenant within the facility. In addition to the facility PREA program, he oversees the shift sergeants and shift corporals. The Lieutenant reported having enough time and authority to develop and oversee the agency’s PREA Compliance efforts. The Lieutenant reports to the Captain who is the administrator for CCDC.

CCDC is compliant with this provision of the standard.

115.11 (c)

CCDC is the sole facility. There are no PREA Compliance Managers.

CCDC is compliant with this provision of the standard.

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

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

115.12 (a)

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

115.12 (b)

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for

agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.12 (a)(b)

CCDC has no contracts with another agency for the housing of their offenders. This standard and the provisions are not applicable.

CCDC is compliant with this standard.

Standard 115.13: Supervision and monitoring

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

115.13 (a)

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted detention and correctional practices? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? Yes No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated)? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the inmate population? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The institution programs occurring on a particular shift? Yes No NA
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The prevalence of substantiated and unsubstantiated incidents of sexual abuse? Yes No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? 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.)
 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? 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? 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? 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? Yes No
- Is this policy and practice implemented for night shifts as well as day shifts? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.13 (a)

CCDC utilizes the PREA Annual Staffing Plan Review form to complete the annual review. This form outlines each of the ten sections required by this provision.

CCDC is compliant with this provision of the standard.

115.13 (b)

CCDC documents all deviations from the staffing plan. They reported that during 2019, deviations were caused by staffing and hiring. There were a total of twelve days where the facility experienced deviations to the staffing plan and documented it.

CCDC is compliant with this provision of the standard.

115.13 (c)

The 2019 CCDC staffing plan review included a recommendation to add additional officers during 2020. At this time of this report, this had not been implemented because of budgetary restraints.

CCDC is compliant with this provision of the standard.

115.13 (d)

CCDC supervisors conduct unannounced rounds throughout the facility. Audit documentation shows checks of the unannounced rounds being conducted on a monthly basis by administration.

CCDC is compliant with this provision of the standard.

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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.14 (a)(b)(c)

CCDC does not house any offenders under the age of 18.

CCDC is compliant with this standard.

Standard 115.15: Limits to cross-gender viewing and searches

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

115.15 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?
 Yes No

115.15 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches of female inmates, except in exigent circumstances? (N/A if the facility does not have female inmates.)
 Yes No NA
- Does the facility always refrain from restricting female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision? (N/A if the facility does not have female inmates.) Yes No NA

115.15 (c)

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

115.15 (d)

- Does the facility have policies that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No
- Does the facility have procedures that enables inmates to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks,

or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? Yes No

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

115.15 (e)

- Does the facility always refrain from searching or physically examining transgender or intersex inmates for the sole purpose of determining the inmate's genital status? Yes No
- If an inmate's genital status is unknown, does the facility determine genital status during conversations with the inmate, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? 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? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.15 (a)

CCDC policy Section 14, Searches and Contraband Control, states, "All inmates received at the facility will be searched upon arrival before that arresting or transport officer(s) depart. An officer of the same gender as the inmate will do the search and the search will be conducted in the booking intake or transfer area to ensure the search is videotaped. If an officer of the same gender is not available, the

inmate may be isolated until the appropriate staff member arrives. Cross-gender pat, strip and body cavity searches are prohibited; except in exigent circumstances.”

During the reporting period, the facility did not conduct any cross-gender searches of offenders.

CCDC is compliant with this provision of the standard.

115.15 (b)

CCDC policy prohibits cross-gender searches of all residents, male and female. During the reporting period, they indicated they had no cross-gender searches conducted. Interviews with staff and offenders verified that searches being conducted by staff the same gender of the offender was common practice.

CCDC is compliant with this provision of the standard.

115.15 (c)

If a cross-gender search would need to be conducted due to exigent circumstances, CCDC staff would document the search in the shift log. During interviews with staff and offenders, the auditor found no indication of cross-gender searches being conducted.

CCDC is compliant with this provision of the standard.

115.15 (d)

CCDC implements practices to allow the offenders to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, genitalia, except exigent circumstances or when viewing is incidental to routine cell checks.

When entering a housing unit where cross gender viewing could occur, staff of the opposite gender announce prior to entry. This practice was observed by the auditor while onsite. In interviews with staff, they articulated the announcement requirement. In interviews with the offenders, they confirmed the practice of announcements being performed within the unit.

CCDC is compliant with this provision of the standard.

115.15 (e)

Policy 10-14, Searches and Contraband Control, states, “Staff are prohibited from searching or physically examining a transgender or intersex inmate for the sole purpose of determining the inmate’s genital status.”

During an interview with staff members who complete intakes into the facility, it was indicated that, if the genital status of the offender is unknown, the offender would be asked if they had male or female genitalia.

CCDC is compliant with this provision of the standard.

115.15 (f)

CCDC indicated in their pre-audit documentation that 100% of staff had completed training pertaining to searches.

CCDC provided a full roster of all staff who work within the facility. The auditor reviewed the roster and randomly selected 17 staff from all shifts and with varying lengths of employment. Training record review for these staff shows completion of search training by all staff. In addition, during random interviews with staff,

they were able to articulate the appropriate process for conducting a clothed and unclothed body search of an offender.

CCDC is compliant with this provision of the standard.

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? 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? 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? 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? 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? 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)? Yes No
- Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing? 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? 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? 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? 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? 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? Yes No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? 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? 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

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115.16 (a)(b)

CCDC has accommodations in place to assist those who have disabilities or who are limited English proficient in understanding and to allow access to the resources available for sexual safety. During intake, all forms are available in English and Spanish. In addition, the PREA: What you need to know

video is available in English and Spanish. If the offender is hard of hearing, the arresting agency will contact either the Montana Deaf and Hard of Hearing Services for assistance or an individual from a list of interpreters. If the arresting agency refuses to do this, the facility staff will ensure it is done. If the person is blind or has lower cognitive functioning, staff at CCDC assist the offender in completing all intake paperwork as well as ensure they understand all orientation information that is provided.

While onsite, the auditor had one offender who was both disabled and hard of hearing. During the interview with this person, the offender was able to articulate an understanding of what PREA was and what protections were available. The offender stated if something were to happen while incarcerated, it would be reported directly to staff.

CCDC is compliant with these provisions of the standard.

115.16 (c)

CCDC does not allow for the use of offender interpreters, inmate readers, or other types of inmate assistants in cases where an allegation is being reported. In interviews with staff, they indicated if the person did not speak English, they would utilize an interpreter to assist them in understanding the allegation information. CCDC has an interpreter line that is available for usage at all times.

CCDC is compliant with this provision of the standard.

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 who may have contact with inmates? Yes No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with inmates? 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? 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? 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? Yes No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? Yes No

115.17 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? 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.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.17 (a)

CCSO utilizes a comprehensive hiring process for all hiring and contracting. All applicants are required to complete a Personal History Statement form and a PREA Questionnaire. The PREA Questionnaire includes the following questions:

- 1) Have your actions while on the job ever caused your employer to take disciplinary action or have you ever resigned from a position while under investigation for sexual harassment?
- 2) Have you engaged in sexual abuse in prison, jail, lockup, community confinement facility, juvenile facility, or other institution?
- 3) Have you been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, over or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse?
- 4) Have you been civilly or administratively adjudicated to have engaged in the activity as described in question #3 above?

The auditor randomly selected 17 employees to review their applications and background checks. Each of the files included a copy of the Interstate Identification Index (III) background check.

In addition, the PREA Questionnaire is also completed by all contractors who may have contact with the offenders.

CCSO/CCDC is compliant with this provision of the standard.

115.17 (b)

CCDC provided Chapter 3- Personnel in the pre-audit questionnaire. Under this policy, it states CCDC will take into consideration all accusations and investigations of misconduct which includes sexual harassment.

CCSO/CCDC is compliant with this provision of the standard.

115.17 (c)

CCDC falls under the operations manual of Cascade County in addition to their individualized policies. Background checks is covered in the operations manual under policy 30-10, employment. It states, "It is the policy of Cascade County to conduct background checks on all final candidate for employment. Offers of employment are made after conducting a favorable background check. Background record checks will include, at a minimum, checks of the following areas: references for positions held, valid occupational license or certification, driver's license and driving record if employee will be operating a county vehicle, criminal records check."

CCDC policy requires a criminal background check on all staff. This background check is completed by completing an III in the federal database. All new hires complete a Personal History Statement form which asks for all prior employment. In addition, there is a section which asks about application to other law enforcement agencies whether successful or unsuccessful.

During the reporting period, CCDC hired 33 staff, five medical staff, and three kitchen staff. Background checks were completed on all new hires.

CCDC is compliant with this provision of the standard.

115.17 (d)

CCDC has an internal process they follow in terms of contractors. During the contracting process, the potential contractors are provided with the PREA Questionnaire as part of their information packets. This information is turned in to the facility and reviewed for any concerns.

CCDC is compliant with this provision of the standard.

115.17 (e)

CCDC policy manual section 1-101 Organization by Division under Records Division states, "This division conducts three year background checks on contractors and volunteers, driver's license checks on odd years for Deputies and employees who drive County vehicles and even year background checks on all CCSO employees.

CCDC is compliant with this provision of the standard.

115.17 (f)

CCDC does not currently asked the questions required by this provision as part of annual evaluations or during promotional hiring.

Corrective Action: During the corrective action period, CCDC developed and implemented a process to ask the required questions during annual evaluations and promotional hiring. During the corrective action period, there were no staff who were promoted. There were six staff who had evaluations during the month of September and the new process was utilized with these staff.

CCDC is compliant with this provision of the standard.

115.17 (g)

CCDC falls under the operations manual of Cascade County in addition to their individualized policies. Background checks is covered in the operations manual under policy 30-10, employment. It states, "Failure of an employee to disclose, as part of application, any felony or misdemeanor offense, regardless of its nature, shall justify immediate discharge upon discovery of the falsification."

There is no indication within the policy that it is grounds for discharge during annual reviews or promotional hiring.

In conversations with facility administration, they indicated they are not doing this at this time.

Corrective Action: During the corrective action period, CCDC updated the policy to include failure to disclose as a dismissible event.

CCDC is compliant with this provision of the standard.

115.17 (h)

The Cascade County Attorney's Office provided the information pertaining to this standard. "Cascade County's policy with regard to inquiries (from prospective employers or others) about former employees is to provide the former employee's date of service, position held, and rate of pay. For any requests for information in addition to the foregoing, Cascade County's policy is to obtain a signed release from the former employee authorizing Cascade County to disclose other employment information contained in the former employee's personnel file. Our policy is that the HR office will provide the County Attorney's Office with the release and the County Attorney's Office will make a review of the former employee's personnel file and disclose such information as is authorized under the release."

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

115.17(f):

- 1) Create a procedure for ensuring the questions contained in 115.17 are included in all yearly evaluations and promotional processes.
- 2) Have all current employees complete the PREA Questionnaire and provide auditor with notification when completed.

115.17 (g):

- 1) Develop and provide the auditor a process to ensure all employees are asking the required questions annually during review or evaluation and as a part of the hiring process for a promotion.
- 2) Implement the process.

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*)

Instructions for Overall Compliance Determination Narrative

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115.18 (a)

CCDC has not acquired a new facility or planned any substantial expansions or modifications since the last PREA audit.

CCDC is compliant with this provision of the standard.

115.18 (b)

CCDC has installed some additional monitoring technology since the last PREA audit. Between 2016 and 2019, an additional 21 cameras were installed within the facility. During the interview with the Sheriff and Undersheriff, they both indicated they work with facility staff to evaluate safety within the facility on an ongoing basis. This would include recommendations that come as a result of an audit or an investigation.

CCDC is compliant with this provision of the standard.

RESPONSIVE PLANNING

Standard 115.21: Evidence protocol and forensic medical examinations

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

115.21 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)
 Yes No NA

115.21 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) Yes No NA

115.21 (c)

- Does the agency offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? Yes No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? Yes No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? Yes No
- Has the agency documented its efforts to provide SAFEs or SANEs? Yes No

115.21 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? Yes No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) Yes No NA

- Has the agency documented its efforts to secure services from rape crisis centers?
 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? Yes No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? Yes No

115.21 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) Yes No NA

115.21 (g)

- Auditor is not required to audit this provision.

115.21 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) 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*)

Instructions for Overall Compliance Determination Narrative

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115.21 (a)

CCDC is a part of the Cascade County Sheriff's Office. The primary investigator works under the patrol side of the sheriff's office. Chapter 1, section 27 of the policy manual states, "Deputy Sheriffs are responsible for all criminal investigations that occur within the Cascade County Sheriff's Office Detention Center to include the regional prison. All investigations in the Detention Center will be conducted with the same proficiency as all complaints taken in the field, to include reports that fall under the scope of the Prison Rape Elimination Act (PREA.)" If additional assistance is needed, they have the option of contacting the Montana Division of Criminal Investigation.

In interviews with staff, they indicated the basic steps for initial evidence preservation. While waiting for an investigator to respond in a sexual assault case, they stated they would ensure the alleged victim and alleged perpetrator did not take any actions that could potentially destroy evidence.

CCDC is compliant with this provision of the standard.

115.21 (b)

CCDC does not house juvenile offenders within the facility so this provision is not applicable.

CCDC is compliant with this provision of the standard.

115.21 (c)

CCDC utilizes a community health care facility to conduct any needed sexual assault examinations. The facility has Sexual Assault Nurse Examiners available to conduct these examinations.

CCDC is compliant with this provision of the standard.

115.21 (d)(e)

CCDC has MOUs with Voices of Hope and Victim Witness Assistance Services Inc. These MOUs state they will "respond to requests from the Cascade County Detention Center to provide face-to-face sexual assault advocacy/suicide prevention and intervention to inmates who disclose sexual assault/suicidal indications to Cascade County Detention Center staff either on-site, or at a health care facility." Both of these MOUs were signed in December 2019.

CCDC is compliant with these provisions of the standard.

115.21 (f)

Cascade County Sheriff's Office conducts both administrative and criminal investigations of sexual abuse and sexual harassment within the facility. If an external investigator would be utilized due to a need for assistance or a conflict of interest, they would follow the same evidence protocols utilized by the CCSO investigators.

CCDC is compliant with this provision of the standard.

115.21 (g)(h)

The auditor is not required to audit these standards.

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 the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.21(a).) Yes 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*)

Instructions for Overall Compliance Determination Narrative

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115.22 (a)

CCDC policy section 0-1600 PREA states, "The facility will immediately respond to all allegations, investigate all incidents, discipline those involved and prosecute those participating in such conduct as set forth in the PREA standards." During the reporting period, CCDC had the following allegations:

Total allegations of Sexual Abuse and Sexual Harassment	9
Total Investigated Criminally	1
Total Investigated Administratively	8

The Sheriff and Undersheriff indicated allegations are each looked at individually to determine the best course of action for an investigation.

CCDC is compliant with this provision of the standard.

115.22 (b)

Chapter 1, section 27 of the policy manual states, "Deputy Sheriffs are responsible for all criminal investigations that occur within the Cascade County Sheriff's Office Detention Center to include the regional prison. All investigations in the Detention Center will be conducted with the same proficiency as all complaints taken in the field, to include reports that fall under the scope of the Prison Rape Elimination Act (PREA.)"

The primary investigator for CCDC stated, when an allegation comes in, the detention staff start the checklist and then contact an on-duty deputy. The on-duty deputy contacts the primary investigator.

CCDC is compliant with this provision of the standard.

115.22 (c)

The CCDC website includes Chapter-9 PREA. This PREA outlines the response within the facility when there is an investigation. CCDC utilizes an investigator who works for the Cascade County Sheriff's Office. The investigator can conduct both the criminal and administrative investigations.

CCDC is compliant with this provision of the standard.

115.22 (d)(e)

The auditor is not required to audit these provisions.

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? 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? 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 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? 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? 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? 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? Yes No
- Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates? 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? 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? Yes No

115.31 (b)

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

115.31 (c)

- Have all current employees who may have contact with inmates received such training? 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*)

Instructions for Overall Compliance Determination Narrative

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115.31 (a)

CCDC requires all staff, contractors, and volunteers who have contact with the offenders to receive PREA training prior to having access to the offenders. The facility provided a lesson plan for a four hour course entitled *Prison Rape Elimination Act*. This course is a very comprehensive course that covers all of the topics required by this standard.

During interviews of staff within the facility, the majority of staff were able to articulate all the requirements of this standard.

CCDC is compliant with this provision of the standard.

115.31 (b)

The lesson plan referred to in provision (a) covered working with both male and female offenders. In addition, during interviews, staff reported they receive refresher information on PREA throughout the year. They stated they do policy reviews, watch videos, or receive additional information from their supervisors.

CCDC is compliant with this provision of the standard.

115.31 (c)

All CCDC staff complete training on the PREA requirements prior to having contact with the offenders. The auditor reviewed the roster and randomly selected 17 staff from all shifts and with varying lengths of employment. Training record review for these staff shows completion of PREA training by all staff. In addition, during random interviews with staff, they were able to articulate the elements required to be covered within the training class.

CCDC is compliant with this provision of the standard.

115.31 (d)

The auditor reviewed the roster and randomly selected 17 staff from all shifts and with varying lengths of employment. The facility was asked to provide rosters showing acknowledge of training for those people. Agency training staff provided the auditor with documentation for review. Rosters for all staff who were requested were reviewed by the auditor and all acknowledgements were accounted for.

CCDC is compliant with this provision of the standard.

Standard 115.32: Volunteer and contractor training

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

115.32 (a)

- Has the agency ensured that all volunteers and contractors who have contact with inmates have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? Yes No

115.32 (b)

- Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)? Yes No

115.32 (c)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.32 (a)(b)(c)

CCDC requires all contractors and volunteers who will have contact with offenders to complete the same PREA training as is required for new employees. They provided within the PAQ the lesson plan for the course. They utilize two videos within the training. One of the videos is "PREA: What you need to know." Contractors and volunteers are all required to complete this training prior to having contact with any offenders. The facility currently has 32 contractors and 31 volunteers authorized to enter the facility. All have completed the required training.

CCDC is compliant with this standard.

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? Yes No
- During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? 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? 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? 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? Yes No

115.33 (c)

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

115.33 (d)

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

- Does the agency provide inmate education in formats accessible to all inmates including those who are deaf? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled? Yes No
- Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills? Yes No

115.33 (e)

- Does the agency maintain documentation of inmate participation in these education sessions? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.33 (a)

When offenders are brought into CCDC for admission, the staff person working within intake takes them through their intake paperwork which includes providing the resident with the Offender Handbook. In addition, they also have the offenders watch the video “PREA: What you need to know.”

The auditor reviewed the information within the offender handbook. Within the PREA section, it states, “Federal laws enacted to protect inmates against sexual assault. Sexual assault is when an inmate, employee or staff, or group of inmates, through use of threats, intimidation, force, or other actions

and/or communications causes an inmate to submit to sexual act.” This does not meet the standard in terms of the definitions.

In the PAQ, CCDC indicated providing the initial information to 3958 offenders during the reporting period.

Corrective Action: CCDC added in information about the zero-tolerance policy to the booking process in the screening tool. Each offender receives and signs the “Prison Rape Elimination Act (PREA) Acknowledgement Form.” This form includes all the definitions of prohibited acts, the information covering their right to be free from retaliation for making a report, the sanctions for retaliating, the reporting options, and information on what to expect after making a report. Each offender checks a box stating they received and reviewed the information as well as signs and dates. A staff member witnesses the signature.

In addition, CCDC staff posted the updated information for all offenders currently housed within the facility

During the corrective action period, the PREA Coordinator provided the auditor with a list of all offenders who were booked into the facility during the preceding month. The auditor randomly selected offenders from the list and the facility provided copies of the documentation showing completion of the intake education.

CCDC is compliant with this provision of the standard.

115.33 (b)(c)(d)(e)

CCDC does not currently provide a comprehensive training for offenders following the education they receive at intake.

Corrective Action: CCDC implemented the use of tracking through an excel spreadsheet of all intakes into the facility. The log includes the intake assessment date, the date the 30-day review is due by, a countdown column showing days left to completed the 30 day review, a date completed column, and release date. The log was sent to the auditor at the beginning of each month for the preceding month and the auditor randomly selected files to review. Due to the pandemic, the court system is working to get people out of custody in the shortest time frame possible. Because of this, many offenders are released with one to two days of intake.

The auditor randomly selected offenders from the list and the facility provided copies of the documentation showing completion of the comprehensive education. In each case, the documentation was in order and showed compliance with the standard.

CCDC is compliant with this provision of the standard.

115.33 (f)

CCDC provides signage and posters throughout the facility regarding sexual safety within the institution. During the site review, the auditor noted signage in all common areas and housing areas. During interviews with offenders, all were familiar with their rights and with the process for reporting allegations both inside and outside of the facility.

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

115.33 (a)

- 1) Ensure all offenders are notified of the facility's zero tolerance policy against sexual abuse and sexual harassment.
- 2) Revise the PREA section within the offender handbook to include all definitions of prohibited acts as outlined in the PREA standards.
- 3) Ensure all existing offenders are given the updated definitions of the prohibited acts by either providing a new handbook or by distributing a copy of the definitions to the offenders.
- 4) Have offenders acknowledge receipt and understanding of the prohibited acts.
- 5) Provide auditor with notice of completion and, if requested, proof of offender acknowledgement.

115.33(b) (c) (d) (e)

- 1) Develop a plan for providing all offenders with a comprehensive training regarding their rights to be free from sexual abuse, sexual harassment, retaliation for reporting, and on the methods for reporting within the facility and outside of the facility. Ensure the training is accessible/understandable by all offenders, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as offenders who have limited reading skills.
- 2) Develop a plan to the storage of comprehensive training acknowledgement storage.
- 3) Implement the training for all existing offenders and document completion.
- 4) Provide the auditor with notice of training completion for all offenders and, if requested by the auditor, provide auditor with offender training acknowledgements.

Standard 115.34: Specialized training: Investigations

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

115.34 (a)

- In addition to the general training provided to all employees pursuant to §115.31, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators receive training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).) 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).) 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).) 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).) 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).) 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).)
 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*)
- 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

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115.34 (a)

All staff utilized as investigators for sexual abuse and sexual harassment allegations are deputies within the Sheriff's Department as complete law enforcement training. Those who are assigned to conduct investigations, complete specialized training on law enforcement investigation techniques and interviewing.

CCDC is compliant with this provision of the standard.

115.34 (b)

CCDC utilizes the National Institute of Corrections course "PREA: Investigating Sexual Abuse in a Confinement Setting" to gain compliance with this standard. In addition, each of the investigators utilized by the facility are employed by the Cascade County Sheriff's Office and are licensed as peace officers within the state. All investigators have been trained on all the required elements of this provision.

During the onsite portion of the audit, the auditor interviewed the primary investigator utilized by CCDC. The investigator was provided with a scenario and asked to talk through the steps of an investigation. In addition, the auditor asked questions pertaining to the topics under this provision and the investigator was able to articulate the training they had received.

CCDC is compliant with this provision of the standard.

115.34 (c)

CCDC provided the auditor with the NIC training certificates for all three investigators who completed the specialized training.

CCDC is compliant with this provision of the standard.

Standard 115.35: Specialized training: Medical and mental health care**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report****115.35 (a)**

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

115.35 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.) Yes No NA

115.35 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) Yes No NA

115.35 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.31? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners employed by the agency.)
 Yes No NA

- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.32? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.35 (a)(b)(c)(d)

All CCDC currently has 14 medical staff who are required to complete this specialized training in addition to the general PREA training required for all staff. The facility utilizes the National Institute of Corrections course PREA: Medical Care for Sexual Assault Victims to achieve compliance with this standard. Included in the PAQ were certificates for all medical department staff.

In addition, CCDC employs two medical staff who have received additional training. One has completed the training to be a Sexual Assault Forensic Examiner and the other has been trained as a Pediatric/Adolescent Sexual Assault Nurse Examiner.

During interviews with medical staff, they were able to articulate the requirements of this provision. They reported that if they were to receive an allegation, they would report it to the PREA Coordinator or the supervisor immediately.

CCDC is compliant with this standard.

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? 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? Yes No

115.41 (b)

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

115.41 (c)

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

115.41 (e)

- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior acts of sexual abuse? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, prior convictions for violent offenses? Yes No
- In assessing inmates for risk of being sexually abusive, does the initial PREA risk screening consider, as known to the agency, history of prior institutional violence or sexual abuse? 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? Yes No

115.41 (g)

- Does the facility reassess an inmate's risk level when warranted due to a referral? Yes No
- Does the facility reassess an inmate's risk level when warranted due to a request? Yes No
- Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse? Yes No
- Does the facility reassess an inmate's risk level when warranted due to receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness? 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? 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? 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

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115.41 (a)

Chapter 15- Reception and Orientation, talks about the requirements of this provision. On page 4 under Initial Processing, it states the PREA Victim and or Predator screening Instrument form must be completed before an offender is transferred from the booking area to the housing area of the facility. In interviews with staff who work in intake, they indicated this happens immediately upon arrival at the facility. If there is any delay due to a large number of intakes, it does not go beyond 24 hours to complete. The auditor randomly selected 27 offenders and requested all assessments and reassessments that had been completed. In each case, the intake assessment was completed within 24 hours.

CCDC is compliant with this provision of the standard.

115.41 (b)

The facility had 3958 offenders who entered the facility and had a length of stay exceeding 72 hours. The facility reported all 3958 were screened at intake. The auditor randomly selected 27 offenders and requested the intake assessments as well as all follow up assessments. All intake assessments were completed in full on these offenders.

CCDC is compliant with this provision of the standard.

115.41 (c)

CCDC utilizes the PREA Victim and/or Predator screening instrument to conduct these assessments. The tool is objective in that no matter who would complete the screening, the result would be the same.

There is only one question within the assessment within the assessment that would allow for a subjective answer and that is asking about the staff member's perception of if the offender may be lesbian, gay, bisexual, transgender, or intersex.

CCDC is compliant with this provision of the standard.

115.41 (d)(e)

CCDC utilizes the PREA Victim and/or Predator screening instrument to conduct these assessments. The staff who conduct intakes stated they consider all information they have available to them when completing the assessment including prior criminal history and any known previous institutional behavior. The tool contains all elements required under these provisions.

CCDC is compliant with this provision of the standard.

115.41 (f)

The intake assessment is reviewed by the Detention Operations Lieutenant. The auditor randomly selected the assessments and reassessment that had been conducted on 27 offenders. In reviewing the assessments, the auditor noted there were only five out of 27 that were completed within 30 days of intake.

The form is designed with categories to be marked for New Admission, 30 Day Review, Six Month Review, 1 Year Review, Special Referral, and Identified Victim. All of the requested documentation were marked as New Admission. The auditor did not find any that were marked as a 30-day review.

Corrective Action: CCDC implemented the use of tracking through an excel spreadsheet of all intakes into the facility. The log includes the intake assessment date, the date the 30-day review is due by, a countdown column showing days left to complete the 30-day review, a date completed column, and release date. The log was sent to the auditor at the beginning of each month for the preceding month and the auditor randomly selected files to review. Due to the pandemic, the court system is working to get people out of custody in the shortest time frame possible. Because of this, many offenders are released with one to two days of intake.

The auditor randomly selected offenders from the list and the facility provided copies of the documentation showing completion of the 30-day assessment. In each case, the documentation was in order and showed compliance with the standard.

CCDC is compliant with this provision of the standard.

115.41 (g)

This provision requires rescreening of offenders when warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that has bearing on an offender's risk of being sexually victimized or sexually abusive.

The PREA Victim and/or Predator screening form has fields to mark for Special Referral and Identified Victim. For the reporting period, there was only one investigation the auditor could find where a reassessment should have been completed. The victim in the case was released prior to the completion of the investigation so a reassessment was not completed.

During policy and procedure review, the auditor found no information outlining a process for the completion of the 30-day reassessment or the warranted and referral reassessments.

Corrective Action: CCDC developed a risk screening manual that outlines when each type of assessment is required. Due to the majority of the offenders being incarcerated for short time frames, primarily only the new admission and 30-day assessments are utilized within the facility. The risk screening manual outlines when an assessment would be warranted due to new information, for a transgender or intersex offender, and for referrals.

CCDC is compliant with this provision of the standard.

115.41 (h)

This standard requires that offenders not be disciplined for refusing to answer questions regarding:

- 1) Mental, physical, or developmental disability;
- 2) If the offender is lesbian, gay, bisexual, transgender, or intersex;
- 3) If the offender has previously experienced sexual victimization; and
- 4) The offender's perception of their vulnerability.

CCDC provided with the PAQ Section 1- Classification. This states, "Disciplinary actions are prohibited against any inmate who refuses to answer questions during his classification process." In addition, during conversations with the staff who conduct the intakes, they indicated they would not discipline the offender for refusing the answer.

CCDC is compliant with this provision of the standard.

115.41 (i)

CCDC keeps all offender assessments within the booking department. Only staff who work within the department and supervisors have access to these files.

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

115.41 (f) (g)

- 1) Develop and provide the auditor with a manual outlining the process and scoring of the PREA Victim and/or Predator Screening Instrument. Included in this manual should be:
 - The process to ensure reassessments are completed within 30 days.
 - The process to ensure reassessments of all substantiated allegations of sexual abuse.
 - The process to ensure reassessments of all transgender and intersex residents every six months.
 - The process for the notification of those who identify as transgender. (Who will be notified, in what manner, etc.)
- 2) Beginning on a date agreed upon by the facility administration and the auditor, begin tracking offender intake dates, assessment dates, and reassessment dates.
- 3) On a monthly basis, provide the auditor with a spreadsheet of all the previous months' intakes, assessment, and reassessments.
- 4) Provide the auditor with any requested assessments to prove compliance and show institutionalization.

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? 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? 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? 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? 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? Yes No

115.42 (b)

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

115.42 (f)

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

115.42 (g)

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

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115.42 (a)

CCDC provided Chapter 16- Classification, Section 1- Inmate Classification, as the guideline for the classification of offenders within the facility. This policy has indication markers for the areas that are only applicable on the stateside of the facility. All other material is relevant to both. In this policy, it outlines the process for considerations of those who have:

- 1) Special needs such as separation, vulnerability, predatory, assaultive, or medical issues;
- 2) Those who are escape risks;
- 3) Those who have treatment, education, or other program needs (state side only)
- 4) Those who have potential for other problems including, but not limited to, mental, physical, development disabilities or emotional problem, suicide risk, gang affiliation, LGBTI, or special management status.

The policy outlines the custody levels within the facility and the process for housing.

CCDC is compliant with this provision of the standard.

115.42 (b)

CCDC provided Chapter 16- Classification, Section 1- Inmate Classification, as the guideline for the classification of offenders within the facility. Each offender is assessed separately utilizing their unique history. Determinations regarding the needs of the offender as well as their safety within the facility are made utilizing all available information. Such information includes information from the courts, social services agencies, pre-sentence investigation reports, job supervisors, treatment staff, or other personnel.

CCDC is compliant with this provision of the standard.

115.42 (c)

While conducting the site review, the auditor found two offenders who identified as transgender women. In conversations with administration, it was unknown that they were housing anyone who identified as transgender. During more investigation which included interviews with the offenders, one offender was in possession of documentation indicating their identity on paperwork from the state. This facility only has housing for state males so they could not be moved into a female area of the facility.

Conversations were had regarding if the offenders were on the county side where they house both males and females. At this time, there is no process in place that would allow for housing based on gender identity.

The auditor found the following on the PREA Resource Center website regarding the housing of transgender offenders.

“Being transgender is a known risk factor for being sexually victimized in confinement settings. The standard, therefore, requires that facility, housing, and programming assignments be made “on a case-by-case basis.” Any written policy or actual practice that assigns transgender or intersex inmates to gender-specific facilities, housing units, or programs based solely on their external genital anatomy violates the standard. A PREA-compliant policy must require an individualized assessment. A policy must give “serious consideration” to transgender or intersex inmates’ own views with respect to safety. The assessment, therefore, must consider the transgender or intersex inmate’s gender identity – that is, if the inmate self-identifies as either male or female. A policy may also consider an inmate’s security threat level, criminal and disciplinary history, current gender expression, medical and mental health information, vulnerability to sexual victimization, and likelihood of perpetrating abuse. The policy will likely consider facility-specific factors as well, including inmate populations, staffing patterns, and physical layouts. The policy must allow for housing by gender identity when appropriate.

A PREA auditor must examine a facility or agency's actual practices in addition to reviewing official policy. A PREA audit that reveals that all transgender or intersex inmates in a facility are, in practice, housed according to their external genital status raises the possibility of non-compliance. The auditor should then closely examine the facility's actual assessments to determine whether the facility is conducting truly individualized, case-by-case assessments for each transgender or intersex inmate. The auditor will likely need to conduct a comprehensive review of the facility's risk screening and classification processes, specific inmate records, and documentation regarding placement decisions.

The Department recognizes that the decision as to the most appropriate housing determination for a transgender or intersex inmate is complicated. Facilities may consider several methods to make these assessments. Best practices include informing decisions on appropriate housing through consultation by facility administration, classification and security staff, and medical and mental health professionals. However, a facility should not make a determination about housing for a transgender or intersex inmate based primarily on the complaints of other inmates or staff when those complaints are based on gender identity.

Importantly, the facility shall not place transgender inmates in involuntary segregated housing without adhering to the safeguards in Standard 115.43.”

Corrective Action: CCDC developed a “Transgender/Intersex Training Manual” and a Transgender Accommodation Form.

The manual outlines the process the facility will utilize for transgender offenders on the state and county sides of the facility. When they find they are housing someone who is transgender, they go through the Transgender Accommodation Form. This form notifies the offender they have the right to request showering at a separate time from the other offenders. It also allows them the right to purchase hygiene items from the Canteen that coincide with their gender identity.

During the corrective action period, there were no offenders identified as transgender.

CCDC is compliant with this provision of the standard.

115.42 (d)

While conducting the site review, the auditor was approached by two offenders who identified as transgender women. In conversations with administration, it was unknown that they were housing anyone who identified as transgender. During more investigation which included interviews with the offenders, one offender was in possession of documentation indicating their identity on paperwork from the state. This facility only has housing for state males so they could not be moved into a female area of the facility.

Since there was no notification to the staff that the offenders identified as transgender, there reassessments were not completed every six months.

Corrective Action: CCDC has developed a procedure that, when they get a transgender offender, the offender will receive the New Admission screening, the 30-day assessment, and then will receive a reassessment every six months they are incarcerated.

CCDC is compliant with this provision of the standard.

115.42 (e)

While conducting the site review, the auditor found two offenders who identified as transgender women. In conversations with administration, it was unknown that they were housing anyone who identified as transgender. During more investigation which included interviews with the offenders, one offender was in

possession of documentation indicating their identity on paperwork from the state. This facility only has housing for state males so they could not be moved into a female area of the facility.

Since there was no notification to the staff that the offenders identified as transgender, facility staff charged with making determinations were not getting input from the offender on their views regarding their safety.

Corrective Action: CCDC has implemented a procedure to have the case managers on the state side of the facility work with all transgender offenders to ensure they are aware of their rights as well as ensuring the staff are aware of any potential issues or fears the offender may be having about their housing.

CCDC is compliant with this provision of the standard.

115.42 (f)

While conducting the site review, the auditor found two offenders who identified as transgender women. In conversations with administration, it was unknown that they were housing anyone who identified as transgender. During more investigation which included interviews with the offenders, one offender was in possession of documentation indicating their identity on paperwork from the state. This facility only has housing for state males so they could not be moved into a female area of the facility.

Conversations began with the administration about the requirement for those who are transgender and intersex to be able to shower separately from the other offenders. The facility administration created a Transgender Accommodation Form. This form states that those who identify as transgender have the right to shower at a separate time from the other offenders and are also allowed to purchase alternative hygiene products and undergarments, at their expense, from Canteen. These showers will take place in the medical area of the facility which allows for privacy while showering.

CCDC is compliant with this provision of the standard.

115.42 (g)

CCDC provided Chapter 16- Classification, Section 1- Inmate Classification, as the guideline for the classification of offenders within the facility. They are housed based on offenses and risk factors.

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

115.42 (c)

- 1) Develop and provide the auditor a process pertaining to the housing of transgender offenders within the facility to include the criteria to be used for making case-by-case determinations on housing.

115.42 (d)

- 1) The corrective action under 115.41 (manual development) should ensure correction of this issue.

115.42 (e)

- 1) The corrective action under 115.41 (manual development) should ensure correction of this issue.

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? 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? 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? 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? 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 any access to programs, privileges, education, or work opportunities, does the facility document the opportunities that have been limited? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the duration of the limitation? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA
- If the facility restricts any access to programs, privileges, education, or work opportunities, does the facility document the reasons for such limitations? (N/A if the facility *never* restricts access to programs, privileges, education, or work opportunities.) Yes No NA

115.43 (c)

- Does the facility assign inmates at high risk of sexual victimization to involuntary segregated housing only until an alternative means of separation from likely abusers can be arranged? 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.43 (a)

CCDC utilizes Chapter 13- Special Management Section 1 as the outline to the use of administrative segregation. The policy states those who are victims of sexual assault will only be placed in administrative segregation as a last resort. During the reporting period, the facility did not hold any offenders in involuntary segregation due to risk of being sexually assaulted.

During the interview with the sheriff and undersheriff, they indicated that if there was someone at a substantial risk of being victimized, they would take immediate action. They indicated movement of offenders may be necessary, but the determination would be made on a case by case basis after reviewing all available options.

CCDC is compliant with this provision of the standard.

115.43 (b)

CCDC has not placed any offender in segregated housing due to sexual risk during the reporting period. Based on interviews with staff, limitations on access to programming and work would only be limited if necessary. During the reporting period, there were no cases the auditor found where involuntary segregation was used so no offenders could be interviewed.

CCDC is compliant with this provision of the standard.

115.43 (c)(d)(e)

CCDC utilizes Chapter 13- Special Management Section 1 as the outline to the use of administrative segregation. The policy states, "Inmates in administrative segregation will be reviewed by the classification officer and a review panel every 30 days."

There were no cases where involuntary segregated housing was utilized at CCDC for sexual safety so no offender interviews could be conducted. The sheriff and undersheriff indicated that those who were held involuntarily would be reviewed to remove them from segregation as soon as reasonable.

CCDC is compliant with this provision of the standard.

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? 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? 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? 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? 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? Yes No
- Does that private entity or office allow the inmate to remain anonymous upon request? Yes No
- Are inmates detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security? (N/A if the facility *never* houses inmates detained solely for civil immigration purposes) Yes No NA

115.51 (c)

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

115.51 (d)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.51 (a)(b)(c)(d)

CCDC provides for multiple reporting options for inmates and staff. The inmates can report directly to staff, through a kite, through a grievance, through friends and family, or through the local crisis line. The auditor conducted a test of the number provided to the inmates and was able to speak with staff from the crisis center.

When an inmate reports information to CCDC staff, staff are required to report that information utilizing the facility coordinated response regardless of the method of report.

However, section three of the chapter in the policy manual that covers PREA states, "All Detention Staff employees are obligated to report staff misconduct towards inmates when: they observe abuse or mistreatment an inmate or have knowledge of abuse and mistreatment, which may include inmate grievances; they observe sexual misconduct toward an inmate or have knowledge of abuse and mistreatment, which may include inmate grievances as described in CCDC 09.02.00, Sexual Misconduct.

While facility practice is in compliance with this standard, the policy is missing the information pertaining to suspicion of misconduct as well as information pertaining to inmate on inmate abuse and harassment.

Corrective Action: CCDC has updated all pertinent policies to include the requirement to report all suspicions of abuse and harassment as well as the requirement to report inmate on inmate abuse and harassment.

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

- 1) Ensure all policy and procedures utilized by the facility incorporate not only staff on inmate abuse but inmate on inmate abuse.

- 2) Ensure staff reporting requirements include suspicion as well as knowledge and information as listed within the standards.

Standard 115.52: Exhaustion of administrative remedies

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

115.52 (a)

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

115.52 (b)

- Does the agency permit inmates to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency always refrain from requiring an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (c)

- Does the agency ensure that: An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) Yes No NA

115.52 (d)

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) 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.)
 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.) 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.)
 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.) 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.)
 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.) 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.)
 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.) 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.) 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.) 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.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.52 (a)

CCDC does utilize a grievance process for the processing of allegations of sexual abuse and sexual harassment.

CCDC is not exempt from this standard.

115.52 (b)

CCDC utilizes Chapter 14- Inmate Rights, Section 4- Grievances to outline the grievance process. The policy states the following:

- 1) "All PREA related grievances will have an unlimited timeframe for filing a grievance."
- 2) "There will be no informal resolutions for PREA allegations."
- 3) "No employee who appears to be involved in a matter shall participate in any capacity in the investigation or resolution of that grievance."

While the policy is compliant with this provision, review of the offender handbook excludes any information regarding the unlimited timeframe for grievances pertaining to sexual abuse and the informal grievance process. Part of the requirement of this provision is offender knowledge of their rights.

Corrective Action: CCDC updated the offender handbook to include the information covered under one through three above.

CCDC is compliant with this provision of the standard.

115.52 (c)

The policy states, "No employee who appears to be involved in a matter shall participate in any capacity in the investigation or resolution of that grievance." This information is also articulated within

the offender handbooks but does not specify any information particular to informal resolution. The handbook does not mention informal resolution in any part of the handbook.

Corrective Action: CCDC updated the offender handbook to include the information regarding informal resolutions.

CCDC is compliant with this provision of the standard.

115.52 (d)

CCDC utilizes Chapter 14- Inmate Rights, Section 4- Grievances to outline the grievance process. The policy states, "Time limits for answering grievances at each step are established. If additional time is needed by reviewing officials to make a decision the time limit may be extended. Extensions of time shall be communicated in writing to the grievant. Appeals not submitted within the established time frame will result in forfeiture of the remaining appeal process. Initial written response is **(5)** five working days from the date of receipt, appeals must be submitted within **(3)** three days to the Administrator and the Administrator has **(10)** ten working days to answer."

Case files were reviewed for all investigations of sexual abuse and sexual harassment that occurred during the reporting period. None of these allegations were received via grievance.

CCDC is compliant with this provision of the standard.

115.52 (e)

Section 4 of the policy and the offender handbook do not include any information pertaining to the allowance of third parties to assist in the filing of administrative remedies relating to allegations of sexual abuse or the permission to file such requests on the behalf of inmates. This provision requires fellow inmates, staff members, family members, attorneys, and outside advocates. The policy states that assistance can be received from the Grievance Officer or a staff member.

Corrective Action: CCDC updated the offender handbook to include the information regarding third parties assisting in filing for administrative remedies relating to allegation of sexual abuse.

CCDC is compliant with this provision of the standard.

115.52 (f)

CCDC utilizes Chapter 14- Inmate Rights, Section 4- Grievances to outline the grievance process. The policy states, "Emergency complaints (sexual abuse/sexual harassment), or complaints alleging excessive force by staff, shall be filed directly to the GC or the GO which will be hand carried to the Administrator, PREA coordinator or his designee." It goes on to state, "Emergency complaints must be forwarded to the Administrator, PREA coordinator (immediately) or his designee and responded to within 2 days of receipt. An extension of the 2 days can be authorized. The administrator, PREA coordinator or his designee, will review the complaint, respond (investigate the allegation), and returned it to the GC or GO for final processing and return it to the inmate."

During the reporting period, there were no grievances alleging sexual abuse for the auditor to review.

CCDC is compliant with this provision of the standard.

115.52 (g)

CCDC utilizes Chapter 14- Inmate Rights, Section 4- Grievances to outline the grievance process. The policy states, "No inmate who in good faith uses the grievance procedure in attempts to resolve a

problem will be retaliated against for doing so. For the purpose of this policy, retaliation is defined as action or a threat of action against anyone for good faith use or participation in a grievance procedure.”

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

115.52 (b)

- 1) Include information in the offender handbook covering the unlimited timeframe for filing grievances pertaining to sexual abuse.
- 2) Ensure all new and existing offenders are notified of the update to the handbook.

115.52 (e)

- 1) Include information in the offender handbook pertaining to the allowance of third parties to assist in the filing of administrative remedies relating to allegations of sexual abuse.
- 2) Include information in the offender handbook pertaining to the allowance of allegations of sexual abuse and sexual harassment to be filed on behalf of offenders.

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

115.53 (b)

- Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? Yes No

115.53 (c)

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with confidential emotional support services related to sexual abuse? Yes No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.53 (a)(b)(c)

CCDC provided MOUs with Voices of Hope and Victim-Witness Assistance Services, Inc. Both of these MOUs provide for offender advocacy in cases of sexual assault and/or as a result of a request for help from a survivor of sexual assault. The facility ensures for private meeting spaces, confidential communication, and to allow follow-up and ongoing contact between the offender and the advocate. The advocate provides support through the forensic examination, if applicable, advocacy during investigative interviews, and emotional support and crisis intervention as requested by the offender.

CCDC has posters throughout the facility pertaining to reporting of sexual abuse and sexual harassment. The posters and the handbook do not include any information covering the confidentiality of the calls.

Corrective Action: CCDC updated the postings near to phones to include that calls to these places are free and confidential for the offenders. Verified through dated photos provided by the facility.

CCDC is compliant with this standard.

Corrective Action: Completed

115.53 (b)

- 1) Update facility postings to include information pertaining to confidentiality. Example: toll-free, non-recorded
- 2) Provide auditor with date stamped photos of newly posted information.

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? Yes No

- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.54 (a)

CCDC website includes information regarding how family and friends of offenders can make a report of sexual abuse or sexual harassment on behalf of an offender. The 3rd parties have the option of calling the advocacy services or can fill out a misconduct referral form at the Sheriff's Office.

CCDC is compliant with this standard.

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? 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? 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? 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? 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? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.61 (a)

CCDC policy requires the reporting of knowledge and information of instances of sexual abuse and sexual harassment but does not include suspicion. The policy also does not include any information pertaining to the reporting of retaliation or staff neglect or violation of duties that may have led to an incident of abuse or harassment.

During the onsite, the auditor conducted interviews of several staff who all indicated they would report all potential misconduct but this is not included within the policy.

Corrective Action: CCDC policy was updated to include suspicion. All staff were trained of this policy update.

CCDC is compliant with this provision of the standard.

115.61 (b)

CCDC requires detention staff to maintain the highest ethics and professional at all times. They are forbidden from sharing information that is confidential with anyone who does not have a legitimate need to know.

During the onsite portion of the audit, interviews were conducted with staff. During the interviews, all staff indicated that they would not share any information with anyone who did not have a need to know.

CCDC is compliant with this provision of the standard.

115.61 (c)

CCDC medical staff indicated medical information is confidential. During the interview, the medical staff reported everything reported would be private. When asked about what the response would be if an offender abuse or harassment that occurred within the facility, they indicated this would be private.

Corrective Action: CCDC updated their policy to include that medical and mental health practitioners are required to notify the offenders of their duty to report and the limits of confidentiality.

CCDC is compliant with this provision of the standard.

115.61 (d)

CCDC requires that if a person is a vulnerable adult, they will report the allegation to the appropriate agency.

CCDC is compliant with this provision of the standard.

115.61 (e)

CCDC policy and procedures require that all allegations of sexual abuse and sexual harassment must be reported utilizing the facility coordinated response. The response plan includes the notification of an investigator with the authority and training to conduct an investigation.

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

11.61 (a)

- 1) Update all policies to include the duty to report all suspicion of abuse or harassment, retaliation for reporting, and neglect or violation of duties that may have led to an incident.
- 2) Ensure all staff review the updated policies and provided the auditor the date the review was completed.

115.61 (c)

- 1) Ensure medical staff is aware of limits of confidentiality in terms of information regarding sexual abuse and sexual harassment that occurred within the facility.
- 2) Develop and implement a process for notifying offenders of the limits of confidentiality.
- 3) Provide the auditor with documentation showing the limits of confidentiality and how the offenders will be informed.

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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.62 (a)

When staff at CCDC become aware of an offender who is at substantial risk of imminent sexual abuse, the facility staff take immediate action to separate that offender from the likely abuser. In interviews with staff, it was indicated the offender who is at risk would be escorted to booking or medical to be separated until the potential aggressor could be moved. Whenever possible, the potential victim would be moved back to their existing housing and their access to programs would not be affected.

During the reporting period, CCDC did not have any cases where an offender reported a substantial risk of imminent sexual abuse.

CCDC is compliant with this standard.

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? Yes No

115.63 (b)

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

115.63 (c)

- Does the agency document that it has provided such notification? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.63 (a)(b)(c)(d)

During review of the documentation provided with the pre-audit questionnaire, the auditor did not find any information pertaining to this standard.

Corrective Action: CCDC implemented the following procedure when an offender reports being a victim within another correctional facility. "Any allegation from an inmate of sexual abuse at another facility, will be given to the PREA Coordinator and the Facility Head. As soon as possible or within 72 hours of receiving the complaint, the Facility Head with contact the Head of the facility or agency where the sexual abuse incident occurred."

CCDC is compliant with this standard.

Corrective Action: Completed

- 1) Provide the auditor with documentation showing the procedure followed after the facility staff receives information pertaining to sexual abuse of an offender that occurred in another facility.
- 2) Provide the auditor with documentation showing the implementation of the procedure to include any forms or manuals that may be developed.

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?
 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? 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? 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? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.64 (a)(b)

CCDC utilizes the *Cascade County Adult Detention Center Sexual Assault/Abuse Institutional Plan* to outline the coordinated response plan. This plan is a flow chart that includes the steps taken by the first responder, law enforcement, mental health, the advocate, the medical staff, and facility leadership.

During the reporting period, the facility did not receive any allegations of sexual abuse. Interviews of staff and offenders while onsite did not indicate there were cases that were not accounted for by the facility.

CCDC is compliant with this standard.

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*)

Instructions for Overall Compliance Determination Narrative

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115.65 (a)

CCDC utilizes the *Cascade County Adult Detention Center Sexual Assault/Abuse Institutional Plan* to outline the coordinated response plan. This plan is a flow chart that includes the steps taken by the first responder, law enforcement, mental health, the advocate, the medical staff, and facility leadership.

CCDC is compliant with this standard.

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

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

115.66 (a)

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining

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

115.66 (b)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.66 (a)

During the interview with the Cascade County Sheriff, he indicated detention staff from Sergeant and below are all union and subject to collective bargaining. He stated any staff who was the alleged perpetrator in a case would be placed on paid administrative leave through the investigation process. This would be done to ensure the safety of the alleged victim in the case as well as the security of the facility.

CCDC is compliant with this provision of the standard.

Standard 115.67: Agency protection against retaliation

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

115.67 (a)

- Has the agency established a policy to protect all inmates and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other inmates or staff? Yes No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? 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? 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? 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? 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? 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? 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? 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? 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? 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? Yes No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? Yes No

115.67 (d)

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

115.67 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.67 (a)(b)(c)(d)(e)(f)

The auditor reviewed all files provided within the PAQ to include investigation files and reports to find information pertaining to retaliation monitoring of offenders. There were three allegations during the reporting period that would have qualified for full retaliation monitoring for a minimum of 90 days based on findings of unsubstantiated and substantiated. The remaining four allegations should have had retaliation monitoring until it was determined the allegations were unfounded. There is no information within the case files indicated retaliation monitoring was conducted in any of the seven cases.

Corrective Action: CCDC has created a Prison Rape Elimination Act (PREA) Retaliation Monitoring Data Sheet to track retaliation monitoring. The PREA Coordinator has been charged with conducting retaliation monitoring of all allegations of sexual abuse and sexual harassment that occur within the facility. During the corrective action period, the facility did not receive any allegations which would have required retaliation monitoring.

CCDC is compliant with this standard.

Corrective Action: Completed

- 1) Create retaliation monitoring tracking sheet to be included within the investigation file.
- 2) Provide the auditor with the retaliation monitoring process to include periodic status checks with the offender.

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*)

Instructions for Overall Compliance Determination Narrative

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115.68 (a)

CCDC does not utilize segregated housing for the purpose of protecting an alleged or verified victim of sexual abuse. CCDC policy prohibits the use of segregated housing for victims of sexual abuse unless no other alternatives are available. During the reporting period, there were no instances where segregated housing was utilized for this purpose.

CCDC is compliant with this standard.

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

115.71 (f)

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

115.71 (h)

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?
 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? 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?
 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).) 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*)

Instructions for Overall Compliance Determination Narrative

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115.71 (a)

CCDC utilizes Cascade County Sheriff's Department staff to conduct their investigations. In the event where they felt they needed an external investigator; they could utilize Great Falls Police Department or the Department of Criminal Investigation. On the state side of the facility, Department of Corrections investigators are utilized.

CCDC is compliant with this provision of the standard.

115.71 (b)

CCDC has a primary investigator who is utilized for the facility investigations. The auditor interviewed him while onsite.

Documentation was provided showing completion of the National Institute of Corrections course "PREA: Investigating Sexual Assault in a Confinement Setting." In addition, since he is an employee of the sheriff's department, he has completed additional training.

CCDC is compliant with this provision of the standard.

115.71 (c)

The primary CCDC investigator stated he would be responsible for evidence collection to include clothing, forensic evidence, testimonial evidence, and all written documentation. During the interview, the investigator was given a scenario and asked to provide the steps he would take. He was able to articulate all potential evidentiary areas that would need to be reviewed.

CCDC is compliant with this provision of the standard.

115.71 (d)

During the interview with the CCDC investigator, he stated he would be in contact with the county attorney as needed throughout the investigation.

CCDC is compliant with this provision of the standard.

115.71 (e)

During the interview with the CCDC investigator, he stated he is on call for all allegations at the facility. He assesses each of the allegations as the information is presented to determine the best course of action. The information provided is assessed based on what is said/seen and not on who reported the information (offender or staff.)

CCDC is compliant with this provision of the standard.

115.71 (f)

During the interview with the CCDC investigator, he stated he would include all information regarding findings within a case. He stated he follows the evidence where it leads, and all information is included within the report.

During investigative file review, the auditor noted the reports are clear and comprehensive.

CCDC is compliant with this provision of the standard.

115.71 (g)

The CCDC investigator utilizes the same report format regardless if it is an administrative or criminal investigation. All documentation provided with the PAQ was complete and comprehensive.

CCDC is compliant with this provision of the standard.

115.71 (h)

All allegations that are substantiated are referred to the county attorney for review and possible criminal charges. In the documentation that was provided for the reporting period, there was one case that was referred for review and guidance from the county attorney.

CCDC is complaint with this provision of the standard.

115.71 (i)

CCDC worked with the county during their last PREA audit to adjust the record retention on investigations of sexual abuse or harassment that occur within the facility. They current record retention requires all documentation is retained throughout the persons employment/incarceration plus an additional five years.

CCDC is compliant with this provision of the standard.

115.71 (j)

The CCDC investigator stated that, if the alleged perpetrator was a staff person and they quit employment, he would talk to the supervisor and the county attorney. If the alleged perpetrator was an offender and the allegation was criminal, he would pursue the case externally. If it was administrative, he would file the report with all information he was able to uncover up through the release.

CCDC is compliant with this provision of the standard.

115.71 (l)

If CCDC would utilize an external investigator, their investigator would be involved and act as the point of contact for the facility. They would make every effort to remain informed as the investigation progressed.

CCDC is compliant with this provision of the standard.

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? 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

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115.72 (a)

For administrative investigations, the facility utilizes the standard of a preponderance of evidence to make their finding of substantiated, unsubstantiated, or unfounded.

The auditor reviewed the files for all of the investigations for the reporting period. In each case, the finding was determined utilizing the preponderance of evidence standard.

CCDC is compliant with this provision of the standard.

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? 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? 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? 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? Yes No

115.73 (e)

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

115.73 (f)

- Auditor is not required to audit this provision.

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.73 (a)(e)(f)

CCDC utilizes an investigation checklist for each case. Included in this checklist is a spot to document the notification of the offender. In the files provided by the facility, there is documentation showing the notification is completed. In the one case where it was not completed, it was documented. In that case, the alleged victim in the case had been released and the contact information that was left with the facility was not active.

CCDC is compliant with this provision of the standard.

115.73 (b)

The primary investigator for CCDC would be involved if there was a case that was investigated externally. He would ensure he was notified of the finding so that a notification could be made to the alleged victim.

CCDC is compliant with this provision of the standard.

115.73 (c)

During the reporting period, there was one allegation where the alleged perpetrator was a staff member. In that case, the allegation was unfounded so this provision is not applicable.

CCDC is compliant with this provision of the standard.

115.73 (d)

CCDC has it written out that they will notify the victim of a case if it is being charged externally and the finding of the criminal case. During the reporting period, they did not have any cases that had proceeded to this level based on review of the documentation.

CCDC is compliant with this provision of the standard.

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? 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

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115.76 (a)(b)(c)(d)

Section 4, Staff Conduct with Inmates, states the following, “If investigation and due process determine that an employee has committed abuse or mistreatment toward an inmate, that employee will be subject to discipline (inmates will not be disciplined if the employee was a willing participant) up to and including termination; employees who are terminated for abuse and mistreatment toward an inmate will not be eligible for re-employment; under Montana law, a person convicted of the offense of mistreating prisoners will be removed from office or employment and will be imprisoned in the state prison for a term not to exceed 10 years or be fined an amount not to exceed \$50,000 or both.”

During the reporting period, there was one allegation of against CCDC staff. The finding of the case of unfounded so no disciplinary measures were taken.

All allegations of sexual abuse and harassment are investigated by an officer who is licensed within Montana and is eligible to conduct criminal investigations and effect arrests.

CCDC is compliant with this standard.

Standard 115.77: Corrective action for contractors and volunteers

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

115.77 (a)

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

115.77 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates? Yes No

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

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115.77 (a)(b)

During the reporting period, CCDC did not have any allegations of sexual abuse and sexual harassment made against a contractor or volunteer. If there was an allegation made against a contractor or volunteer, they would not be allowed to enter the facility.

CCDC reported there are currently four contractors and 62 volunteers currently authorized to enter the facility.

CCDC is compliant with this standard.

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? 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? 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? 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? 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? 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? Yes No

115.78 (g)

- If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.78 (a)(b)

If an investigation shows prohibited activity has occurred, the facility utilizes their disciplinary process to sanction the offender. The offender handbook outlines the Disciplinary Rule Infractions. In addition, there is a table that outlines the sanctions available based on the type of infraction and the number of times the offense has occurred during the incarceration period. The sanctions available allow the consequence to be increased based on the action that occurred.

During the reporting period, there was one substantiated allegation of offender on offender sexual abuse. Due to the release of the perpetrator from custody, no sanctions were imposed.

CCDC is compliant with these provisions of the standard.

115.78 (c)

If an offender were written up, the disciplinary committee would be responsible to decide on sanctions. The person who is dealing with this would consider not only the actions that occurred but also the mental health of the perpetrator when determining any sanctions.

CCDC is compliant with this provision of the standard.

115.78 (d)

If an offender is deemed to be appropriate for interventions, a kite would be submitted to ensure appropriate follow up based on the services available within the facility.

In the investigation checklists included within the PAQ, it is noted if the offender was referred for mental health and/or medical services.

CCDC is compliant with this provision of the standard.

115.78 (e)

Section 4, Staff Conduct with Inmates, states the following, "If investigation and due process determine that an employee has committed abuse or mistreatment toward an inmate, that employee will be subject to discipline (inmates will not be disciplined if the employee was a willing participant) up to and including termination; employees who are terminated for abuse and mistreatment toward an inmate will not be eligible for re-employment; under Montana law, a person convicted of the offense of mistreating prisoners will be removed from office or employment and will be imprisoned in the state prison for a term not to exceed 10 years or be fined an amount not to exceed \$50,000 or both."

CCDC is compliant with this provision of the standard.

115.78 (f)

CCDC prohibits disciplinary action against offenders who make allegations in good faith.

In the review of the files provided by the facility, there is no information showing that disciplinary sanctions are imposed when information is received and cannot be proven.

CCDC is compliant with this provision of the standard.

115.78 (g)

CCDC prohibits all sexual activity between offenders. If, during an investigation, they find that the actions were consensual, it is unfounded under the PREA process and referred to the institution for investigation and discipline.

CCDC is compliant with this provision of the standard.

MEDICAL AND MENTAL CARE

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

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

115.81 (a)

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

115.81 (b)

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

115.81 (c)

- If the screening pursuant to § 115.41 indicates that a jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? Yes No

115.81 (d)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law?
 Yes No

115.81 (e)

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

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.81 (c)(d)(e)

CCDC provided multiple policies within the PAQ. The auditor reviewed each of the supplied policies but did not find any information specific to referrals based on the fact the offender was a previous perpetrator or victim.

This standard ties back to risk screening under 115.41. The corrective action under 115.41 should assist the facility is being compliant with 115.81.

Corrective Action: CCDC has implemented and institutionalized the use of the updated risk screening form. During the corrective action period, there were no offenders who reported prior victimization so no referrals where made.

CCDC is compliant with this provision of the standard.

Corrective Action: Completed

115.81 (c) (d) (e)

- 1) Develop and provide the auditor with a manual outlining the process and scoring of the PREA Victim and/or Predator Screening Instrument. Included in this manual should be:
 - The process for the referral and follow up with those who indicate they are previous victims or previous perpetrators.
- 2) Beginning on a date agreed upon by the facility administration and the auditor, track all offenders who were referred for medical and mental health follow up, to include the date of referral and the date they were seen.
- 3) On a monthly basis, provide the auditor with a spreadsheet of all the previous months' referrals and follow ups.
- 4) Provide the auditor with any requested assessments to prove compliance and show institutionalization.

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?
 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? Yes No
- Do security staff first responders immediately notify the appropriate medical and mental health practitioners? 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? 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?
 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.82 (a)(b)(c)(d)

CCDC utilizes external medical services for victims of sexual abuse. They do have one nurse on staff who has been trained as a sexual assault nurse examiner who can conduct examinations if necessary.

When an offender alleges sexual abuse, they are moved to the medical department. The provider would determine if the offender would be transported to an external medical center.

During the interview with the facility medical staff, they indicated they would provide all necessary follow up services to include treatment for sexual transmitted diseases and providing information regarding lawful pregnancy related services.

Any services required by the victim as the result of sexual abuse would be provided at no cost to the victim.

For the reporting period, there were no offenders who reported sexual abuse that would require a forensic medical examination.

CCDC is compliant with this provision of the standard.

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? 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? Yes No

115.83 (c)

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? Yes No

115.83 (d)

- Are inmate victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if "all-male" facility. *Note: in "all-male" facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (e)

- If pregnancy results from the conduct described in paragraph § 115.83(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be inmates who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) Yes No NA

115.83 (f)

- Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? 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? Yes No

115.83 (h)

- If the facility is a prison, does it attempt to conduct a mental health evaluation of all known inmate-on-inmate abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? (NA if the facility is a jail.) Yes No NA

Auditor Overall Compliance Determination

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

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.83 (a)(b)(c)(d)(e)(f)(g)(h)

CCDC offers medical and behavioral health care as appropriate for victims of sexual abuse. If an offender would need services that are not provided within the facility, facility administration can look into contracting with a local provider to come in to the facility, taking the offender into the facility for the treatment, or a transfer to another facility where the services are available.

While no cases have occurred where these services have been needed to date, interviews with facility nursing staff indicate they would provide all necessary follow up services to include treatment for sexual transmitted diseases and providing information regarding lawful pregnancy related services.

While onsite, the auditor spent time within the medical department reviewing their practices and asking questions about the workings inside the facility. The auditor found follow up is done in an expedient manner after an offender makes a request for services.

Any services required by the victim as the result of sexual abuse would be provided at no cost to the victim.

CCDC is compliant with this standard.

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? Yes No

115.86 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? 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? 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? 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? 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? Yes No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? Yes No

- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? 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? 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.86 (a)(b)(c)(d)(e)

CCDC conducts a sexual abuse incident review at the completion of all substantiated and unsubstantiated sexual abuse investigations. During the reporting period, the facility had seven sexual abuse allegations. Of those, there was 1 substantiated allegation, two unsubstantiated allegations, and four unfounded allegations. The files provided did not include any information from a sexual abuse incident review.

Corrective Action: CCDC has a SART team that meets monthly to review all allegations of sexual abuse and victimization. The team reviews and assesses all information to see if any changes are needed to current practices or policies.

CCDC is compliant with this standard.

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? Yes No

115.87 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually? 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? 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? 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 NA

115.87 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.) Yes No 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.87 (a)(b)(c)(d)(e)(f)

CCDC reports their allegations and investigations to the Bureau of Justice Statistics on an annual basis utilizing the standardized forms. They maintain this documentation as proof of compliance. In addition, they annually post the number and types of allegations from the facility for the preceding year.

CCDC is compliant with this standard.

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? 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? 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? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.88 (a)(b)(c)(d)

CCDC did not provide any information in terms of this standard. The auditor went to the website and was able to find two documents.

- 1) 2019 Sexual Abuse & Sexual Harassment Data: This document included each of the different type of allegations at the facility during the previous year.
- 2) 2019 Review Team Report: This document covers the items listed under the sexual abuse incident reviews.

The document needed is the annual review of the facility.

Corrective Action: CCDC created an annual report and posted it to the facility website.

CCDC is compliant with this standard.

Corrective Action: Completed

- 1) Prepare an annual review of the facility to include the following:
 - a. Identification of any problem areas.
 - b. Corrective action that was taken on an ongoing basis.
 - c. Comparison of the current year's data compared against prior years to include an assessment of the agency's progress in addressing sexual abuse.
- 2) Post the annual report to the facility website noting any information that may have been redacted.

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?
 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? Yes No

115.89 (c)

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? 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? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.89 (a)(b)(c)(d)

CCDC publishes on an annual basis a breakdown of Sexual Abuse and Sexual Harassment Data. The information includes the types of allegations and the findings to include whether the allegations were offender on offender or staff on offender.

CCDC does not have any other facilities they contract with or have direct control over.

CCDC is compliant with this standard.

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.*) 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.) Yes No NA

115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? Yes No

115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? Yes No

115.401 (m)

- Was the auditor permitted to conduct private interviews with inmates, residents, and detainees? Yes No

115.401 (n)

- Were inmates permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? 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

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

The audit of CCDC was conducted during the first year of the audit cycle. During the onsite portion of the audit, the auditor was allowed access to all areas of the facilities, was able to interview staff and offenders in a private setting, and was given access to all needed documentation.

Standard 115.403: Audit contents and findings

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

115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) 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*)

Instructions for Overall Compliance Determination Narrative

The narrative below must include a comprehensive discussion of all 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 the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

115.403 (f)

CCDC has published their previous audit report to the agency website.

CCDC is compliant with this provision of the standard.

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.

Maren Arbach

11/08/2020

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.