



Steve Bullock, Governor | Reginald D. Michael, Director

September 08, 2020

Susan Byorth-Fox, Legislative Executive Director
Legislative Services Division
PO Box 201706
Helena MT 59620-1706

Re: Crossroads Correctional Center Biennial Inspection Report

Mrs. Byorth-Fox:

Please accept the following compliance report to meet requirements as provided in §53-30-604 (4), MCA, which states, “The department shall present a biennial report of compliance inspections to the Legislature.”

Core Civics’ owned and managed facility located in Shelby, Montana, Crossroads Correctional Center (CCC), underwent license inspections by the Montana Department of Corrections on Oct. 22-25, 2018 and Oct. 21-24, 2019. The department has scheduled the 2021 license inspection for Oct. 26-29, 2020. In addition, the department completed performance inspections at CCC on July 9–10, 2018, July 29–30, 2019 and a remote review, due to COVID-19, on July 28–Aug. 6, 2020. These inspections were conducted to help ensure the department’s compliance with §53-30-604 (3), MCA.

Compliance Inspections During 2018

During the July 9-10, 2018 performance inspection, the following issues were observed and required correction by CCC:

- **Food Service:** CCC received an updated dietician review from DOC’s registered dietician. CCC was required to update its menu and ingredients to comply with this report. Further, the contractual number of daily calories CCC must provide is 2,900. CCC’s daily caloric count was just over 2,800 calories per day. CCC was required to increase its daily calories by 100 calories per day.

- Fire and Life Safety: Upon examination of CCC's fire and life safety inspection reports, it was discovered there were deficiencies in maintaining or performing weekly inspections. CCC was required to provide a plan to ensure all fire and life safety inspections are completed as prescribed.
- Medical and Mental Health: During the medical portion of the license review, multiple referrals for medical care were not acquired within five days as required by the contract. CCC was required to create a plan to ensure proper medical referrals are attained within contractual requirements.

During the 2019 full CCC license inspection on Oct. 22–25, 2018, the following ARM deficiencies were noted and required correction by CCC:

- ARM 20.27.221 Drug Free Workplace: This ARM requires CCC to ensure all staff successfully pass a drug screening prior to beginning employment at CCC. During the license inspection, at least one employee started work before the results of a drug screening were returned. CCC was required to create a plan that would ensure full compliance with this ARM.
- ARM 20.27.245 Special Management: While CCC was complying with the overall process related to restrictive housing, several technical requirements of department policy were not being followed consistently. The department requested that CCC provide a plan to correct these issues.
- ARM 20.27.248(3) Inmate Rights: Numerous issues regarding grievance procedures at CCC were noted. First, multiple grievances reviewed were not processed in accordance with the department's grievance procedures. Next, several grievance responses provided to offenders did not correspond to the evidence acquired. Finally, one grievance inspected was filed and never processed. CCC was required to provide the department with a detailed plan correcting all grievance deficiencies.

Compliance Inspections During 2019

During the July 29-30, 2019 performance inspection, the following performance issues were identified and required corrective action by CCC:

- Grievance Procedures: DOC staff inspected a sample of grievances on site and discovered that several medical grievances were answered incorrectly as not processed. CCC was required to provide the department with a detailed plan to correct this issue.

- Perimeter Security: A perimeter inspection was conducted with perimeter security staff providing incomplete answers to the questions asked by department staff. CCC was required to provide the Department a plan to ensure perimeter staff were better versed on the requirements of their perimeter post.

During the 2019 CCC full license inspection for the 2020 license on Oct. 6–29, 2019, the following ARM deficiencies were noted and required correction on behalf of CCC:

- ARM 20.27.239 Key and Tool Control Procedures: CCC did not have a procedure in place that ensured the proper management of tools within the institution. CCC was required to create a plan of action that included an updated procedure and training of all staff on the new procedure.
- ARM 20.27.252 4. A. Diets, Menus and Food Service: CCC did not have a system in place to ensure the quantity of food served was of the same quantity as listed on the approved menus. Further, CCC was purchasing produce from vendors that did not store food in food grade containers. Finally, several cans of food stored at CCC had dents, a violation of health code standards. CCC was required to present an action plan to ensure all issues were corrected.

Compliance Inspections During 2020

During the July 28–Aug. 6, 2020 performance inspection, the following performance issues were identified and required corrective action by CCC.

- Grievance Procedure: Staff inspected eight random grievances and noted issues in four of the grievances. Several grievances were not processed in the appropriate amount of time and one medical grievance contained an inaccurate response. CCC was required to provide the department with a plan to correct the noted grievance issues. The department is waiting for CCC's plan for correction.
- Restrictive Housing Procedures: The audit indicates CCC is not allowing offenders in restrictive housing to spend time outside their cells as required in DOC 3.5.1 Restrictive Housing Procedures. Also, mental health staff are not consistently reviewing offenders within 72 hours of intake as required by MCA and DOC 3.5.1. CCC was required to provide the department with a detailed corrective action plan to rectify these issues. This is an ongoing compliance issue and the department is currently waiting to receive CCC's plan to correct these issues.



- Tool Control Procedures: The DOC contract monitor has noted numerous discrepancies in tool control operation since the full license was provided in February 2020. Further, as described in internal CCC memos and as evidenced through existing personnel issues, it is clear that CCC is aware of the ongoing issues with tool control. The department has requested a detailed plan from CCC to correct these issues and is waiting to receive and review the plan.

The department has scheduled the 2021 license inspection for Oct. 26–29, 2020.

Please do not hesitate to contact me if you have any additional questions.

Sincerely,

A handwritten signature in cursive script that reads "Reginald D. Michael".

Reginald D. Michael
Director

Cc: Cynthia Wolken, Deputy Director
Kurt Aughney, Quality Assurance Director
Pat Smith, Contract Placement Bureau Chief