

Department of Corrections Annual Audit Reports for Crossroads Correctional Center for Fiscal Years 2013 and 2014

The Montana Department of Corrections conducted onsite license inspections at Crossroads Correctional Center (CCC) on November 4 – 6, 2013, and December 2 – 4, 2014, to determine whether we would issue an annual license to CCC for its continued operation for each calendar year, as required under §53-30-606, Montana Code Annotated (MCA). The scope of our review included applicable MCA, ARM, contract standards between DOC and CCC, and national best practices in the field of corrections, including those put forward by the American Corrections Association (ACA) and the National Commission on Correctional Health Care (NCCHC).

Each year, DOC's Quality Assurance Office (QAO) uses its Private Prison Licensing Instrument at the CCC to determine if the facility is in full compliance. This instrument includes all MCA and ARM requirements a private prison must meet to legally operate within Montana. If a License Instrument Standard is not met, the Department will not issue a full license until the deficiency(ies) are remedied in full. Further, each year we select and review specific areas of correctional standards, such as the control of institutional tools or access to legal materials for the offender population. We do this as a best practice and to ensure that CCC operates to our full satisfaction beyond the requirements set in statute.

2013 License Instrument

ARM 20.27.225 (1) – The administrative rule and compliance measure requires a strict accountability system for inmates and their movements.

- While at the facility, team members observed count conducted on November 5, 2013. During the process, two inmates were found to not be within their pod (A-Pod). Although final resolution determined a clerical error on the master count-sheet as the cause, the entire process took more than an hour to reconcile. In addition, facility staff responsible for the final count tally could not provide the names of the inmates who were missing. Therefore, the team concluded the count and movement system required alterations and a corrective action plan and its implementation were required.

Following the required corrective action plan and implementation, a return visit occurred and CCC was determined to then be in compliance with the required standard.

ARM 20.27.227 – The rule requires the facility to comply with all applicable federal, state and/or local fire and safety codes.

- The team did not find an issue of non-compliance with this requirement; however, a fire marshal's inspection was forthcoming and we provided this note as a reminder that a copy of their approval was requested prior to licensure issuance as well.

2013 Additional Findings and Recommendations

Staffing

- Shift rosters and shift reports supplied to the DOC contract monitor at the facility should be designated as 'Final' to allow easier review.
- Some shift reports contained an inaccurate date stamp on electronic copies. Ensure all dates are appropriately applied.
- Two officer vacancies extended beyond the 90-day allowable time frame. We did not find this as an issue of non-compliance as we were aware of individuals starting new employee orientation on November 4, 2013; however, we urge awareness of overall vacancies.

Medical

- Incorporate additional columns to the log indicating whether the nursing sick-call visit resulted in a referral to a provider and the date the offender was seen by the provider. We did note the log received an update prior to our departure from the facility; this finding was intended as a reminder to implement and continue its use.

Security/Dental

- Consider addition of a duress button in the dental area or provide another means of emergency communication should it be needed.

Grievance

- Hire an individual who is solely responsible for grievance response and investigation. This will lessen our concerns about the number of individuals currently handling the grievance process.
- Institute a better administrative tracking system of grievance status and outcomes.
- Provide additional information or reason for any grievance labeled as 'Not Processed.'
- Reorganize and update the grievance manual located within the library. This could help those with low reading or comprehension skill levels better understand the process and help ensure the most up-to-date policies and procedures are included in the manual.
- Expand the grievance process explanation within the inmate orientation video. The video currently states to 'refer to inmate handbook.' Expansion may help ensure those with ADA issues better understand the processes and procedures.
- Make any changes or updates to grievance policies or procedures known to the population through 'town hall' meetings.
- We gained an understanding that housing units are visited five days a week to determine whether any grievances exist. We observed one such interaction, but noted inmates were not directly asked whether they wished to file a grievance or had any that were unresolved. We believe it is prudent for staff to make it known that grievance inquiries are being sought during the pod visits.
- Allow inmates easier and more confidential access to paper grievance requests. The current system requires an inmate to request a form from the pod control officer. This may discourage an inmate from grieving an issue as it could be against a facility employee. This would also lessen the concerns related to the potential retaliation.

All areas noted beyond the License Instrument requirements were correct to the satisfaction of the review team.

2014 License Instrument

In 2014, the DOC did not issue a license until a corrective action plan was submitted and deemed sufficient to correct noted license deficiencies by inspection or review from DOC's Quality Assurance Office. The two deficiencies to be corrected were as follows:

ARM 20.27.218 – The administrative rule and DOC compliance measure require CCC to strictly comply with mandatory staffing requirements. While the review team was onsite, CCC failed to maintain required mandatory staffing levels on the randomly selected review dates of October 2, 2014, and November 25, 2014.

ARM 20.27.245 – The administrative rule requires CCC to follow DOC policy and procedure 4.2.1 and 3.5.1. While the review team was onsite, we noted that several inmates were sent to CCC’s Restricted Housing Unit without the proper notification to DOC as required in the two aforementioned policies and procedures.

DOC viewed both license standards deficiencies seriously and provided CCC with a 30-day provisional license into 2015, and did not provide an additional license without a full resolution of the noted license deficiencies. CCC did resolve these issues and were issued a license in early 2015.

Other Findings 2014

Medical/Dental

- Medical syringe or “Sharps logs” must be inspected and initialed each day by staff. During our review we noted two days, over the course of the preceding year, that were not initialed by medical staff.

Policy/Procedure

- Ensure all policy and procedure requirements are updated to reflect recent changes to DOC policy and standards.

Food Service

- Ensure all food delivered is promptly moved inside the coolers.

CCC fixed all areas outside of the license standards to the full satisfaction of the review team.