

PREA Facility Audit Report: Final

Name of Facility: Central Michigan Correctional Facility

Facility Type: Prison / Jail

Date Interim Report Submitted: 05/31/2019

Date Final Report Submitted: 08/26/2019

Auditor Certification	
The contents of this report are accurate to the best of my knowledge.	<input checked="" type="checkbox"/>
No conflict of interest exists with respect to my ability to conduct an audit of the agency under review.	<input checked="" type="checkbox"/>
I have not included in the final report any personally identifiable information (PII) about any inmate/resident/detainee or staff member, except where the names of administrative personnel are specifically requested in the report template.	<input checked="" type="checkbox"/>
Auditor Full Name as Signed: Grace A Franks	Date of Signature: 08/26/2019

AUDITOR INFORMATION	
Auditor name:	Franks, Grace
Address:	
Email:	gfranks@pa.gov
Telephone number:	
Start Date of On-Site Audit:	04/01/2019
End Date of On-Site Audit:	04/03/2019

FACILITY INFORMATION	
Facility name:	Central Michigan Correctional Facility
Facility physical address:	320 N. Hubbard, St. Louis, Michigan - 48880
Facility Phone	
Facility mailing address:	

Primary Contact	
Name:	
Email Address:	
Telephone Number:	

Warden/Jail Administrator/Sheriff/Director	
Name:	
Email Address:	
Telephone Number:	

Facility PREA Compliance Manager	
Name:	
Email Address:	
Telephone Number:	

Facility Health Service Administrator On-site	
Name:	
Email Address:	
Telephone Number:	

Facility Characteristics	
Designed facility capacity:	
Current population of facility:	
Average daily population for the past 12 months:	
Has the facility been over capacity at any point in the past 12 months?	No
Which population(s) does the facility hold?	
Age range of population:	
Facility security levels/inmate custody levels:	
Does the facility hold youthful inmates?	No
Number of staff currently employed at the facility who may have contact with inmates:	
Number of individual contractors who have contact with inmates, currently authorized to enter the facility:	
Number of volunteers who have contact with inmates, currently authorized to enter the facility:	

AGENCY INFORMATION	
Name of agency:	Michigan Department of Corrections
Governing authority or parent agency (if applicable):	State of Michigan
Physical Address:	206 E Michigan Ave, Lansing, Michigan - 48909
Mailing Address:	
Telephone number:	(517) 373-3966

Agency Chief Executive Officer Information:	
Name:	Heidi E. Washington
Email Address:	WashingtonM6@michigan.gov
Telephone Number:	517-780-5811

Agency-Wide PREA Coordinator Information			
Name:	CJ Carlson	Email Address:	CarlsonC2@michigan.gov

AUDIT FINDINGS

Narrative:

The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-audit, on-site 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.

This auditor is submitting the following report through the Online Audit System and the system will not permit me to add the facility information.

Central Michigan Correctional Facility is a state prison.

Warden: John Christiansen

PREA Compliance Manager: Michael Desco, Inspector

Facility Health Service Administrator: Megan Oaks, Health Unit Manager

Facility Characteristics:

Capacity 2560, Current Population 2549

Adult Males

Level 1

435 Staff currently employed at the facility who may have contact with inmates.

A Prison Rape Elimination Act (PREA) audit of the Central Michigan Correctional Facility, located at 320 Hubbard Street, St. Louis, Michigan, was conducted from April 1, 2019 to April 3, 2019, pursuant to the audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections, and the Wisconsin Department of Corrections. The consortium conducts circular audits at facilities in other consortium states. The circular auditing schedule was developed by leadership in all of the consortium states to ensure that no audits would be considered reciprocal, and no audits will be conducted between contracted agencies. The purpose of the audit was to determine the facility's compliance with the Prison Rape Elimination Act (PREA) standards which became effective August 20, 2012. The facility had an initial PREA Audit in June 2015.

I, Grace Franks, lead certified Department of Justice (DOJ) PREA Auditor was assisted during this audit by DOJ Certified PREA Auditor Valarie Kusiak and Administrative Officer Brenda Atkin. Ms. Kusiak and Ms. Atkin assisted me with the site review and interviews for this audit. The audit team while on-site, worked with Warden Christiansen, Deputy Warden Fenby, Assistant Deputy Wardens Makara and Miniard and their staff to gather all relevant documents, conduct all necessary interviews, and tour all areas of the facility. All staff demonstrated professionalism throughout the audit and were willing to comply with all requests and recommendations made by the auditors during the onsite audit. The audit team also worked with the MDOC PREA Manager Charles Carlson, PREA Analyst Mary Mitchell, and the Central Michigan Correctional Facility PREA Coordinator Michael Desco throughout the pre on-site audit phase, on-site audit phase, and post on-site audit phase. They provided all pertinent and required documentation during the pre on-site audit phase, on-site audit phase, and post on-site audit phase.

Pre On-Site Audit Phase:

The notification of the PREA Audit was provided to Central Michigan Correctional Facility on February 15, 2019. The notice included the post-office box in which inmates can write confidentially to the PREA Auditor. The P.O. Box is solely monitored by the Pennsylvania Department of Corrections PREA Coordinator and mailings are sent to the appropriate auditor. The Pennsylvania Department of Corrections PREA Coordinator personally collects all of the mail before scanning and ensures that there is no evidence of tampering, resealing, or inspection by the facility upon receipt. The facility PREA Coordinator was instructed to have the posting hung throughout the facility in areas in which the inmates, staff, and visitors could adequately see. The postings were hung in all housing units and the facility lobby. This auditor was notified via email and provided photographs of the postings throughout various areas of the facility on February 19, 2019. Audit notification postings were on bright colored paper so that they stood out. Posting of the Audit Notice was also confirmed by observations made throughout the facility tour and receipt of correspondence from an inmate, and the request of an inmate to meet with the auditors while on-site. Throughout the facility tour this auditor noted that the postings were hung in locations which were accessible to inmates, staff, and visitors. The text of the notices was large and they were on a bright pink

colored paper. I was provided a flash-drive that contained pre-audit documentation, various policies, and other relevant documents. This auditor received the flash drive via US Mail on March 14, 2019. The PAQ was emailed to this auditor by the facility PREA Coordinator on March 15, 2019. This auditor uploaded all documentation into the Online Audit System (OAS). The pre-audit questionnaire was completed and sent to the auditor via email. This auditor utilized the "PREA Compliance Audit Instrument: Checklist of Policies/Procedures and Other Documents" to ensure all required documentation was received. Prior to the on-site audit, this auditor communicated with PREA Analyst Mitchell and PREA Coordinator Desco via email and phone to obtain additional information, documentation, policies, procedures, and other needed data. The audit team held a phone conference with the PREA Analyst to discuss the logistics of the audit, use of the OAS, and gate clearance information. During the pre on-site audit phase the following documentation was reviewed by this auditor: agency website, PREA Audit report from June 2015, daily population reports, facility layout, zero-tolerance policy, organizational charts for Michigan Department of Corrections and Central Michigan Correctional Facility, round reader reports, MDOC's PREA Manual, daily population reports, pat-down search policies, training curricula for PREA, pat-searches, volunteers, contractors, and inmates, staff, volunteer, and contractor training logs, contract for language line service, Spanish and English versions of inmate educational materials, NeoGov application samples for new hires and promotions, LEIN logs indicating background checks being completed on staff, volunteers, and contractors, evidence protocol, agreement with Just Detention International, documentation indicating Michigan State Police conduct criminal investigations for the facility, documentation indicating that Sparrow Lansing Hospital conducts SANE/SAFE examinations for the facility, investigation policy, agency PREA policy, investigative staff training curriculum, medical and mental health staff training curriculum, PREA risk screening tool, inmate handbook, employee handbook, grievance policy, documentation of incident reviews, documentation regarding camera upgrades, sample investigation file, samples of notifications to other facilities upon report of sexual abuse which occurred in another facility, Michigan Department of Corrections website, and the Pre-Audit Questionnaire. All documentation not received was requested and provided prior to the on-site audit phase or during the on-site audit phase. The PAQ reported that there were 40 allegations of sexual abuse and sexual harassment within the last twelve months, forty were investigated administratively and referred for review by MSP for criminal investigation. The PREA Auditor reviewed with the PREA Coordinator the investigation tracker for the 12 months preceding the audit which showed that of the 40 allegations 27 were for sexual abuse and 13 were sexual harassment. Of the sexual abuse allegations 14 were closed with a finding of "insufficient evidence," 3 were closed with a finding of "sufficient evidence," 2 were closed with a finding of "no evidence," and 8 allegations were forwarded to other institutions for investigation. Of the 13 investigations

of sexual harassment 10 were closed with a finding of insufficient evidence, 2 were closed with a finding of sufficient evidence, and 1 investigation was closed with a finding of no evidence. Three contractors were referred to MSP for sufficient findings of sexual abuse with inmates. There were zero criminal findings of guilt for inmate-on-inmate sexual abuse in the last 12 months. The PAQ reports that there were three grievances filed within the last twelve months alleging sexual abuse and all three reached a final decision within ninety days. The PREA Analyst reported that there were twelve PREA Hotline calls within the last twelve months and zero PREA Report Forms submitted. This auditor was advised that there were no community-based victim service organizations working with the Central Michigan Correctional Facility. This auditor was informed of the MOU between Michigan Department of Corrections and Just Detention International (JDI). An interview was conducted with Just Detention International's Operations Director on March 27, 2019. JDI provides incarcerated individuals who have been

victims of sexual abuse (while incarcerated or in the community) with emotional support services via a telephone hotline and correspondence. The Operations Director reported that JDI has been providing these services to MDOC since August 2018. The hotline is based in Los Angeles and staff do not entertain a physical presence but provide services via telephone and written correspondence. The Operations Director reports that calls are confidential and not recorded. Inmates are provided a pin to ensure that they can remain anonymous. Confidentiality can only be breached if the inmate is a threat to themselves or others. The Operations Director provided examples of situations in which this occurred due to inmates being suicidal. The Operations Director reports that JDI maintains statistics on the calls and 80% of the calls are related to sexual abuse in confinement. JDI provides translation services for non-English speaking inmates and they employ Spanish-speaking staff. Staff provide emotional support, trauma informed counseling services, and coping skills. JDI also provides information on legal services if requested. The audit team left various messages for the SANE/SAFE at Sparrow Hospital pre on-site audit phase, but did not get a return call until the team was on-site and another SANE returned the call during the post on-site audit phase. Prior to the on-site audit phase, this auditor did an internet search for any new articles or other information about the Central Michigan Correctional Facility. There were no news articles found that warranted this auditor to have any concerns prior to the audit regarding sexual safety at the facility.

On-Site Audit Phase:

The audit team arrived on-site at approximately 0830 hours on April 1, 2019. A brief entrance meeting was held with key administrative staff to make introductions, answer any questions, and review the logistics of the audit. Following the brief entrance meeting, inmate and staff rosters were reviewed by the audit team and a list of randomly selected inmates and staff were identified to be interviewed by the audit team and targeted inmate and specialized staff interviews were identified. Inmates were randomly selected in an effort to capture a representation on each housing unit, staff were selected to ensure representation of all three shifts. Thirty-eight inmates were randomly selected for interviews. Targeted inmate interviews were selected using the inmate rosters. The facility PREA Coordinator highlighted the inmates who were considered to be a "targeted" population on the inmate roster. Inmates who reported sexual abuse were chosen using the PREA Investigation log. A total of twenty-seven targeted inmate interviews were conducted; 7 inmates with physical disabilities, 2 inmates who are blind, deaf, or hard of hearing, 2 limited English proficient inmates, 5 inmates who identify as lesbian, gay, or bisexual, 2 transgender inmates, 5 inmates who reported sexual abuse, and four inmates who reported sexual victimization during risk screening. Central Michigan Correctional Facility reports no youthful inmates, no inmates with cognitive disabilities, and no inmates in segregated housing for high risk of victimization. The facility PREA Coordinator provided the auditor with custody staff rosters by shift, the non-custody staff roster, volunteer list roster, contractor list, PREA Investigator list, and a list of staff trained as victim

advocates. Twenty-six random staff were chosen based on a variety of work assignment locations, position, and shift. Thirty-three specialized staff were chosen using the rosters and logs provided by the facility PREA Coordinator; Agency Head/Designee, Warden, PREA Manager, facility PREA Coordinator, 3 intermediate or higher-level facility staff responsible for conducting and documenting unannounced rounds, 2 medical staff, 2 mental health staff, 1 human resources director, 2 SANE/SAFE, 1 volunteer, 3 contractors, 3 investigative staff, 3 staff who perform screening for risk of victimization and abusiveness, 2 staff on the sexual abuse incident review team, 3 designated staff members responsible for monitoring retaliation, 2 first responders, and 2 intake staff. Following the identification of staff and inmates to be interviewed Ms. Atkin was taken to a secure, private area to begin inmate and staff interviews, while Ms. Kusiak and Ms. Franks began the facility tour with the facility PREA Coordinator, Inspector Desco. The tour covered all areas of the facility; all 16 housing units, two kitchens and dining halls, the Psychology trailer, two gyms, two medical departments, two program trailers, library and education building, two commissary areas, a property trailer, three green houses, a warehouse, maintenance building, maintenance storage areas, and the Transportation Hub where inmates are received from the classification prison and are organized to be transported to their home facilities. All housing units house a maximum capacity of 160 male adult inmates in a dormitory style setting consisting of ten cubicles per hall, two halls, with eight beds per cubicle. Housing Units A through H on the West side have two bathrooms which each provide four showers, four urinals, and four toilet stalls all with sufficient privacy. Housing Units K through R in the East side have two bathrooms which provide three showers, three urinals, and four toilet stalls all with sufficient privacy. The housing units consisted of eight structures, two housing units per structure with separate entrances. Housing unit A houses mental health inmates and housing units L, M, and N house sex offenders. There are four additional temporary holding cells in the medical area for inmates awaiting transfer. Inmates are only housed in these cells for a few hours pending their transfer to another facility. The on-site tour took the auditors approximately eight hours to complete over the course of three days. The facility consists of two sections an east and west, and each section mirrors the other with kitchens, medical, program areas, and yards.

During the on-site audit tour informal interviews were conducted with inmates and staff in each area throughout the facility. These informal interviews supplemented the formal interviews conducted to determine compliance with the standards. The audit team interviewed the Training Sergeant, Chief Psychologist, Grievance Coordinator, Chaplain, Michigan State Police Trooper, and a representative from Just Detention International. During the on-site facility tour many staff and inmates were informally interviewed regarding their knowledge of PREA, how to respond to incidents or reports of incidents of sexual abuse, sexual abuse prevention, inmate education, staff education, investigation procedures, reporting mechanisms, retaliation, and overall feeling of sexual safety within the facility. During the audit tour random counselor files were reviewed to verify inmate PREA education was completed as per policy and to verify no PREA Risk Screening information is maintained in the inmate file.

During the tour the auditors observed the facility's camera monitoring system within the control center to verify that cameras were positioned in such a way to provide adequate coverage of the facility and afford privacy in bathroom/shower areas. Central Michigan Correctional Facility has a total of 353 cameras throughout the property constantly recording, with a thirty-day retention period. Cameras are monitored at the central control center and the Assistant Deputy Wardens, Deputy Warden, Warden, and the Inspectors have access to view the cameras. There were three areas of concern noted during the facility tour and recommendations were made by the auditors to provide additional camera monitoring or staff monitoring if possible. One area of concern is the program trailer. There are no cameras in the program trailer and rounds are made every thirty minutes by the yard officer. When the auditors were conducting

the on-site facility tour they walked into program trailer while class was dismissing, when they entered the trailer there was the female instructor and a male inmate gathering their things to leave. While this may have been a rare occurrence, it presents a significant area of concern with a one-on-one situation even if just for a minute. The auditors suggested possible camera placement for the two classrooms in the program trailer. The second area of concern was the warehouse. When the auditors entered the warehouse there were three inmates working and no staff visible. All five staff and the supervisor were on their lunch break. There is fairly good camera coverage in the warehouse, but there are several areas which the supervisor explained are "off-limits" to inmates which do not have good camera coverage, such as the old freezer and the along the left side wall. It was recommended that 1) staff taper their breaks to provide adequate supervision to the inmate workers and 2) additional camera coverage for the far left wall of the warehouse. After the tour the auditors spoke with the administrative officer who supervises the warehouse and the lunch break issue was addressed immediately and the auditors were assured that it is practice that the lunch breaks are to be tapered. The third area of concern are the three greenhouses, currently the greenhouses are closed due to the instructor being out. The greenhouses have a lot of blind spots, which is unavoidable. Discussion was had with the PREA Analyst, PREA Manager, and the Deputy Warden. It was decided that a memo would be put out instructing that if two or more inmates are in the greenhouse watering plant and/or on detail they must be under direct supervision of staff, otherwise only one inmate at a time is allowed in the greenhouse. A copy of this memo was provided to the PREA Auditor dated April 3, 2019. The audit team was very impressed with the use of cameras in the large freezers in the facility kitchens. The PREA Coordinator explained that the freezers were the site of several allegations, some of which were substantiated, so the placement of those cameras was specifically due to PREA concerns.

During the audit tour several processes were reviewed with the auditors. Intake Process: Inmates are brought into the facility via the front door and assigned housing. Classification Directors meet with the inmates within 72 hours of arrival at the facility and a unit counselor conducts the PREA risk assessment tool within 72 hours of the inmates arrival. Classification Directors determine if the inmate will be enrolled in any trades programming and provides inmate education. The Classification Directors provide the comprehensive PREA Education to the inmates if they did not receive it at the reception facility. The Classification Directors provide the inmates with the facility specific orientation handbook which includes facility specific PREA information. Risk Screening: The Corrections Counselors interviewed explained how the screening process works. This was an area of concern for the auditors due to the inconsistency of the processes amongst the counselors. Policy and procedure dictates that inmates be seen within 72 hours of arrival and screened for risk of sexual victimization and risk of being a perpetrator of sexual abuse. Counselors interviewed showed the audit team the assessment tool in the OMNI system (electronic records management system) and explained that they review the inmate file, meet with the inmate to conduct the interview and enter the information into the system. The system automatically assigns a designation to the inmate "potential aggressor," "potential victim," or "no score." The same process is used for the 30 day assessment. Some counselors interviewed report only using the file to complete the assessment and not directly asking the inmate the questions. This area of concern was addressed via training and will be verified during the corrective action phase of this audit. Counselors also reported conducting reassessments annually, following an incident of sexual abuse, or receipt of additional pertinent information regarding the inmate's sexual safety or potential to be a perpetrator of sexual abuse. HOUSING CHANGES: The audit team met with the shift sergeants to discuss the process for changing inmates housing. The Sergeant showed the auditors how the system does not allow them to move a "potential aggressor" into the same cube as a "potential victim." It was explained to the auditors that inmates designated as "potential victims" can be housed with other "potential victims" or "no scores," and "potential aggressors" can only be housed with other "potential aggressors" or "no scores." The

Sergeant showed the auditors how this process works within the computerized system. **GREIVANCE PROCESS:** The auditors interviewed a Grievance Coordinator while on-site who described the process to the auditors for filing grievances. There are two Grievance Coordinators employed by Central Michigan Correctional Facility, one assigned to the East end of the facility and one assigned to the West. The Grievance Coordinator all grievances, including sexual harassment allegations, except for sexual abuse allegations. Grievances filed pertaining to sexual abuse must be filed as a "PREA Grievance." If the inmate files a regular grievance for sexual abuse the Grievance Coordinator would notify the PREA Coordinator and medical immediately if applicable. The PREA Coordinator would then meet with the inmate and fill out the appropriate grievance form and begin a preliminary investigation. A written response is provided to the inmate within 60 days by the PREA Coordinator. Emergency PREA grievances require a response within 48 hours and a final decision within five days. **STRIP SEARCH/URINE DRUG SCREENING:** The auditors toured the areas throughout the facility where staff perform strip searches and urine drug screens. All areas observed by the auditors allowed for privacy and at the same time had cameras or staffing in place to ensure sexual safety of the inmates. Inmates are strip searched when returning from work duties outside the secured perimeter, upon arrival, after visits, after work in specific areas (kitchen, wood shop), and when warranted for security related investigations. **VOLUNTEERS/CONTRACTORS:** The auditors met with the Chaplain during the on-site audit tour. The Chaplain is responsible for all volunteers. The Chaplain explained the process for volunteer clearance and training as well as showed the auditors specific documents related to volunteers. A volunteer submits an application which contains all identifying information in order to have a background check completed. Once the volunteer completes the background check and orientation is scheduled. The volunteers receive an overview of MDOC and Central Michigan Correctional Facility policies and procedures which are applicable to them. PREA education is provided to all volunteers who may have contact with inmates. All volunteers are provided with a copy of the PREA policy and are required to sign that they understand their role, responsibilities, and the facility's PREA policy. Annually, the Chaplain ensures that volunteers are provided updates and background checks are completed utilizing LEIN. Contractors receive clearance either from Central Michigan Correctional Facility or through MDOC central office. There are a total of 48 contracts active within the last twelve months with Central Michigan Correctional Facility. Contracts such as medical, mental health, substance abuse providers are maintained by central office, contracts specific to Central Michigan Correctional Facility are maintenance related, translation services. The PAQ reports that 264 contractors and volunteers who may have contact with inmates are authorized to enter the facility. The Chaplain and the Training Sergeant ensure that the training is conducted/provided, the statement of understanding is signed, and background checks are completed annually for all contractors. Some contractors such as medical, mental health providers have their own PREA Training, records of those trainings are provided to the Training Sergeant and entered into the Training Automated Database (TAD).

Inmate interviews were conducted on the first, second, and third days of the on-site audit. 64 inmates were interviewed, 38 randomly selected inmates, 11 Limited English Proficient or Disabled, 7 LGBTI, 5 inmates who reported sexual abuse, and 4 inmates who reported sexual victimization during risk assessments. Central Michigan Correctional Facility reports a total of 435 staff on-site who may have contact with inmates, 298 are custody staff. Staff interviews were conducted on the first, second, and third days of the on-site audit in order to capture staff from all shifts. 59 staff were interviewed, 26 random staff and 33 specialized staff which includes the agency head, Warden, PREA Coordinator, PREA Manager, Higher Level staff, Educational/Program staff, Medical and Mental Health staff, Non-Medical staff who conduct cross-gender searches, Human Resources staff, SANE/SAFE, volunteers/contractors, investigative staff, screening staff, retaliation monitoring staff, intake staff and first responders. In addition to the formal interviews provided and recommended by the PREA Resource Center the auditors also

conducted informal interviews with the a grievance officer, Training Sergeant, the Chief Psychiatrist (interview specific to the Gender Dysphoria policy), Michigan State Police Trooper, and many random staff and inmates throughout the tour. Following the tour of the facility and the many inmate and staff interviews conducted, the audit team reviewed ten randomly selected PREA Investigation files with the facility PREA Coordinator. The PREA Coordinator had all investigation files prepared for the audit team and provided the auditors with an investigation tracker spreadsheet which indicated the date of the incident, date reported, victim, aggressor, abuse or harassment, assigned investigator, completion date, finding. The auditor chose ten random files being sure to incorporate various findings (unsubstantiated, substantiated, unfounded), and various types of allegations (inmate on inmate sexual abuse, staff on inmate sexual abuse, staff on inmate sexual harassment, inmate on inmate sexual harassment). As per the PREA Investigation logs, there were twenty-seven allegations of sexual abuse in the last twelve months, fourteen had a finding of insufficient evidence (unsubstantiated), three had a finding of sufficient evidence (substantiated), two had a finding of no evidence (unfounded), and eight were referred to other facilities. Thirteen allegations of sexual harassment were conducted within the last twelve months, two had a finding of sufficient evidence, ten had a finding of insufficient evidence, and one had a finding of no evidence. Three allegations were made utilizing the grievance system and two allegations were received from other facilities.

The following files were reviewed during the on-site audit phase of the audit: complete inmate roster by housing unit, complete staff roster by role and shift, list of contractors and volunteers, 10 investigation files, six counselor files, Specialized PREA Investigator training logs, Specialized PREA Medical and Mental Health training logs, Victim Advocate training logs, unannounced rounds logs, investigation logs, risk screening logs, inmate PREA orientation materials, daily population report for each day of the audit, 4 employee personnel files, referrals to medical and mental health due to PREA related incidents or risk assessment scores, list of all contracted medical staff, inmate educational materials, PREA zero tolerance posters, posters notifying inmates, visitors, and staff of reporting methods, contact information for victim advocacy services, sample investigator reports, retaliation monitoring logs, most recent facility Performance Audit, several position post orders, and an updated agency annual report.

One inmate wrote this auditor prior to the audit. That inmate was no longer housed at the facility and therefore could not be interviewed. The auditor reviewed the letter in order to address any concerns noted regarding the facility, but the letter was in regard to a community placement and not relevant to the PREA audit of Central Michigan Correctional Facility.

Following the tour of the facility, interviews, review of files, and review of the camera system; the auditors had a pre-exit meeting with the PREA Coordinator, PREA Analyst, and PREA Manager to review the areas of concern. At 12:00 on April 3, 2019 a formal exit meeting was held with all facility management and staff who chose to attend.

Day One - 08:30 - 17:00
Day Two - 05:00 - 14:00
Day Three - 08:30 - 12:30

The on-site audit took the audit team a total of 22.5 hours without excluding lunch breaks. On the first day of the on-site audit the inmate population was 2,550, on the second day 2,549, and the third day the population was 2,546.

Post On-Site Audit:

During the post on-site audit phase of this audit the auditor was in constant communication with the facility PREA Coordinator and PREA Analyst to provide additional documentation as needed. Additional documentation included a clarification of numbers from the PAQ, additional investigation materials, memos/directives, rosters for additional training, meeting minutes, additional mental health and medical documentation, and process clarifications.

The audit findings are based on a review of documentation provided by Central Michigan Correctional Facility and on-site observations and interviews. This auditor finds that Central Michigan Correctional Facility meets all standards with the exception of 115.41 and exceeds at standards 115.17 and 115.18.

Corrective action was needed for standard 115.15, 115.41, and 115.89. Corrective action for standard 115.15 and 115.89 was completed prior to the submission of the interim audit report. Additional corrective action will be completed in the Corrective Action period for this audit.

The determination of compliance is made by this auditor utilizing a triangulation methodology. The audit team reviewed documentation including policies, procedures, files, memos, reports, training curricula, and logs. Then the audit team conducted on-site interviews with both staff and inmates formally and informally throughout the facility tour. The audit team conducted a site review to make observations of the physical plant in regard to prevention and detection of sexual abuse and sexual harassment. After review of documentation, interviews, and observations made during the site review, a determination can be made based on the evidence collected that the facility is substantially compliant with all of the PREA Standards.

Corrective Action Completed:

115.15 (f) requires that the facility train security staff in how to conduct pat down searches for crossgender, transgender, and intersex inmates in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. This auditor received evidence that the training is conducted via training logs and a review of the training. Of the staff interviewed during the on-site audit phase 27% report not receiving training in transgender pat searches, 12% were unsure if they had, 8% stated they did receive training but needed a refresher, and 54% reported that they had received the training. This auditor requested a refresher information be provided to staff regarding transgender pat searches as corrective action. This was completed on April 15, 2019 during the post on-site audit phase in the form of an informational email memo sent to all staff.

115.89 (b) requires that the agency make all aggregated sexual abuse data from facilities under its direct control readily available to the public at least annually through its website. The 2017 annual report was posted to MDOC website on May 3, 2019.

Corrective Action:

115.41 (a) requires that all inmates be assessed during intake screening, including transfers, for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates.

115.41 (b) requires that intake screenings take place within 72 hours of arrival at the facility.

115.41 (d) requires that the intake screening consider the following: whether the inmate is perceived to be or is LGBTI, has previously experienced sexual victimization, and the inmate's own perception of vulnerability.

115.41 (f) requires that the facility reassess the inmate's risk of victimization or abusiveness within 30 days of arrival to the facility.

This auditor reviewed Department policy and found it to be in compliance with all provisions of 115.41. Interviews conducted with both inmates and staff during the on-site phase of the audit revealed that not all counselors are conducting the assessments in a uniform manner and not all counselors are doing face-to-face assessments. A face-to-face assessment is required by the standard in order to explicitly ask the inmate about their own perceptions and self report prior victimization and LGBTI status. Of the thirty-eight random inmate interviews conducted while on-site, only fourteen had entered the facility within the last twelve months. 50% reported being asked the questions required by the standard, the other 50% do not recall being asked any questions regarding sexual abuse history, LGBTI status, and self perception of safety. Corrective Action is required based on the findings from staff and inmate interviews. During the on-site audit phase the PREA Analyst developed a training to be conducted on the use of the assessment tool with all staff responsible for conducting PREA risk assessments. The training addresses that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. Confirmation was received on April 26, 2019 via email from the facility PREA Coordinator that the training was held on April 23, 2019. The training was attended by all counselors as evidenced by the individual Training Program Report provided to this auditor and meeting minutes. The refresher training was conducted by the PREA Coordinator and was provided to the counselors, and unit managers. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed; 3) confidentiality, 4) notification requirements, 5) referrals. Additional corrective action will include telephone or video conferencing interviews with inmates and staff.

Exceeds Standards:

115.17 (e) requires that the agency conduct criminal background checks at least every five years for employees and contractors who have contact with inmates. This auditor finds that Central Michigan Correctional Facility exceeds this standard. Background checks are conducted annually on all volunteers and contractors, every three years on all employees of MDOC which exceeds the five-year standard requirement.

115.17 (h) requires that 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. The interview with the Human Resources Director evidenced the exceeding commitment Michigan Department of Corrections has to ensure that individuals who were terminated due to sexual abuse or harassment of prisoners are not given access to the facilities under their jurisdiction or any other institution who should inquire, whether it be MDOC employees or contractors and volunteers.

115.18 (b) requires that the facility consider how technology may enhance the agency's ability to protect inmates from sexual abuse. This auditor finds that Central Michigan Correctional Facility exceeds this standard as evidenced by the use of data regarding sexual abuse substantiated allegations statewide to determine placement of cameras in areas where incidents frequently occurred. The placement of cameras was well thought out in regards to minimizing blind spots and ensuring bathrooms and showers allowed for privacy to shower, toilet, and change clothing. Four temporary holding cells at the facility had cameras which had the area near the toilet blacked out to ensure the inmates had privacy while using the toilet. The use of the cameras in the freezers showed the audit team the facility's commitment to reducing the likelihood of incidents of sexual abuse in high risk areas. The facility sought out technology that allowed for this capability.

CORRECTIVE ACTION:

115.41 (a) requires that all inmates be assessed during intake screening, including transfers, for their risk of being sexually abused by other inmates or being sexually abusive toward other inmates.

115.41 (b) requires that intake screenings take place within 72 hours of arrival at the facility.

115.41 (d) requires that the intake screening consider the following: whether the inmate is perceived to be or is LGBTI, has previously experienced sexual victimization, and the inmate's own perception of vulnerability.

115.41 (f) requires that the facility reassess the inmate's risk of victimization or abusiveness within 30 days of arrival to the facility.

On August 21, 2019, this auditor conducted random inmate interviews and staff interviews. Four random staff who perform risk assessments were interviewed, and fifteen random inmates were interviewed via video conferencing. Interviews were conducted between this auditor and the inmate in a confidential setting. Inmates were chosen randomly utilizing a roster of inmates who entered the facility from May 2019 to July 2019. This auditor randomly selected inmates to include inmates who entered the facility in various housing units.

Staff who conduct risk assessments were interviewed regarding the training received in April regarding the inmate risk assessments. All four counselors interviewed report that they assess all inmates within 72 hours of their arrival for risk of sexual victimization or sexual abusiveness toward other inmates. Each counselor walked this auditor through the process in which screenings are performed. All counselors interviewed report that these screenings are conducted in person and counselors explicitly ask the inmates about their sexual orientation and perception of vulnerability. All counselors report that they follow up with the inmate within thirty days of their arrival to ensure that there is nothing new to report or if the inmate may feel more comfortable disclosing something at that time. All counselors reported that face to face risk assessments are conducted within 72 hours of the inmate's arrival at the facility, within 30 days of the inmate's arrival, annually, and if an incident should occur, or new information become available an inmate would be reassessed for risk.

Of the fifteen inmates interviewed, eight report that they were assessed in the manner the counselors described above, within 72 hours and within 30 days of arrival and that they were asked questions regarding their sexual orientation, identity, perception of vulnerability, and history of sexual abuse during the risk assessment. Six of the inmates report that they had not met with anyone since arriving at the facility and one inmate could not recall what was asked of him when he first arrived at the facility. After speaking with the PREA Coordinator for the facility regarding the specific housing units in which these inmates were housed, the PREA Coordinator had two of the counselors come in to be interviewed. These interviews were conducted immediately following the inmate interviews, with randomly selected staff, via video conferencing, in a one-on-one private setting. The staff interviewed were very knowledgeable in the PREA Risk Assessment process and were adamant about conducting the interviews in-person.

This auditor is satisfied that the corrective action is sufficient to bring Central Michigan Correctional Facility into compliance with this standard. A PREA Risk Tracker monitors that the assessments are being conducted in a timely manner, counselors are knowledgeable in the process, and more than 50% of inmates interviewed during this corrective action period report that the risk assessments were completed appropriately. The interview results, in conjunction with the training conducted at the end of April 2019 satisfy the corrective action for 115.41 (a) (b) (d) (f) (g).

AUDIT FINDINGS

Facility Characteristics:

The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate or resident 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.

Central Michigan Correctional Facility is a Level 1, adult, male facility with a maximum capacity of 2,560 inmates. Central Michigan Correctional Facility employs 435 staff who have contact with inmates, has 48 contracts with contractors who may have contact with inmates, and 264 volunteers and/or contractors who may have contact with inmates (184 volunteers, 80 contractors). On the first day of the on-site audit the inmate population was 2,550, on the second day 2,549, and the third day the population was 2,546. 2,152 inmates were admitted to the facility in the last twelve months, 2,006 had a length of stay lasting more than thirty days, 2,146 had a length of stay lasting more than 72 hours, and fourteen current inmates were admitted prior to August 20, 2012. The security command structure at Central Michigan Correctional Facility is as follows, Warden, Deputy Warden, Assistant Deputy Warden, Inspector, Captain, Lieutenant, Sergeant, Correctional Officer. The housing units are open, containing eight cameras placed strategically to get the best coverage, but allow for privacy. Correctional staff must conduct rounds every half hour. There are three shifts 0600-1400, 1400-2200, and 2200-0600. All shifts have six sergeants and two lieutenants, first and second shift have a Captain, third shift does not. Each housing unit is staff with two correctional officers and a prison counselor or assistant resident unit supervisor.

The facility occupies 70 acres of land in the northeast section of St. Louis, in Gratiot County. The East side of the facility opened in 1990 and the West side opened in 2000. The East and West were combined to one institution which consists of thirty-two separate buildings for administration, food service, education/activity, warehouse/maintenance, prisoner housing, and transportation. There are 16 separate housing units contained in eight buildings, all units can house up to 160 prisoners dormitory style. The property also contains two kitchens and dining halls, the Psychology trailer, two gyms, two medical departments, two program trailers, library and education building, two commissary areas, a property trailer, three green houses, a warehouse, maintenance building, maintenance storage areas, and the Transportation Hub where inmates are received from the classification prison and are organized to be transported to their home facilities. The West side of the facility contains housing units a, b, c, d, e, f, g, h in four separate buildings, each with their own designated yard area, the psychology trailer, administration building, medical building, quartermaster building, kitchen, and one green house. The East side of the facility contains housing units j, k, l, m, n, p, q, r in four separate buildings with their own designated yard area, educational building (library, classrooms, trades), two program trailers, two greenhouses, medical, quartermaster, storage shed, storage building, and kitchen. Outside of the secured perimeter were the warehouse, maintenance shop, storage shed, and the transportation hub.

All housing units house a maximum capacity of 160 male adult inmates in a dormitory style setting consisting of ten cubicles per hall, two halls, with eight beds per cubicle. Housing Units A through H on the West side have two bathrooms which each provide four showers, four urinals, and four toilet stalls all with sufficient privacy. Housing Units K through R in the East side have two bathrooms which provide three showers, three urinals, and four toilet stalls all with sufficient privacy. The housing units consisted of eight structures, two housing units per structure with separate entrances. Housing units D and Q house vocational students. Housing Unit C houses the Leader Dogs for the Blind which is 12 dogs and 24

prisoner trainers. Housing Unit H houses Outpatient Treatment overflow and wheelchair bound prisoners, Housing Unit J houses prisoners in the community college program. Housing units A and B house mental health inmates and housing units L, M, and N house sex offenders. Housing Unit H has a cube which is surrounded by a cage. This enables the inmates residing in the cube the ability to shut the gate. The gate does not lock, but provides a barrier to ensure a higher level of protection. Inmates have to request to be housed in this cube. There are four additional temporary holding cells in the medical area for inmates awaiting transfer. Inmates are only housed in these cells for a few hours pending their transfer to another facility. The perimeter of the facility includes a buffer fence, double chain link fences, razor-ribbon wire, electronic detection systems, an armed patrol vehicle and gun towers.

Prisoners at Central Michigan Correctional Facility are prepared for their release through various programs such as psychological counseling and substance abuse treatment. Offender Success programming includes Thinking For a Change, Domestic Violence, Advanced Substance Abuse Treatment, Violence Prevention Program, job preparation workshops, family reunification, and various other programs provided by staff. Central Michigan Correctional Facility partners with Central Michigan University to provide prisoners with the opportunity to take a sociology class with current students. There are three housing units which house sex offenders who are in the Michigan Sexual Offender Programming. The programming provides groups specific to sex offenders. Two other housing units are designated for Outpatient Treatment for prisoners who are in need of psychological treatment.

Various educational opportunities are also available at Central Michigan Correctional Facility. Academic programming includes Adult Basic Education, GED, ESL, Special Education, and Title 1. Career Technical Education opportunities include Horticulture, Employment Readiness, Building Trades, Carpentry, Plumbing/Electrical, and Masonry/Concrete.

Central Michigan Correctional Facility has medical services on site for routine medical care and dental care. Any serious medical problems are treated at the Department's Duane L. Waters Health Care in Jackson and emergencies are referred to the Sparrow Hospital Emergency Room.

During the audit tour and through inmate interviews with both staff and inmates, all staff and inmates interviewed formally and informally did not report feeling unsafe in the facility.

AUDIT FINDINGS

Summary of Audit Findings:

The summary should include the number of standards exceeded, number of standards met, and number of standards not met, along with a list of each of the standards in each category. If relevant, provide a summarized description of the corrective action plan, including deficiencies observed, recommendations made, actions taken by the agency, relevant timelines, and methods used by the auditor to reassess compliance. Auditor Note: No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

Number of standards exceeded:	2
Number of standards met:	43
Number of standards not met:	0

Number of Standards Exceeded: 2

115.17 Hiring & Promotions

115.18 Facility Upgrades/Technology

Number of Standards Met: 42

115.11, 115.12, 115.13, 115.14, 115.15, 11.16, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.42, 115.43, 115.51, 115.52, 115.53, 115.54, 115.61, 115.62, 115.63, 115.64, 115.65, 115.66, 115.67, 115.68, 115.71, 115.72, 115.73, 115.76, 115.77, 115.78, 115.81, 115.82, 115.83, 115.86, 115.87, 115.88, 115.89, 115.401, 115.403

Number of Standards Not Met: 1

115.41 Screening for Risk of Victimization and Abusiveness

Summary of Recommendations and Corrective Action:

Six provisions, three standards required corrective action. 115.15 (f) transgender pat search training update needed to be provided to staff. 115.41 (a) (b) (d) (f) (g)involved training on the risk assessment screening process for the 72 hour assessment and the 30 day assessment. Proof was provided to this auditor of completion of the training and interviews with staff and inmates were conducted during the corrective action phase.

Recommendations to add additional camera coverage to the warehouse and the program trailer were discussed on-site. The recommendation to provide additional coverage to the greenhouses was address by the Deputy Warden while the auditors were still on-site.

Standards

Auditor Overall Determination Definitions

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

Auditor Discussion Instructions

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

115.11	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.11 (a) Michigan Department of Corrections Policy Directive 03.03.140 and the PREA Manual establishes the agency's zero tolerance standard for sexual abuse between or among prisoners, and a zero tolerance for staff sexual misconduct, staff sexual harassment, and staff overfamiliarity with prisoners. Policy Directive 03.03.140 includes definitions of prohibited behaviors and notes sanctions for violation of the policy. The Prison Rape Elimination Act (PREA) Manual for the Michigan Department of Corrections outlines disciplinary sanctions and corrective action more in-depth. Central Michigan Correctional Facility's Operating Procedure 03.03.140 "Prison Rape Elimination Act (PREA) and Prohibited Sexual Conduct Involving Prisoners" outlines the facility's implementation of preventing, detecting, and responding to sexual abuse and sexual harassment. Operating Procedure 03.03.140 includes a description of agency strategies and responses to reduce and prevent sexual abuse and sexual harassment of inmates. As per the standard the agency is to have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment. The policy must outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment. The policy reviewed by this auditor meets all criteria required by provision a. of this standard. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.11 (b) Michigan Department of Corrections (MDOC) employs an agency wide PREA Manager (fulfills the role as Agency PREA Coordinator). This position is four layers removed from the Department's Director with sufficient authority to implement department efforts to comply with PREA standards. The PREA Manager reports that he has enough time to manage all of his PREA related responsibilities. The PREA Manager works solely as the agency's PREA Coordinator, with no other duties or tasks assigned. The PREA Administrator has three PREA Analysts who oversee implementation and compliance of PREA standards in all Michigan Department of Corrections' institutions. There are thirty (30) MDOC facilities, all have an assigned PREA Coordinator (fulfills the role as a PREA Compliance Manager) and a back-up PREA Coordinator. The PREA Manager reports that if an issue with PREA compliance is identified he takes immediate action to work toward compliance. This auditor observed this throughout the on-site audit and post-audit phase. While on-site the PREA Analyst and PREA Coordinator prepared all documentation requested immediately and developed and or completed corrective action whether required or recommended by the auditors. Central Michigan Correctional Facility is compliant with provision b. of this standard as evidenced by the employment of an agency-wide PREA Manager (Coordinator as per the standard) which is a upper-level agency position, with the sole purpose of developing, implementing, and overseeing agency efforts to comply with PREA Standards.</p> <p>115.11 (c) Central Michigan Correctional Facility has a designated PREA Compliance Manager. The PREA Compliance Manager is referred to by Michigan Department of Corrections as the PREA Coordinator due to civil service rules, and reports directly to the Deputy Warden. The</p>

PREA Coordinator for the Central Michigan Correctional Facility also has the role of Inspector. The facility PREA Coordinator reported during an interview during the on-site phase of the audit that he feels he has enough time to manage all of the PREA related responsibilities, but sometimes feels other responsibilities are put on the back burner due to the restraint of PREA. This auditor notes that there are two Inspectors employed by the facility and each has specific areas of responsibility, one of which is PREA. The one Inspector is the designated PREA Coordinator and the other is the back up. MDOC also employs three PREA Analysts who are regionally assigned facilities to assist with PREA compliance. This auditor concludes that the PREA Coordinator has sufficient time and authority to coordinate the facility's efforts to comply with the PREA Standards based on observations, observed evidence of support from the PREA Analyst assigned to the facility, and in speaking with the PREA Coordinator. Central Michigan Correctional Facility is compliant with provision c. of this standard.

This auditor finds Central Michigan Correctional Facility to be compliant with all provisions of this standard.

115.12	Contracting with other entities for the confinement of inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.12 (a)</p> <p>Central Michigan Correctional Facility has not entered into or renewed a contract for the confinement of inmates on or after August 20, 2012, or since the last PREA Audit. As of the date of the audit, no contracts have been awarded or sought to house inmates from Central Michigan Correctional Facility. As per the Michigan Department of Corrections PREA Manual the Department shall include in all contracts to confine Michigan DOC prisoners, the obligation for the contractor to adopt and comply with the PREA standards. This auditor finds that Central Michigan Correctional Facility is compliant with this standard.</p>

115.13	Supervision and monitoring
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.13(a)</p> <p>115.13 requires each facility to develop, document and make its best efforts to comply on a regular basis with a staffing plan that provides adequate levels of staffing, and where applicable video monitoring to protect inmates against abuse. This auditor was provided with the facility staffing plan as well as the facility head counts, staff assignment sheets, and a copy of the Annual Staffing Plan Review forms from the last three years. Since the last PREA Audit in June 2015 the average daily number of inmates is reported to be 2,520, the staffing plan was predicated on the average daily population being 2,560. The facility Warden confirmed that the facility has a staffing plan which is reviewed in January of each year and maintained in the Administrative Assistant's office. Adequate staffing levels to protect inmates against sexual abuse is a consideration during the staffing plan review. Video monitoring is part of the staffing plan. The Warden stated that the facility staffing plan considers generally accepted detention and correctional practices; any judicial findings of inadequacy; any findings of inadequacy from federal investigative agencies; any findings of inadequacy from internal or external oversight bodies; all components of the facility's physical plant; composition of the inmate population; number and placement of supervisory staff; programming; any applicable state or local laws regulations, or standards; the prevalence of substantiated and unsubstantiated incidents of sexual abuse; and any other relevant factors. The Warden reported that he checks for compliance with the staffing plan by making rounds, monthly reports, over-time reports, audits, and the daily reconciliation report. During the on-site phase of the audit, the auditors conducted random interviews with inmates and staff throughout the tour and all individuals asked stated that the Warden frequently conducts rounds throughout the facility. The facility PREA Coordinator reports that when assessing adequate staffing levels an the need for video monitoring the staffing plan considers all required areas of 115.13 (a). The PREA Coordinator explained how constant reviews are conducted regarding camera placement and tour areas to reduce blind spots and how the staffing plan specifically considers additional staffing during programming hours, which are 07:00 to 16:30. Additional staffing is needed for coverage in the program areas, therefore staffing is higher during programming hours. The staffing plan provided to this auditor describes the layout of the facility, programs offered at the facility, educational opportunities offered, and medical services available on-site at the facility. The staffing plan lists all the administrative facility staff, notes that the facility is audited by the Office of Auditor General and Central Office maintaining the same standards as the ACA, notes that correctional practices are regulated through policy directives, operating procedures, and Director's Office Memoranda. The staffing plan also notes that there are no judicial findings of inadequacy or findings of inadequacy from federal investigative agencies. Findings of inadequacy from internal or external oversight bodies are noted to have been corrected immediately. The staffing plan lists the components of the physical plant, information regarding each housing unit, placement of supervisory staff, supervisory staff numbers by shift, housing unit staffing, and staffing for institutional programs. The staffing plan notes that there are no state or local laws, regulations, and standards which impact the staffing plan and notes that the prevalence of substantiated and unsubstantiated incidents of sexual abuse are considered upon the review. Along with the staffing plan this auditor was provided with the reports from the Auditor General Audit conducted in September 2012 and the Performance</p>

Audit conducted by Central Office on April 11 and April 12, 2018. Central Michigan Correctional Facility is compliant with provision a. of this standard.

115.13 (b)

As per the Warden the staffing plan is always complied with due to the union contract. As per the union contract the facility cannot go below a minimum staffing level. There are specific identified posts which will close if need additional staffing for emergencies such as transports. Those specific posts are determined based on the safety and security of the facility. As per the Department's PREA Manual, if for any reason the staffing plan is not complied with, the facility shall document and justify all deviations. There is no documentation of deviations from the staffing plan. Central Michigan Correctional Facility is compliant with provision b. of this standard.

115.13(c)

Central Michigan Correctional Facility analyzes the staffing plan annually in compliance with 115.13. Documentation provided indicates that all staffing plan considerations are addressed, video monitoring and technologies and resources available are reviewed annually. The Michigan Department of Corrections utilizes a "PREA Annual Staffing Plan Review" form which requires the facilities under its jurisdiction, including Central Michigan Correctional Facility, to complete the form annually in consultation with the MDOC PREA Administrator/Manager. The "PREA Annual Staffing Plan Review" form was provided to this auditor for the last three years. The documentation is signed off on by the Department's PREA Administrator, the facility PREA Compliance Manager, and the Warden. The PREA Manager noted during an interview that he was consulted regarding any assessments of, or adjustments to, the staffing plan for the Central Michigan Correctional Facility. He reported that there is an annual staffing plan review for each facility under the jurisdiction of the Michigan Department of Corrections. The form used takes into consideration generally accepted correctional practices, any judicial findings of inadequacy, any findings of inadequacy from internal or external oversight bodies, any findings of inadequacy from Federal investigative agencies, the composition of the prisoner population, number and placement of supervisory staff, programs occurring on a particular shift, any applicable state or local laws, regulations, or standards, prevalence of substantiated and unsubstantiated incidents of sexual abuse, all components of the facility's physical plant including blind-spots or areas where staff or inmates may be isolated, adjustments to video monitoring systems and other monitoring technologies to protect inmates from sexual abuse, and available resources. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.13 (d)

Michigan Department of Corrections Policy Directive 04-04-100 "Custody, Security, and Safety" outlines the requirement of unannounced rounds needing to be conducted by the Warden, Deputy Wardens, Shift Commanders, Inspectors, and Sergeants. The directive notes that staff alerting other staff of rounds is prohibited. The requirement of rounds includes all three shifts for all upper management. The Warden is required to conduct monthly rounds on all three shifts, the Deputy Warden is required to make weekly rounds of the facility ensuring that each month rounds are conducted on each shift, and the shift commander is required to conduct daily rounds, completing a round in each housing unit weekly.

Central Michigan Correctional Facility utilizes a "Round Reader" system which electronically

monitors rounds. The officer, supervisors, and management staff have a wand assigned to them and must conduct rounds as specified in Policy Directive 04.04.100. Each area has sensors placed in various locations in which staff must scan their wands. This system provides reports to upper management to ensure that rounds are conducted as set forth by policy. These reports were provided to the auditors for review. This auditor reviewed the reports to confirm intermediate-level or higher-level supervisors are conducting unannounced rounds on all shifts. The auditor requested shift specific round reader reports to ensure that the rounds were being conducted at various hours throughout the shift and not occurring at the same time for all staff required to conduct rounds. The reports showed rounds were conducted at various hours throughout the day including a sufficient amount on second and third shifts, there was no pattern noted by this auditor. Throughout the facility tour the auditors conducted random informal interviews with staff and inmates in which they confirmed higher-level staff conduct rounds regularly. The Inspector, Assistant Deputy Warden, and Warden were interviewed regarding unannounced rounds. They all confirmed doing unannounced rounds more frequently than required by policy, focusing their additional rounds on problem areas where a lot of alleged incidents occur (either PREA related or criminal), utilizing the round reader system to document rounds and log books if applicable, conducting rounds on all three shifts, and doing their rounds irregularly (not in any specific pattern) and listening to the radio communication to ensure that staff are not alerting other staff that the rounds are conducted. This auditor feels it necessary to note that the facility's Warden reports doing rounds three or four times a week. This was corroborated by the informal interviews conducted with staff and inmates throughout the facility tour. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.14	Youthful inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.14 (a) Central Michigan Correctional Facility does not house youthful offenders. This was evidenced by observations made by the auditors throughout the on-site facility tour and a review of the inmate rosters. Central Michigan Correctional Facility is an adult, male facility, housing only males over the age of 18.</p> <p>Agency policy 05.01.140, "Prisoner Placement and Transfer," outlines the agency's approach to housing youthful inmates. Agency policy dictates that male youthful inmates are to be housed at the Thumb Correctional Facility and female youthful inmates are to be housed at Women's Huron Valley Correctional Facility. If a youthful inmate must be placed at another facility for the purposes of medical or mental health care, the placement must be approved by an agency Deputy Director and accommodations for sight, sound, and physical contact separation must be made.</p> <p>This auditor finds that Central Michigan Correctional Facility is compliant with this standard.</p>

115.15	Limits to cross-gender viewing and searches
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.15 (a.) As per Michigan Department of Corrections policy directive 04.01.110, Search and Arrest in Correctional Facilities, cross-gender strip searches shall be performed only by employees of the same sex as the prisoner being searched. The directive states that no employees of the opposite gender should be present during the search unless a supervisor's presence is required and the supervisor is of the opposite sex and no supervisors of the same sex are available. The directive states that body cavity searches are to be conducted by medical staff. Medical staff do not need to be the same sex as the prisoner being searched. One formal interview was conducted with a non-medical staff involved in cross-gender strip or visual searches. The staff member stated that no urgent circumstances would require cross-gender strip searches and visual body cavity searches because they always have staff available of both genders. This auditor conducted informal interviews throughout the on-site facility tour in which staff were asked about whether they perform cross-gender strip or visual searches and all staff responded that they did not conduct cross-gender strip or visual searches and were aware that the Department's policy prohibited it. Central Michigan Correctional Facility reports zero cross-gender visual body cavity searches of inmates and zero number of cross-gender strip or cross-gender visual body cavity searches of inmates performed by non-medical staff within the twelve months proceeding this audit and within the last three year audit cycle. The PREA Analyst reports that only medical staff complete body cavity searches and there are always male and female staff available at the facility that an exigent circumstance should not ever exist. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.15 (b) Central Michigan Correctional Facility does not house female inmates as evidenced by the inmate rosters and observations made by the audit team during the on-site audit tour.</p> <p>115.15 (c) The department's PREA Manual states that the facility shall document all cross-gender strip searches, cross-gender body cavity searches, and all cross-gender pat-down searches of female prisoners. Michigan Department of Corrections policy directive 4.01.110 states that following all body cavity searches a written reports shall be submitted to the Warden with a copy being provided to the prisoner. There are no female inmates housed at the Central Michigan Correctional Facility. Observation made throughout the on-site facility tour and review of inmate rosters confirm that no female inmates are housed at Central Michigan Correctional Facility. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.15 (d) The Michigan Department of Corrections PREA Manual states that each Warden shall ensure that the facility's physical plant layout enables prisoners to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing the prisoner's breasts, buttocks, or genitalia except in exigent circumstances or when such a viewing is</p>

incidental to routine cell checks. The inmate rulebook provides instruction to the inmates regarding the use of the restrooms, proper dress, and information on sexual violence in prison. A memorandum dated February 6, 2019 addresses "Proper Dress" for housing units. The memo states that the designated area for changing clothes is the housing unit bathroom. All inmates interviewed were aware of the housing unit rule which states that they are to change clothing in the housing unit bathroom only. Inmates who were informally interviewed during the audit tour noted that the dormitory living of the facility does not allow for a lot of privacy, but they did feel like they were able to change clothing and use the bathroom without being viewed by the opposite gender.

Central Michigan Correctional Facility Operating Procedure 03.03.140 states that female staff must announce their presence each time they enter a housing unit. This auditor observed signs prior to entering each housing unit stating that staff of the opposite gender must knock on the most interior door of the building and announce their presence in the area in a loud clear voice prior to entering the housing unit. Prior to entering all housing units the female auditors were announced to the housing units. Random inmate interviews were conducted on-site and inmates were asked if female staff announce their presence when they enter a housing unit, all but three of the 26 inmates interviewed responded that they do, one said he did not know, another said not always, and another said no. All inmates reported that inmates were never naked in full view of staff of the opposite gender. During the facility tour inmates were informally interviewed about where they change their clothing and if they are ever naked in front of female staff. All inmates informally interviewed responded that they change their clothing in the bathroom and they are never to be naked in the common areas. All staff interviewed reported that female staff knock and announce prior to entering the housing units. The rule stated by those staff interviewed is knock and announce and then wait 10 seconds to enter. All staff interviewed also noted that inmates are able to dress, shower, and toilet without being viewed by female staff. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.15 (e)

Michigan Department of Corrections policy directive 04.06.184 "Gender Identity Disorder in Prisoners" states that staff shall not physically examine a prisoner for the sole purpose of determining the prisoner's genital status. As per the Department's PREA Manual, if genital status is unknown, it may be determined via conversations with the prisoner, review of medical records or a medical examination conducted in private by a medical practitioner. All staff interviewed report that they are not allowed to physically examine or search a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. All staff were aware that a policy exists prohibiting this. The two transgender inmates identified at the facility were interviewed during the on-site audit. Both inmates report that they were never strip searched for the sole purpose of determining their genital status not were they ever place in a housing area only for transgender or intersex inmates. Central Michigan Correctional Facility is compliant with provision e. of this standard.

115.15 (f)

Central Michigan Correctional Facility reports that 100% of their security staff received training on conducting pat down searches for transgender and gender dysphoria inmates in a

professional and respectful manner, and in the least intrusive manner possible, consistent with security needs. A review of training logs indicate that all security staff completed computer based training on searches. This auditor reviewed the training which includes how to conduct cross-gender and transgender pat-searches in a professional, respectful, and the least intrusive manner. Twenty six random staff were interviewed and asked about their training in cross-gender pat searches and searches of transgender and intersex inmates. Seven reported that they did not receive training in transgender or intersex pat searches, three were unsure, two reported that they received it a long time ago and need a refresher, and the remaining fourteen reported that they received the training. Corrective Action was requested by this auditor regarding pat-search training for transgender and intersex inmates. The Training Sergeant and PREA Analyst stated that a refresher was to be included in the annual training requirements for the year but was pulled last minute. The PREA Analyst provided this auditor with documentation showing that the training was originally scheduled. The corrective action agreed upon was to provide a reminder to the staff regarding the pat searches of transgender and intersex inmates. On April 15, 2019 an email was distributed to all Central Michigan Correctional Facility staff from the PREA Coordinator/Inspector. The email directed staff that all prisoners who identify as transgender/GD must be searched in a professional and respectful manner and described the proper technique for searching the breast and groin areas for transgender/GD prisoners. As per the PREA Analyst the goal is to get the GD/Transgender Personal Search course back into the annual required training plan for next year. Being that more than half the staff interviewed report being trained, this auditor is satisfied with the corrective action to refresh staff's understanding of transgender/GD pat searches. This auditor finds that Central Michigan Correctional Facility is compliant with provision f. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.16	Inmates with disabilities and inmates who are limited English proficient
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.16 (a)</p> <p>The Michigan Department of Corrections PREA Manual states that PREA prisoner education must be provided in formats understandable to the entire inmate population. The manual states that prisoner assistants, interpreters, or readers may only be used in limited circumstances. Michigan Department of Corrections Policy Directive 03.03.140 states that the PREA Manager shall ensure standardized educational material is available to all prisoners regarding conduct prohibited by the Department's PREA Policy, self-protection, how to report conduct or threats of conduct prohibited by the PREA policy, and treatment and counseling accessibility for all prisoners. The agency head designee was interviewed and confirmed that the Department has established procedures to provide inmates with disabilities and inmates who are limited English proficient equal opportunity to participate in or benefit from all aspects of the Department's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Eleven disabled and limited English proficient inmates were interviewed during the on-site audit and all reported that information about sexual abuse and sexual harassment is provided to them in a format that they can best understand. The Just Detention International hotline provides services to non-English speaking individuals, brochures, signs and other literature is in both Spanish and English. This auditor was provided sample Orientation information and observed signs throughout the tour. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.16 (b)</p> <p>All signage, pamphlets, and handbooks regarding PREA are available in English and Spanish. There is a braille handbook available as well.</p> <p>Central Michigan Correctional Facility contracts with RTT Mobile Interpretation for interpretation needs. The facility utilizes ELSA which is an on-demand, real-time interpretation device. RTT Mobile also provides access to a toll-free landline service in conjunction with the ELSA service. RTT Mobile Interpretation provides interpretation of over 180 languages and dialects. During the on-site audit RTT mobile was utilized to conduct interviews with LEP inmates. The audit team confirms that the line is operable and the contract is valid. While on-site the audit team observed literature and signage in English and Spanish. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.16 (c)</p> <p>The Michigan Department of Corrections PREA Manual states that the Department may rely on prisoner interpreters, prisoner readers, or other types of prisoner assistants only in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the prisoner's safety, the performance of first-responder duties, or the investigation of the prisoner's allegations. In the past twelve months the Central Michigan Correctional Facility reports no instances of where these limited circumstances required a prisoner assistant of any kind to assist with communication regarding a PREA incident. Random staff interviewed reported that they do not allow the use of inmate interpreters, inmate readers, or other types of inmate assistants to assist inmates with disabilities or</p>

inmates who are limited English proficient when making an allegation of sexual abuse or sexual harassment. Investigative staff report that the language line is always used during any type of investigation. While on-site the auditors tested the language line and validated that it is operable and the contract is valid. Central Michigan Correctional Facility is compliant with provision c. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.17	Hiring and promotion decisions
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.17 (a) As per the Michigan Department of Corrections PREA Manual and Michigan Department of Corrections Policy Directive 02.06.111 "Employment Screening" criminal background checks are performed on all employees who may have contact with inmates. The manual also states that Michigan Department of Corrections shall not knowingly hire, promote, or enlist the services of any contractor who may have contact with inmates who previously has engaged in sexual abuse in a confinement facility, juvenile facility, prison, jail, lock-up, or other institution; has been convicted of engaging in, attempting to engage in, or conspiring to engage in sexual activity facilitated by force or coercion, or if the victim did not consent or was unable to consent; and anyone who has been civilly or administratively adjudicated to have engaged in any of the aforementioned. All applicants who may have contact with inmates are asked about previous misconduct as part of the application process on NeoGov and all contractors are required to complete the questionnaire as part of their company's employment process. This auditor reviewed the employment pre-questionnaire on NeoGov and reviewed the hiring process with the Human Resources Director, who walked the auditors through the hiring and promotion process for the agency. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.17 (b) Michigan Department of Corrections also considers incidents of sexual harassment when determining if a candidate will be hired as per the Department's PREA Manual and Policy Directive 02.06.111 "Employment Screening." An interview was conducted with the Human Resources Director. She stated that the facility considers prior incidents of sexual harassment when determining whether to hire or promote anyone, or to enlist the services of any contractor who may have contact with inmates. The Director shared with the auditors employment files for newly hired staff and newly promoted staff to show that during the application process a questionnaire is required to be filled out which asks if the applicant has had any complaints/incidents of sexual harassment filed against them by inmates, prisoners, parolees, probationers, or other types of offender. The Director explained if the applicant marks "yes," it is further investigated to determine if it would preclude the applicant from the position. She stated that the hiring process would freeze and it would need to be cleared by the Warden. The Director also noted that a criminal background check is completed as well. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.17 (c) Michigan Department of Corrections PREA Manual and Policy Directive 02.06.111 "Employment Screening" state that before hiring new employees who may have contact with prisoners, best efforts will be made to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation. The PREA Manual and Policy Directive 02.06.111 also states that a criminal history check must be processed through LEIN before hiring a new employee, contractor, or contractor's employees. LEIN logs were reviewed to show all new employees, contractors, and volunteers received the appropriate criminal history check through LEIN. Sixty-six (66) individuals were</p>

hired by Central Michigan Correctional Facility in the last twelve months. All individuals received their background checks as per the LEIN logs reviewed by this auditor. The Human Resources Director was interviewed regarding background checks and she noted that the Correctional Officers receive their initial background check through the Central Office in Lansing, the cooks, other new staff, and promotions get run through LEIN locally. She noted that volunteers and contractors also receive LEIN background checks locally. Furthermore, the Director stated that all Michigan Department of Corrections staff get finger printed. The auditors reviewed personnel files to ensure background checks were completed. The auditor reviewed a file for a new hire, new promotion, and an employee who had been hired more than one year ago. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.17 (d)

Michigan Department of Corrections PREA Manual and Policy Directive 02.06.111 states that a criminal history check must be processed through LEIN before hiring a contractor, or contractor's employees. LEIN logs were reviewed to show all new employees, contractors, and volunteers received the appropriate criminal history checks through LEIN. In the past twelve months 264 volunteers and contractors have received LEIN checks. There were forty-eight (48) total contracts within the last twelve months. Some of the contracts are written and filled by Central Office such as health care, mental health, and substance abuse providers; others are open contracts for as needed services such as language translation, gate operations, fence repair, etc. During the on-sight audit the auditors spoke with the Chaplain who maintains the records for the volunteers, he explained the process for background checks and training. All volunteers have a background check completed prior to being granted access to the facility, all volunteers are given background checks annually. If the volunteer does not allow for the background check annually their approval to enter the facility is terminated. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.17 (e)

The Michigan Department of Corrections PREA Manual states that criminal history checks shall be processed through LEIN for all employees, including contractors and contractor's employees, who have contact with prisoners no less frequent than every five years. Policy Directive 02.06.11 specifically states that every three years criminal history checks shall be processed through LEIN for all Michigan Department of Corrections employees. The policy also states that the Department can conduct a LEIN check at any time within the three year period if necessary. All three year checks are completed in the month of June each year. Policy Directive 02.06.11 states that contractor's employees who have contact with prisoners will have criminal records checks annually through LEIN. The Chaplain reported that volunteer background checks are conducted annually. The Human Resources Director reported that contractors also have a background check completed annually and all Michigan Department of Corrections staff have a background check conducted every three years. This auditor was provided with logs indicating staff, volunteers, and contractors are receiving background checks as per policy. Central Michigan Correctional Facility substantially exceeds the requirement of provision e. of this standard.

115.17 (f)

Michigan Department of Corrections utilizes NeoGov for application processing. Part of the application is a questionnaire asking about previous misconduct described in this standard.

The Department's PREA Manual states that all applicants who may have direct contact with prisoners will be asked these questions at time of application and/or interview. This auditor reviewed the employment questionnaire on the hiring website utilized by the state of Michigan to ensure that the pre-employment PREA screening questions were compliant with the act. The Human Resources Director also provided the auditors with a new hire and a new promotion file to show that the questionnaire was completed and included the questions required by the standard. The Human Resources Director provided the auditors with a copy of the Employee Handbook which addresses in several places that an employee has a duty to report any information regarding misconduct of a criminal nature or in violation of facility policies and failure to do so can result in discharge. Central Michigan Correctional Facility is compliant with provision f. of this standard.

115.17 (g)

The Michigan Department of Corrections PREA Manual states that omissions regarding reporting of such misconduct, or the provision of false information, are grounds for discharge. Policy Directive 02.06.111 states that the Department shall not knowingly hire any new employee, promote any existing employee or enlist the services of any contractor who has contact with prisoners and has: 1) engages in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution; 2) been convicted of engaging in, attempting to engage in or conspiracy to engage in sexual activity facilitated by force, overt or implied threats of force or coercion, or if the victim did not consent or was unable to consent or refuse; or 3) been civilly or administratively adjudicated to have engaged in the activity described in number 2 above. The directive further states that falsification or omissions of any information given by an applicant for employment during employment screening may result in removal from employment consideration and if discovered after hire, may result in termination of employment. The HR Director reported that if an individual does not report a misconduct or provides false information on the pre-employment screening and it is discovered that individual would be suspended pending and investigation and may be terminated depending on the findings of the investigation. Central Michigan Correctional Facility is compliant with provision g. of this standard.

115.17 (h)

Central Michigan Correctional Facility provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom that employee has applied to work. This auditor reviewed communications between Central Michigan Correctional Facility and other institutional employers. The Human Resources Director provided the auditors with a sample investigative request for employment from another agency to indicate that MDOC does respond to the requests. The Director also showed the auditors the "Director Approval Inquiry," which is an electronic database in which Human Resources can search an individuals name to see if they were previously terminated, or resigned pending discipline. The Human Resources Director stated that this system ensures that they do not rehire individuals who previously were terminated or left prior to discipline and it also allows them to search employees when receiving inquiries from other institutional employers. The Human Resources Director also noted that any volunteer or contractor who was terminated access from the facility due to sexual abuse or sexual harassment of a prisoner are banned from all MDOC facilities. Central Office maintains a listing of all volunteers and contractors who are not to be allowed access to any MDOC facility. Central Michigan Correctional Facility substantially

exceeds the requirement of provision h. of this standard.

This auditor finds that Central Michigan Correctional Facility exceeds this standard. Background checks are conducted annually on all volunteers and contractors, every three years on all employees of MDOC which exceeds the five year standard requirement. The interview with the Human Resources Director evidenced the exceeding commitment Michigan Department of Corrections has to ensure that individuals who were terminated due to sexual abuse or harassment of prisoners are not given access to the facilities under their jurisdiction whether it be MDOC employees or contractors and volunteers.

115.18	Upgrades to facilities and technologies
	Auditor Overall Determination: Exceeds Standard
	Auditor Discussion
	<p>115.8 (a)</p> <p>Michigan Department of Corrections PREA Manual states that when designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, consideration must be made regarding the effect of the design, acquisition, expansion or modification upon the Department's ability to protect prisoners from sexual abuse.</p> <p>Central Michigan Correctional Facility did not design or acquire any new facilities or plan any substantial expansions or modifications of the existing facility since the last PREA Audit in June 2015. The Warden confirmed this during an interviewed conducted during the on-site phase of the audit. The Agency Head designee noted that when designing, acquiring, or planning substantial modifications to facilities the Department considers minimizing blind spots, cross-gender viewing, and camera placement. The Agency Head designee stated that the PREA Unit Staff (PREA Analysts) work with facility staff to ensure that any modifications to facilities are in compliance with PREA Standards and will positively impact the facility's ability to protect inmates from sexual abuse. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.18 (b)</p> <p>Michigan Department of Corrections PREA Manual states that when installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the Department's ability to protect prisoners from sexual abuse shall be considered. The Agency Head designee reported that the Department utilizes monitoring technology to enhance the protection of inmates from incidents of sexual abuse through the use of round readers to ensure rounds are being completed in specific areas (placement of the buttons for the round reader system are strategically placed to ensure thorough rounds are conducted); cameras and mirrors to minimize blind spots and to record areas to better investigate allegations; the new camera technology which allows for better privacy in areas where an inmate may be showering or using the toilet (the system allows for the digital obscuring of specific portions of those areas); and Taser recording devices.</p> <p>Central Michigan Correctional Facility updated their camera system in 2016. For all projects a form CAH-135 Project Review and Approval form must be submitted and PREA consideration is notated as a requirement. This auditor was provided with a memo dated 9/30/2016 requesting approval of the project with CAH-135 form attached. The system upgrade was for video management and perimeter surveillance enhancement. The PREA Coordinator shared additional documentation of meeting minutes, which he was included in all meetings regarding the camera system upgrade. The Warden stated that the new video monitoring system brought the facility up to 353 current cameras, which allows for an increased ability for the facility to protect inmates from sexual abuse due to the reduction in blind spots and increasing the camera coverage throughout the facility. Central Michigan Correctional Facility demonstrated the consideration of protecting inmates from sexual abuse by strategically placing cameras in their freezers, which is a location frequently identified as an area of concern based on statewide reports of sexual abuse. While on-site the auditors reviewed the</p>

camera system. The system provides the ability to zoom in and out, 360 views, and provides significant camera coverage throughout the property and its various buildings. The auditors were provided access to the camera system during the on-site audit tour. The system is advanced and allows for zooming capability, 360 degree viewing, and provides a significant amount of camera coverage to all areas of the facility and property, while still providing privacy for inmates to shower, change clothing, and use the bathrooms. Central Michigan Correctional Facility substantially exceeds the requirement of provision b. of this standard.

This auditor finds that Central Michigan Correctional Facility exceeds this standard as evidenced by the use of data regarding sexual abuse substantiated allegations statewide to determine placement of cameras in areas where incidents frequently occurred. The placement of cameras was well thought out in regards to minimizing blind spots and ensuring bathrooms and showers allowed for privacy to shower, toilet, and change clothing. Four temporary holding cells at the facility had cameras which had the area near the toilet blacked out to ensure the inmates had privacy while using the toilet.

115.21	Evidence protocol and forensic medical examinations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.21 (a) The Michigan Department of Corrections (MDOC) Crime Scene Management and Preservation Manual was reviewed by this auditor. The manual educates on scientific evidence, protecting evidence, crime scene management, outdoor crime scenes, and responsibilities of first responders. A crime scene preservation checklist is included in this manual which lists step-by-step instructions to managing and maintaining a crime scene. Twenty-six random staff were interviewed during the on-site phase of the audit, the sampling consisted of staff from all three shifts. Staff reported that they understand the MDOC's protocol for obtaining usable physical evidence if an inmate alleges sexual abuse. The staff reported that they would utilize the appropriate paper evidence bags, not allow the inmates involved to shower or change clothing, secure the crime scene, collect and secure evidence, collect bedding, and notify supervisor immediately. This auditor reviewed 10 investigation files while on-site and confirms that evidence is collected in the form of video, photographs, interviews, and biological evidence was evidenced as being collected as part of the sexual assault examination at the hospital as per reports from the hospital. Staff interviewed all reported to know who is responsible for conducting sexual abuse investigations. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.21 (b) Central Michigan Correctional Facility does not house youthful offenders as evidenced by a review of inmate rosters and observations made during the on-site audit phase. The Crime Scene Management and Preservation Manual used by the Michigan Department of Corrections is based off of US Army Investigation protocols and Michigan State Police guidance. This protocol is an alternative source to the Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents. The protocol is in line with the Michigan State Police criminal investigation procedures for sexual assaults which meets all criteria as an appropriate protocol. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.21 (c) As per the Michigan Department of Corrections PREA Manual and Policy Directive 03.04.100, "Health Services" a prisoner who is alleged to have been sexually abused less than 96 hours previously and where forensic evidence may be present, shall be transported to a local hospital for a forensic medical examination performed by a SAFE or SANE where possible or if unavailable a qualified medical practitioner. As per policy, there will be no financial cost to the prisoner for this examination. A memo dated March 12, 2019 was provided to this auditor from the Inspector regarding SANE/SAFE examinations. The memo indicates that all prisoners alleging to have been a victim of sexual assault, shall be transported to Lansing Sparrow Hospital-Emergency Room for a forensic examination within 96 hours of the alleged complaint. In the last twelve months Central Michigan Correctional Facility reports having one forensic medical examination conducted and it is reported to have been conducted by a SANE/SAFE. This auditor interviewed two SAFE/SANE nurses from Lansing Sparrow Hospital</p>

Emergency Department. Both SAFE/SANE's reported that if a SAFE or SANE is not available to conduct a forensic medical examination the ER Physician would assume the responsibility. They also confirmed that the hospital conducts forensic medical examinations for Central Michigan Correctional Facility. A review of the one investigation file in which an inmate was sent for a sexual assault forensic examination shows via emails and the checklist that the inmate was examined by a SANE/SAFE. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.21 (d)

The Michigan Department of Corrections PREA Manual states that the Department shall make available a victim advocate from a rape crisis center, which is not part of the criminal justice system. If a victim advocate from a rape crisis center is unavailable the facility shall make available a properly trained advocate. A memo was provided to this auditor dated November 28, 2016 regarding victim advocates. The memo indicates that the Department will utilize the following avenues to locate a victim advocate, in the following order, 1) local rape crisis center, 2) hospital at which the offender will be transported, 3) facility's medical and/or mental health staff, 4) on shift facility staff who have volunteered to be a victim advocate, and 5) off shift facility staff who have volunteered to be a victim advocate. The memo further states that all victim advocate volunteers and medical and mental health care staff must complete the computer based training for victim advocates. The auditor was provided a training log indicating that twenty-nine (29) Central Michigan Correctional Facility staff have completed Victim Advocate Training. The PREA Coordinator (PCM) indicated in his interview that if requested by victims, a victim advocate is made available during the forensic medical examination process and investigatory interviews. As per the PREA Coordinator the facility also makes available on-going support through an MOU with Just Detention International (JDI). An interview was conducted with JDI's Operations Director in which she explained that emotional support services are provided via a hotline by JDI counselors who are trained to provide trauma informed counseling services and provide coping mechanisms. The Operations Director further stated that the counselors provide crisis intervention and legal referral information as needed. Five inmates who reported sexual abuse while incarcerated at Central Michigan Correctional Facility were interviewed and all stated that they did not need a victim advocate. The investigation file for the inmate who received a sexual assault forensic examination at the hospital was reviewed by this auditor. Documentation is in the file noting the individual was offered a victim advocate and declined services. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.21 (e)

The Michigan Department of Corrections PREA Manual outlines the role of the victim advocate. The advocate, at the request of the victim, is to accompany and support the victim through the forensic medical examination and investigatory interviews. The advocate is to provide emotional support, crisis intervention, information, and referrals. MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that the Department shall attempt to make available a victim advocate from rape crisis centers, which are not part of the criminal justice system, that provide counseling and confidentiality to prisoner victims. The policy directive further states that if a victim advocate from a rape crisis center is not available to provide victim advocate services, the facility shall make available to the prisoner a properly trained advocate from the hospital which the prisoner is being transported to, the facility medical or mental health staff, and on-shift or off-shift facility staff

who are trained victim advocates. As per the facility PREA Coordinator there are no rape crisis centers in the area that provide advocate services for prisoners. Staff members have been screened to ensure they are appropriate to act as victim advocates and have completed education and training to become victim advocates. This auditor was provided with a list of all staff trained to be victim advocates as well as a copy of the training log indicating that they have completed the required training. If and when a rape crisis center may provide victim advocates to the area the PREA Coordinator stated that he would contact them to ensure the individual serving as an advocate has received the appropriate education and training concerning sexual assault issues. Central Michigan Correctional Facility is compliant with provision e. of this standard.

115.21 (f) (g)

Michigan State Police investigate all allegations of sexual abuse for the Michigan Department of Corrections. A letter from Michigan State Police dated September 30, 2015 states that the Michigan State Police will follow all applicable standards involving victim services and investigations as per the PREA Standards. An interview conducted with the MSP Trooper assigned to Central Michigan Correctional Facility confirms that victim services are offered and investigations are conducted as per the PREA Standards. Central Michigan Correctional Facility is compliant with provisions f. and g. of this standard.

115.21 (h)

All staff who are trained as victim advocates have received specialized computer based training. The training consists of fourteen courses provided by the Office for Victims of Crime, Training, and Technical Assistance Center. The core competencies include advocacy, assessing needs, communication skills, collaboration, confidentiality, conflict management, crisis intervention, culture, diversity, inclusivity, documentation, problem solving, referrals, self-care, trauma-informed care and incarcerated victims of sexual violence. Training logs were provided indicating that the facility employees trained as victim advocates successfully completed their training. All community providers such as SAFE/SANE and victim advocates in the community, are educated and trained as per their perspective medical facility's or agency/organization requirements. Central Michigan Correctional Facility is compliant with provision h. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.22	Policies to ensure referrals of allegations for investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.22 (a)</p> <p>The Department's PREA Manual indicates that all sexual abuse and sexual harassment investigations will be entered into the computerized investigation database and handled appropriately. The manual states that a thorough investigation shall be completed regardless of whether the alleged abuser departs from Department employment, the victim departs from the facility or the department. Michigan Department of Corrections Policy Directive 01.01.140 "Internal Affairs" outlines the investigatory process for all allegations of employee misconduct, policy directive 01.01.140 is in compliance with the Department's PREA Manual. Central Michigan Correctional Facility reports that during the past twelve months there were 40 allegations of sexual abuse and sexual harassment, all of which were referred for an administrative and criminal investigation. All 40 investigations were reported as being completed at the time of the on-site audit. The Agency Head designee reported during his interview that the agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse or sexual harassment as per Policy Directive 03.03.140 and the PREA Manual. The designee reported that all investigations are processed through MDOC Internal Affairs. Following an allegation the report is forwarded to the Warden and PREA Coordinator at the facility where information is entered into the database. Internal Affairs then determines the level of investigation. If it is criminal it is referred to the Michigan State Police (MSP). The investigator is assigned and interviews the victim, suspect, and witnesses, gathers evidence, and writes a report describing the investigation and reasons for conclusion based on a preponderance of evidence. The victim is always notified of the outcome. If the allegation is substantiated discipline is conducted. Within thirty days of the conclusion of an investigation of sexual abuse or sexual harassment a meeting is held to determine potential concerns that may have contributed to possible abuse, unless the investigation resulted in an unfounded finding. This auditor reviewed ten random investigation files while on-site and notes that all investigations were completed. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.22 (b)(c)</p> <p>As per the PREA Manual and policy directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" all criminal investigations will be referred to the Michigan State Police. Interviews conducted with specialized PREA Investigators confirm that all allegations which may be criminal are referred to Michigan State Police. Both policy directive 01.01.140 "Internal Affairs" and 03.03.140 is published on the Michigan Department of Corrections website. All investigation documents, including referrals are entered into the Michigan Department of Corrections Investigation Database. Three investigative staff were interviewed during the on-site audit phase. All investigators interviewed state that the Department policy requires that all allegations of sexual abuse or sexual harassment be referred to an agency with the legal authority to conduct criminal investigations. All three investigators confirmed that the Inspector/PREA Coordinator works very closely with Michigan State Police (MSP) and notifies the Trooper assigned to the facility of all PREA related allegations that may be criminal in nature. This auditor was able to meet with and interview the MSP Trooper while on-site. The Trooper further confirmed that he reviews all allegations to determine if they should be</p>

criminally investigated. The Trooper also reported that he is regularly at the facility and he communicates with the Inspectors at the facility almost daily. Ten investigation files were reviewed by this auditor while on-site, all files contain a referral to MSP with a response from the Trooper via email regarding whether MSP would like to pursue a criminal investigation. Central Michigan Correctional Facility is compliant with provisions b. and c. of this standard.

115.22 (d)

The Michigan Department of Corrections PREA Manual states that any state entity responsible for conducting administrative or criminal investigations of sexual abuse or sexual harassment in prisons or jails shall have in place a policy governing the conduct of such investigations. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds Central Michigan Correctional Facility compliant with all provisions of this standard.

115.31	Employee training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.31 (a)</p> <p>The Michigan Department of Corrections PREA Manual states that all staff who may have contact with inmates shall receive PREA training which will include the Department's zero tolerance policy for sexual abuse and sexual harassment of prisoners; staff responsibilities related to prevention, detection, reporting, and response; prisoner's right to be free from sexual abuse and sexual harassment; the right of prisoners and staff to be free from retaliation for reporting sexual abuse and sexual harassment; the dynamics of sexual abuse and sexual harassment in confinement; common reactions of sexual harassment and sexual abuse victims; how to detect and respond to signs of threatened or actual sexual abuse; how to avoid inappropriate relationships with prisoners; how to communicate effectively and professionally with prisoners including lesbian, gay, bisexual, transgender, intersex or gender non-conforming prisoners; and how to comply with mandatory reporting laws related to sexual abuse. The training curricula was reviewed by the auditors. The training is computer based and consists of two modules. The first module gives an introduction and overview of PREA, definitions, the Zero Tolerance policy, right of inmates to be free from sexual abuse and sexual harassment, retaliation prohibition, the dynamics of sexual abuse and sexual harassment in confinement, and the common reactions of sexual abuse and sexual harassment victims. The second module provides training on how to detect and respond to signs of sexual abuse and sexual harassment, reporting, inappropriate relationships, communicating with victims of sexual abuse and sexual harassment, and cross-gender viewing and searches. Twenty-six random staff were interviewed during the on-site phase of this audit and all twenty-six reported receiving training in the aforementioned topics regarding PREA. Staff interviewed report receiving this training in-person and computer based. Certain elements of the training are included in the PA 415 Mandatory Training for Correctional Officers and all staff receive the annual computer based refresher training. A new employee interviewed reported that she received the training while at the academy. This auditor interviewed the Training Sergeant while on-site and he explained that all Correctional Officers must complete forty hours of mandatory training per calendar year. If the training is not completed they will be considered "decertified" and not be able to enter the facility. The Training Sergeant explained that he is responsible to monitor and coordinate training for MDOC employees, practitioners are trained by the company they work for (if contracted) and those companies provide the training completion records to him to enter into the TAD system. Training logs were reviewed by the auditors which indicate all staff who may have contact with inmates completed the training. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.31 (b)</p> <p>PREA Training is provided specific to the facility annually. Central Michigan Correctional Facility only houses male offenders, therefore training is tailored to that population. If the employee is reassigned to another Michigan Department of Corrections facility which houses females, as per the Department's PREA Manual, that employee would receive training tailored to the female population. This auditor was provided with and reviewed the training specific to those working with female inmates as well as the training provided to the staff at Central</p>

Michigan Correctional Facility, which only houses male inmates. This auditor verifies that the training is tailored to the gender of the population which is applicable to the facility. Central Michigan Correctional Facility is compliant with provision b. of this standard.

115.31 (c)

As per the Department's PREA Manual, each employee shall receive a refresher training every two years. In years in which an employee does not receive a refresher training, the Department will provide refresher information on current sexual abuse and sexual harassment policies. This auditor reviewed training records and notes that all 435 employees of Central Michigan Correctional Facility have received training required by this standard. The Training Sergeant reported that if staff does not complete the required training the Learning Management System will send him an alert. This assures that all staff complete the required training as per the standard. Staff report receiving PREA Training annually. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.31 (d)

PREA Training is computer based and record is kept electronically in a TAD system. The computer based training has a quiz which must be completed to indicate that employees understand the information provided. Training sheets can also be submitted which include the employee signature and indicate that the training was completed and the employee understands the information. The Employee Handbook also requires employees to sign that they received and understand the work rules of the Michigan Department of Corrections. As per the Human Resources Director, all staff employed by MDOC are required to sign this and it is maintained in their employee file. This auditor reviewed employee files during the on-site tour and noted that these signed acknowledgements were in the files. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.32	Volunteer and contractor training
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.32 (a) The Michigan Department of Corrections PREA Manual states that all volunteers, contractors, and their staff who have contact with prisoners shall be trained regarding their responsibilities and obligations under the Department's PREA policies and procedures. The Central Michigan Correctional Facility reported that 264 volunteers and individual contractors who have contact with inmates, were trained on agency policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response. Three contractors were interviewed during the on-site audit. All three contractors report that they received training on their responsibilities regarding sexual abuse and sexual harassment prevention, detection, and response per the Department's policy and procedure. All contractors stated that they received an orientation package which contained the Department's policies and procedures regarding PREA and they had to sign that they read and understood the information. This auditor was provided with and reviewed logs indicating that the training was provided to the volunteers and contractors. The Chaplain reviewed the documentation he maintains to ensure that all training is conducted for volunteers and contractors and the appropriate signatures are received indicating that they have received the training and understand it. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.32 (b) As per the Department's PREA Manual all volunteers and contractors who have contact with inmates will receive training regarding their responsibilities and obligations under the Department's PREA policies and procedures. The level and type of training provided is based on the level of contact with prisoners they have and the services they provide. As per policy directive 03.02.105 "Volunteer Services and Programs," before providing volunteer services, each approved volunteer shall be provided information and receive an orientation by the Volunteer Program Coordinator. As part of the orientation volunteers and contractors who have contact with inmates, shall be trained on their responsibilities under the Department's sexual abuse and sexual harassment prevention, detection, and response policies and procedures. Logs were provided to and reviewed by this auditor indicating that all volunteers and contractors have received the required PREA training. All three contractors interviewed report that they received the training via an orientation manual which contained the policies regarding PREA. The contractors interviewed were aware of the agency's zero-tolerance policy on sexual abuse and sexual harassment and they were aware of how to report such incidents. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.32 (c) As per the Department's PREA Manual and policy directive 03.02.105, training records for volunteers and contractors must be maintained by the facility. Contractors and volunteers submit training sheets indicating that they have received and understand the training provided regarding PREA policies. The volunteer orientation requires that the volunteer or contractor sign-off that they understand the policies and procedures in which they were provided training for which includes the sexual abuse and sexual harassment policies and procedures. This auditor interviewed the Chaplain while on-site. The Chaplain is responsible for coordinating all</p>

of the facility volunteers. The Chaplain reported that he coordinates approximately 120 volunteers for the Central Michigan Correctional Facility. The Chaplain is responsible for ensuring all volunteers complete the required initial PREA training and submit their signed understanding and acknowledgement. This auditor was provided with six volunteer and contractor training records which includes the signed acknowledgement and understanding of PREA and the facility regulations in which they must abide. Central Michigan Correctional Facility is compliant with provision c. of this standard.

This auditor finds that Central Michigan Correctional Facility is in compliance with all provisions of this standard.

115.33	Inmate education
Auditor Overall Determination: Meets Standard	
Auditor Discussion	
<p>115.33 (a) Michigan Department of Corrections' policy directives 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners," 04.01.105 "Reception Facility Services," 04.01.140 "Prisoner Orientation" and the Department's PREA Manual, which were reviewed by this auditor address the standard's requirements to train inmates during the intake process regarding the agency's zero-tolerance policy, how to report sexual abuse and sexual harassment, as well as available services. Central Michigan Correctional Facility reported that in the last twelve months 2,152 inmates were admitted to the facility and provided with information on the agency's zero-tolerance policy and how to report sexual abuse and sexual harassment. During the facility tour the auditors reviewed random inmate files to ensure that documentation of PREA training was on file. The auditors interviewed the Classification Directors during the tour regarding intakes. The Coordinators report that all inmates receive PREA Education at the reception facility prior to coming to Central Michigan Correctional Facility. Upon intake at Central Michigan Correctional Facility the Classification Directors will review the file to ensure that the PREA Education has been completed, if it has not they will provide the education to the inmate. This auditor reviewed the Orientation Packet provided to all new inmates which contains a section on PREA. The section states the MDOC Zero Tolerance Policy for prisoner sexual abuse and sexual harassment, reporting information, and prevention information. Twenty-six randomly selected inmates were interviewed as part of the on-site audit. All inmates reported receiving PREA education at the time of intake, or later if they were admitted to the Department of Corrections prior to the passing of the PREA Standards. Inmates were informally interviewed throughout the facility tour and all inmates who were asked about reporting methods showed a clear understanding of the various ways they can report an incident of sexual abuse or sexual harassment. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.33 (b) The Central Michigan Correctional Facility reports that 2,006 inmates received comprehensive education on their right to be free from both sexual abuse and sexual harassment and retaliation for reporting such incidents and on agency policies and procedures for responding to such incidents. Michigan Department of Corrections' Policy Directive 04.01.140 "Prisoner Orientation" states that orientation shall be provided to prisoners within one week after arrival at the facility. The Classification Directors interviewed report that inmates are seen within one week after arrival at the facility and provided any necessary training. Twenty-five of the twenty-six inmates interviewed report receiving comprehensive PREA education within one week of their arrival at the MDOC reception facility and when they came to Central Michigan Correctional Facility they received additional information specific to the facility within one week. Random inmate files were reviewed during the on-site audit phase to ensure that documentation of inmate education was present in each file. All files reviewed contained documentation indicating that inmate education was completed. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.33 (c)</p>	

As per the Department's PREA Manual all prisoners shall receive education to the extent that policies and procedures of the prisoner's new facility differ from those of the previous facility. As per the Classification Directors inmates receive PREA Education at the reception center and then receive the prisoner orientation handbook with the facility specific PREA information when they arrive at Central Michigan Correctional Facility. This auditor reviewed random inmate files during the on-site facility tour and noted that all files reviewed contained the PREA Prisoner Education Verification form, which signifies that the training was completed and the inmate understands. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.33 (d)

The Michigan Department of Corrections publishes written educational materials, such as the PREA brochure, PREA posters and Prisoner Guidebook in both English and Spanish. The Department has a braille version of the PREA brochure available for visually impaired inmates. The PREA video, Taking Action, has been closed captioned for the deaf and hard of hearing population. Each facility within the agency is responsible for maintaining an interpretation service contract for communication purposes as per the memo dated July 20, 2015. MDOC PREA Manual states that prisoner education shall be provided in formats accessible to all prisoners, including those who are limited English proficient, deaf, visually impaired or otherwise disabled, as well as prisoners with limited reading skills. This auditor reviewed inmate education materials in both English and Spanish and the auditors confirmed that the language line is operable and the contract is valid while on-site. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.33 (e)

As per the Department's PREA Manual the Department shall maintain documentation of inmate education in the prisoner's counselor's file via the CAJ-1036, PREA Prisoner Education Verification form. This auditor reviewed a random sampling of inmate files during the on-site facility tour and verified that all files reviewed contained the Prisoner PREA Education Verification form. Central Michigan Correctional Facility is compliant with provision e. of this standard.

115.33 (f)

The Department's PREA Manual and policy directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that prisoner education shall be provided in formats accessible to all prisoners. The PREA Manual notes that copies of the Department's PREA Policy (03.03.140), the Inmate's Handbook "An End to Silence" is available to prisoners at facility libraries. Copies can be provided to prisoners upon request. The Department publishes posters that contain record of the agency's zero-tolerance policy and methods to report allegations of sexual abuse and sexual harassment. Inmates receive a tri-fold PREA brochure that is published in both English and Spanish, during the intake process. This auditor notes that throughout the facility tour observations were made to verify that posters and other training materials are available in English, Spanish, and braille. While on-site the audit team tested the language line to ensure the account was active. Central Michigan Correctional Facility is compliant with provision f. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of

this standard.

115.34	Specialized training: Investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.34 (a) Michigan Department of Corrections PREA Manual and policy directive 03.03.140 states that investigations of sexual abuse and sexual harassment shall be completed by staff who have received specialized investigator training which includes techniques for interviewing victims of sexual abuse, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. Training records were reviewed indicating that thirteen staff are trained in conducting PREA investigations. The Michigan Department of Corrections requires all specialized PREA Investigators to receive the Basic Investigator Training and the NIC PREA Investigator Training. Three investigators were interviewed during the on-site audit and all reported that they received training specific to conducting sexual abuse investigations in confinement settings by completing the Basic Investigator Training, AIM system training, and computer based NIC training specific to PREA. This auditor was provided with a list of all trained PREA Investigators. This auditor was provided with and reviewed training logs indicating that all investigators received the appropriate training. The training curriculum was provided and reviewed by this auditor for the Basic Investigator Training, AIM system training, and the NIC PREA Investigator training. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.34 (b) The Michigan Department of Corrections has a Basic Investigator Training manual that was reviewed by the auditor. This manual provides additional, specialized training for agency investigators to conduct all forms of administrative investigations, including PREA administrative investigations. This investigative course covers a PREA specific module that includes the dynamics of sexual abuse within confinement settings, interview techniques for victims of sexual abuse and also contains modules specific to the preservation of evidence, interview techniques and employee rights, such as Garrity and Miranda warnings. The evidentiary standard of preponderance of the evidence is noted within the training on administrative investigations. In addition to the Basic Investigator Training the Department also utilizes the NIC Investigator Training. All three investigators interviewed during the on-site phase of the audit report receiving all required specialized training elements outlined in this provision as part of the NIC PREA Investigator Training. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.34 (c) Central Michigan Correctional Facility maintains documentation of investigator training in the Training Automated Data (TAD) system as per the Department's PREA Manual. Thirteen (13) staff employed at the Central Michigan Correctional Facility have completed required investigator training. This auditor reviewed the training records which indicate all thirteen investigators completed the required training. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of</p>

this standard.

115.35	Specialized training: Medical and mental health care
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.35 (a) Department policy directive 02.05.100 and 02.05.101 "In-Service Training" establish procedures for ensuring staff, including contract staff, are adequately trained based on their positions within the agency. The Department's PREA Manual states that health care and mental health care staff will receive specialized training relating to sexual abuse in confinement settings. The Department has developed a training curricula specific to medical and mental health staff that was reviewed by this auditor. These materials expand upon the Basic Training Module to cover the four points required by the standards. Training materials cover the detection of sexual abuse and harassment, preservation of evidence specific to facility responsibility (forensic examinations are conducted at an outside medical provider and no evidence is collected by medical or mental health practitioners), how to respond to victims of sexual abuse and sexual harassment and facility reporting responsibilities for allegations of sexual abuse and sexual harassment. Central Michigan Correctional Facility reports that 41 medical and mental health care practitioners who work regularly at the facility received the specialized training as described above, this is 100% of the medical and mental health care practitioners. Training records were provided showing that all 41 medical and mental health care practitioners who work regularly at the facility completed the specialized training. Four medical and mental health staff were interviewed as part of the on-site audit. All four medical and mental health staff report receiving training in how to detect and assess signs of sexual abuse and sexual harassment; how to preserve physical evidence, how to respond effectively and professionally to victims of sexual abuse and sexual harassment and how and to whom to report allegations or suspicions of sexual abuse and sexual harassment. As per the interviews the training was computer based. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.35 (b) Central Michigan Correctional Facility does not provide on-site forensic examinations. All inmates in need of a forensic examination are sent to the local hospital. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.35 (c) As per Department policy, training records are kept in electronic computerized training records system for employees called TAD. All staff training completion documentation is in the TAD system as was observed during the interview with the Training Sergeant and training completion logs sent to this auditor in the pre- on-site audit phase. As per the Training Sergeant contracted practitioners are provided training through their company. Once complete the Training Sergeant is provided with the information and it is entered into the TAD system. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.35 (d) The Department's training curricula specific to medical and mental health staff which was reviewed by the auditor, covers all areas required by the standard. The training is an expansion of the basic PREA training incorporating the specialized training topics for medical</p>

and mental health care staff. Staff must complete the basic PREA training prior to accessing the specialized training modules. All contracted and volunteer medical and mental health care practitioners must also receive the specialized training as per the PREA Manual. Training logs were provided and reviewed by this auditor indicating that all medical and mental health staff have received the specialized training. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.41	Screening for risk of victimization and abusiveness
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.41 (a)</p> <p>As per the PREA Manual, PREA Risk Assessment Manual, and policy directive 03.03.140 a PREA Risk Assessment shall be completed within 72 hours of the inmate's arrival at a correctional facility, this includes transfers. During the facility tour the auditor conducted informal interviews with counselors (staff responsible for risk screening) and three counselors were formally interviewed the counselors interviewed report that they screen inmates upon admission to the facility for risk of sexual abuse victimization or sexual abusiveness toward other inmates. Of the thirty-eight random inmate interviews conducted during the on-site audit phase, only fourteen of them entered the facility within the last twelve months, seven of those inmates reported that they were asked questions regarding their history of sexual abuse, sexual orientation, gender identity, or feelings regarding risk of sexual abuse, and they reported these questions were asked within one to three days. The other seven inmates reported that they were not asked such questions. This auditor was unable to surely determine compliance with this provision of the standard. The PREA Analyst developed a training which is scheduled to be conducted with all counselors who are responsible to complete the risk screening. The training will address that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. This auditor received confirmation of the training on April 26, 2019 via email. The training was held on April 23, 2019. The training was attended by all counselors as evidenced by the individual Training Program Report provided to this auditor and meeting minutes. The refresher training was conducted by the PREA Coordinator and was provided to the counselors, and unit managers. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed; 3) confidentiality, 4) notification requirements, 5) referrals. Additional corrective action will include follow-up interviews with staff who conduct risk screenings and inmates who arrived in the facility after May 1, 2019 via telephone or video conferencing. This auditor will request an updated list of all staff who conduct risk screenings and a list of all inmates who arrived at the facility on or after May 1, 2019. Documentation will be reviewed to ensure that the assessments were entered into the system, however the documentation did not show no deficiencies, the corrective action is to verify that the risk screening is being completed face-to-face, not solely by file review.</p> <p>115.41 (b)</p> <p>The PREA Manual, PREA Risk Assessment Manual, and Policy Directive 03.03.140 dictates that risk assessments are to be conducted within 72 hours of the inmate's arrival at the facility. Central Michigan Correctional Facility reported in the Pre Audit Questionnaire (PAQ) that 2,146 inmates entered the facility within the last twelve months whose length of stay was 72 hours or more, all were screened for risk of sexual victimization or risk of sexually abusing other inmates, within 72 hours of entry into the facility. All staff responsible for performing risk screening interviewed formally and informally throughout the facility tour report conducting the risk screening within 72 hours of the inmates arrival to the facility. As with provision a. of this</p>

standard inmate interviews revealed that seven of the inmates interviewed do not recall having a risk screening completed upon arrival at the facility. The auditor reviewed the facility's PREA Tracker which is an Excel spreadsheet indicating the inmate, date of arrival, prisoner education, 72 hour risk assessment date, 30 day risk assessment date, referral information. This auditor also reviewed the electronic system in which assessments are done to confirm that they are being entered into the electronic system. All random files reviewed during the on-site facility tour indicate that all inmates are having the assessments completed at 72 hours and 30 days. The documentation exists that the assessments are being conducted, but the counselors and the inmates confirm that the assessments are not always done face-to-face as intended by the standard. In response to the interview results the PREA Analyst developed a training which is scheduled to be conducted with all counselors who are responsible to complete the risk screening. The training will address that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. A copy of the training was provided to this auditor. This auditor received confirmation that this training was completed on April 26, 2019. The training was held on April 23, 2019. The training was attended by all counselors as evidenced by the individual Training Program Report provided to this auditor and meeting minutes. The refresher training was conducted by the PREA Coordinator and was provided to the counselors, and unit managers. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed; 3) confidentiality, 4) notification requirements, 5) referrals. Additional corrective action will include follow-up interviews with staff who conduct risk assessments and inmates who were admitted to the facility after May 1, 2019 via telephone or video conferencing.

115.41 (c)

Central Michigan Correctional Facility utilizes a PREA Risk Assessment Worksheet that was reviewed by this auditor and determined to meet objective criteria as required by the standard. The assessment is an objective set of instruments that measures both an inmate's risk of victimization and risk for predatory behavior. The tool contains all the required elements of enumerated within provision d. of this standard with the exception of whether the inmate is being held solely for civil immigration purposes, Central Michigan Correctional Facility does not house inmates solely for civil immigration purposes. The intake screening considers the following criteria as set forth in provision d. of the standard: 1) whether the inmate has a mental, physical, or developmental disability; 2) the inmate's age; 3) physical build of the inmate; 4) whether the inmate has previously been incarcerated; 5) whether the inmate's criminal history is exclusively non-violent; 6) whether the inmate has prior convictions for sex offenses against an adult or child; 7) whether the inmate is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender non-conforming; 8) whether the inmate has previously experienced sexual victimization; and 9) the inmate's own perception of vulnerability. The tool generates a numerical score based on weighted factors to determine an inmate's classification as either an Aggressor, Potential Aggressor, No Score, Potential Victim or Victim. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.41 (d)

The intake screening tool utilized by Central Michigan Correctional Facility and provided to this auditor for review considers the following criteria to assess inmates for risk of victimization,

mental, physical, or developmental disability; age; physical build; has the inmate been incarcerated previously; is the inmate's criminal history exclusively nonviolent; any prior convictions for sex offenses; perception of being gay, lesbian, bisexual, transgender, intersex, or gender nonconforming; previous sexual victimization; inmate's own perception of vulnerability; and if the inmate is detained solely for civil immigration purposes. All three counselors who are responsible for performing screening for risk of victimization and abusiveness interviewed reported that the risk assessment tool utilized considers disabilities, age, physical build, previous incarcerations, criminal history, perceived sexual orientation, previous sexual victimization, perception of vulnerability, and whether detention is related to civil immigration. The risk screening is conducted utilizing the OMNI Electronic Record System. Two of the three counselors interviewed report doing the assessment in-person, one reports that they utilize the file or do an in-person assessment. The determination to do an in-person assessment versus a file review is contingent on the information available in the file. This auditor finds that practice to be not in compliance with the standard. Screenings should be conducted in-person so that the inmate's own perceptions and self reports can be incorporated into the assessment as required by the standard. The PREA Analyst incorporated this into the training. The PREA Analyst developed a training which is scheduled to be conducted with all counselors who are responsible to complete the risk screening. The training will address that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. The training was held on April 23, 2019 and was attended by all counselors as evidenced by the individual Training Program Report provided to this auditor and meeting minutes. The refresher training was conducted by the PREA Coordinator and was provided to the counselors, and unit managers. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed; 3) confidentiality, 4) notification requirements, 5) referrals. Additional corrective action will include follow-up interviews with staff and inmates via telephone or video conferencing.

115.41 (e)

Review of the risk assessment tool and the PREA Risk Assessment Manual indicates that the following is considered when assessing inmates for risk of being sexually abusive: prior acts of sexual abuse; prior convictions for violent offenses; and history of prior institutional violence or sexual abuse. The PREA Risk Assessment Manual's reference to documented history of sexual abuse, violent convictions and a history of institutional violence (including sexual) demonstrates that the risk factors enumerated under this provision of the standard is adequately inclusive of both convictions and known institutional behavior. Interviews conducted with staff responsible for risk assessments, reflect that the assessment includes the considerations as set forth in the standard. The staff who conduct assessments who were interviewed formally and informally during the on-site phase of the audit, report that they gather the information for the assessment from the inmate and a review of the inmate file. The electronic system scores the assessment based off of the answers provided. Central Michigan Correctional Facility is compliant with provision e. of this standard.

115.41 (f)

The Department's PREA Manual and the PREA Risk Assessment Manual, which were

reviewed by the auditor, clearly specify applicable time frames for assessment completion. The initial assessment is to be conducted within 72 hours of the inmates arrival into the facility, a 30 day assessment is to be completed within 30 days of the inmates arrival at the facility, and an annual assessment is to be completed. The facility's reassessment process consists of three questions, two of which are certification by the assessor that the original victim and aggressor instruments are accurate. The assessor is to review the prior assessment with the inmate to ensure that the answers are still the same. Central Michigan Correctional Facility reports that in the last twelve months 2,006 inmates, whose length of stay was more than thirty days, received a 30 day reassessment of risk. All counselors interviewed report that risk levels are reassessed within thirty days of the inmates arrival. None of the inmates interviewed who had entered the facility within the last twelve months reported receiving an assessment following the initial assessments received. Inmates were prompted by asking if they were asked questions regarding their sexual abuse history, gender identity, and thoughts of being in danger of sexual abuse while incarcerated. This reassessment of inmate risk is a three question assessment which reviews the initial assessment to make adjustments for any new information received or account for any changes which may have occurred since the inmates arrival. Counselors stated that they do meet with the inmates and have an informal conversation regarding their adjustment, but they do not specifically ask the questions. They complete the assessment based off of a thorough review of the inmate file and note any changes the inmate may have brought up since his arrival. This practice does not meet the standard. Inmates should be assessed in a face-to-face interview, during which the specific questions should be asked to incorporate self reports of past victimization and self-perceptions. In response to this finding the PREA Analyst developed a training which is scheduled to be conducted with all counselors who are responsible to complete the risk screening. The training will address that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days. A copy of the training was provided to this auditor. The training was held on April 23, 2019. The training was attended by all counselors as evidenced by the individual Training Program Report provided to this auditor and meeting minutes. The refresher training was conducted by the PREA Coordinator and was provided to the counselors, and unit managers. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed; 3) confidentiality, 4) notification requirements, 5) referrals. Additional corrective action will include follow-up interviews with staff and inmates via telephone or video conferencing. During the facility tour several counselors were informally interviewed and report that the reassessments are done as close to thirty days as possible but never more than thirty days, to allow for an adjustment period for the inmate. Several counselors reported that the 30 day reassessment is on average conducted within 20 to 25 days. The PREA Coordinator reported that there were some issues with the 30 day assessments not being completed within the 30 days, staff were counseled and a new PREA Risk Tracker was developed which sends out automated email reminders to the counselors. A review of the PREA Risk Tracker log indicates that many 30 day assessments were conducted after the 30 days from January 2018 to August 2018. This auditor did not identify any late 30 day assessments after September 2018 on the PREA Tracker Log. Follow up interviews will be conducted regarding face to face risk assessments being conducted during a corrective action period.

115.41 (g)

The Department's PREA Manual and policy directive 03.03.140 states that PREA Risk Assessments will be done within 72 hours and 30 days of the prisoner's arrival at a correctional facility, if it has been twelve months since the last review, and whenever warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that may increase the prisoner's risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. All counselors interviewed report that reassessment of risk level is conducted as needed due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the inmate's risk of sexual victimization or abusiveness. As per the 38 random inmate interviews, none of the inmates report receiving an assessment following the initial assessment. Counselors report that they meet with the inmates and conduct the reassessment utilizing the assessment tool and their knowledge of the reason for the reassessment. Central Michigan Correctional Facility is not compliant with provision g. of this standard. As with provisions a. b. d. and f of this standard corrective action is in process. The PREA Analyst developed a training which was scheduled to be conducted with all counselors who are responsible to complete the risk screening. The training addresses that the risk assessments must be completed face-to-face with the inmate upon entry within 72 hours and within 30 days or upon referral, request, incident of sexual abuse, or receipt of additional information that may increase the prisoner's risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. A copy of the training was provided to this auditor. The training was held on April 23, 2019 and was attended by all counselors as evidenced by the individual Training Program Report provided to this auditor and meeting minutes. The refresher training was conducted by the PREA Coordinator and was provided to the counselors, and unit managers. The training lasted approximately one hour and covered the following topics: 1) review of the inmate file and removal of the risk assessment sheets in present, and ensuring the PREA Education is completed; 2) risk assessment screening noting that the prisoner must be interviewed; 3) confidentiality, 4) notification requirements, 5) referrals. Additional corrective action will include follow-up interviews with staff and inmates via telephone or video conferencing.

115.41 (h)

The Department's PREA Manual, which was reviewed by this auditor, specifically states "Prisoners may not be disciplined for refusing to answer or not disclosing complete information in response to questions relating to mental, physical, or developmental disabilities, whether they are, or are perceived to be, gay, lesbian, bisexual, transgender, intersex, or gender nonconforming, previous victimization, or their own perception of vulnerability." All three counselors interviewed who are responsible for risk screening report that inmates are not discipline in any way for refusing to respond to any questions included in the risk assessment. Central Michigan Correctional Facility is compliant with provision h. of this standard.

115.41 (i)

The PREA Manual and policy directive 03.03.140, which was reviewed by this auditor, confirms that information obtained during the risk assessment process shall be treated as confidential information and only shared with designated staff in accordance with Department policy. Risk assessment information shall not be shared with prisoners. As per the PREA Manager the Department controls who has access to an inmate's risk assessment within the facility by utilizing the OMNI system which is password protected and access is based on job. As per the PREA Coordinator

only the case manager, counselor have access to the OMNI system risk assessments. No paper copies are used or maintained in the Central Michigan Correctional Facility. Several counselors were informally interviewed throughout the tour and all confirm that they do not have paper copies. All counselors interviewed report that only specific staff have access to the assessments via the OMNI system which is password protected. During the facility tour the audit team reviewed random inmate files and found that the Michigan Department of Corrections reception facility continues to use a paper copy of the risk assessment tool and continues to place it in the inmate's file. While Central Michigan Correctional Facility is in compliance with the standard in practice, risk assessments can still be found in the inmate file and must be removed to meet full compliance with their policy. No risk assessments were found to have been placed in the files by Central Michigan Correctional Facility, however the risk assessment paper copy conducted at the reception facility was not removed from the file as instructed by the PREA Manager in a memo dated May 10, 2018. This auditor made a recommendation to reiterate the previous directive to remove the paper assessments from the files and the PREA Analyst immediately instructed the Assistant Deputy Warden of Housing and Programs to send instruction to all of his staff regarding removal of the PREA Risk Assessment worksheets from the inmate files. The PREA Analyst shared a copy of that email dated April 1, 2019 with the auditors. Files are secure in the counselor offices, therefore this auditor finds that while Central Michigan Correctional Facility was not in compliance with their policies, they are in compliance with provision i. of this standard and they did follow the recommendation of the Auditors while on-site by reiterating the directive to remove the assessments from the inmate files.

Central Michigan Correctional Facility was not in compliance with provisions a, b, d, f, and g of this standard.

CORRECTIVE ACTION:

Interviews were conducted with staff and inmates within the corrective action period to verify that inmates are receiving face-to-face PREA Risk Assessments within 72 hours of admission and within 30 days of the initial assessment. On August 21, 2019 this auditor interviewed 15 randomly selected inmates and 4 randomly selected counselors. The results of the interviews indicate that staff are conducting the initial risk assessment within 72 hours of the inmate entering the facility and within 30 days of the inmates entry into the facility. The assessments are being conducted face-to-face and the questions regarding the inmates own perception of vulnerability, self-identity, and history of sexual abuse are being explicitly asked by the counselor. This auditor is satisfied that Central Michigan Correctional Facility is now in compliance with provisions (a) (b) (d) (f) and (g) of this standard.

115.42	Use of screening information
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.42 (a)</p> <p>The Department's PREA Manual and policy 05.01.140 were reviewed by this auditor and it was found that the agency policies are compliant and mirror the language set forth in the standard. The MDOC PREA Manual, Operating Procedure 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and Policy Directive 05.01.140 "Prisoner Placement and Transfer" states that results of the risk screening will be considered when assigning housing, bed, and work assignments. This auditor discussed the use of risk assessment screening information with the PREA Coordinator, random staff, control sergeants, and prison counselors responsible for conducting risk assessment screenings. Throughout these discussions or informal interviews, this auditor found that the Department utilizes a computerized assessment process to arrive at an inmate classification for risk. The results generated from the assessment preclude housing potential victims with potential abusers within the computerized bed assignment program. Central Michigan Correctional Facility operating procedure 03.03.140 states that results of the screening will be considered when assigning housing, bed, and work assignments. This auditor was provided with a print out of the housing unit count board which indicates the prisoner name, bed location, and their PREA designation (potential aggressor, potential victim, or no score). The facility PREA Coordinator reports that the facility uses the information from the risk screening during intake to determine appropriate housing, education, and job placement. The counselors who are responsible for conducting the risk screening, report that the assessment is used to protect inmates from sexual abuse by preventing victims to be housed with predators or have significant contact such as during school, programming, or work. While onsite this auditor reviewed with the Control Sergeant how bed moves were made. The Sergeant showed the auditors how the system does not allow a potential victim to live in the same cube as a potential aggressor. During the facility tour the audit team witness correctional officers coordinating an inmate bed move. The officer was asked why the inmate was being moved and the officer stated that the inmate was being moved due to his risk level and another inmate needed to be moved to not allow a potential victim and a potential aggressor to live in the same cube. This auditor finds that the staff at Central Michigan Correctional Facility were very familiar with the use of risk level in housing determinations. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.42 (b)</p> <p>The Michigan Department of Corrections PREA Manual states that decisions based on PREA risk assessment results shall include individualized determinations addressing how to ensure the safety of each prisoner. Central Michigan Correctional Facility Operating Procedure 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners," MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and Policy Directive 05.01.140 "Prisoner Placement and Transfer" states that the results of risk assessments shall be considered when making housing, bed, work, education, and program assignments. Counselors who are responsible for the risk screening were interviewed during the on-site audit phase and all report that the PREA risk screening is used to determine housing, school, programming, and jobs. Throughout the facility tour this auditor informally interviewed staff</p>

and found that staff are very familiar with the use of the risk assessment in housing decisions. The classification directors were interviewed during the facility tour and discussion was had regarding the use of the risk assessment screening to determine housing, programming, and job placement within the facility. Inmates are individually assessed for programming and job opportunities. The risk assessment tool designation can be overridden on a case by case basis. Central Michigan Correctional Facility is compliant with provision b. of this standard.

115.42 (c)

MDOC PREA Manual states that in deciding whether to assign a transgender, intersex or gender dysphoria prisoner to a facility for male or female prisoners, and in making other housing and programming assignments, facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner's health and safety and whether the placement would present management or security problems to the MDOC. MDOC Policy Directive 04.06.184 "Gender Dysphoria," states that when making housing and programming assignments, the Gender Dysphoria Collaborative Review Committee and facility staff shall consider on a case-by-case basis whether a placement would compromise the prisoner's health and safety and any management or security concerns. The Gender Dysphoria Collaborative Review Committee consists of the MDOC Chief Medical Officer, Chief Psychiatric Officer, Mental Health Services Director, Gender Dysphoria consultants, and the Correctional Facilities Administration Deputy Director. The facility PREA Coordinator stated during his interview that the Department always considers the health and safety of the inmate when considering placement for transgender or intersex inmates. The PREA Coordinator also noted that management and security problems are also considered in the determination of housing for transgender and intersex inmates. Two transgender inmates were housed at Central Michigan Correctional Facility at the time of the on-site audit, both were interviewed and report that the staff did ask questions about their safety and they were not put in a housing area solely due to their status. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.42 (d)

MDOC PREA Manual and Policy Directive 04.06.184 "Gender Dysphoria" states that placement and programming assignments for each identified transgender, intersex, and gender dysphoria inmate shall be reassessed by health care or mental health care staff at least twice each year to review any threats to safety of the inmate. The facility PREA Coordinator reported that reviews are conducted twice a year for inmates who are transgender or intersex to evaluate safety of the inmate. Some considerations made may be showering. The auditor met with the Chief Psychologist for Central Michigan Correctional Facility and he provided the processes in place to ensure safety and good health of the transgender, gender dysphoria, and intersex inmates. The Chief Psychologist reports that transgender, gender dysphoria, and intersex inmates are seen on a regular basis by medical and mental health care staff to ensure that the appropriate accommodations are being made, they maintain being housed in the least restrictive environment while still ensuring safety. The Chief Psychologist reported that each transgender inmate housed at Central Michigan Correctional Facility is seen by a Psychiatrist annually and the therapist meets with them regularly to maintain the individualized treatment plan and the reentry plan. The PREA Analyst stated that all transgender, intersex and gender dysphoria inmates have their individualized management plan reviewed and updates twice a year, specifically every six months. The Chief Psychologist reviewed both transgender inmate files with the auditors. The files contained the

six month reviews and documentation of regular services with the therapist. The six month review updated the individual management plan and noted any concerns or issues with the individual. The six month review also noted reentry planning recommendations. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.42 (e)

MDOC PREA Manual and Policy Directive 04.06.184 "Gender Dysphoria" states that a transgender, intersex or gender dysphoria prisoner's own views with respect to his or her own safety shall be given serious consideration in placement decisions. This auditor was provided a copy of the handout provided to all inmates at the reception center providing inmates with information regarding gender dysphoria. The handout is available to all inmates upon intake. The handout includes information as to how to get help from MDOC staff and voice concerns for needed accommodations. The facility PREA Coordinator stated that transgender and intersex inmates' views with respect to their own safety is always given serious consideration in placement and programming assignments. Transgender inmates interviewed report that staff ask questions about their safety in making decisions regarding housing and programming. Central Michigan Correctional Facility is compliant with provision e. of this standard.

115.42 (f)

MDOC PREA Manual states that transgender, intersex and gender dysphoria inmates shall be given the opportunity to shower separately from other prisoners. Policy Directive 4.06.184 "Gender Dysphoria" states that access to the toilet and shower facilities with relative privacy shall be considered in the development of an individual management plan for gender dysphoria. The facility PREA Coordinator reports that transgender inmates are able to shower separately. All three staff interviewed who are responsible for risk screening report that all inmates shower separately because the showers are individual stalls. Transgender inmates interviewed report being able to shower separately. Central Michigan Correctional Facility is compliant with provision f. of this standard.

115.42 (g)

MDOC PREA Manual states that prisoners shall not be placed in dedicated facilities, units or wings solely on the basis of sexual orientation or gender identity status unless such placement is for the safety and security of the prisoner, is in a dedicated facility, unit or wing established in connection with a consent decree, legal settlement or court order. MDOC Policy Directive 05.01.140 "Prisoner Placement and Transfer" states that information about a prisoner's sexual orientation that is unrelated to the prisoner's behavior shall not be used by staff for any purpose, including placement and transfer decisions. Central Michigan Correctional Facility is not subject to a consent decree, legal settlement, or legal judgement requiring that a dedicated facility, wing, or unit be established for housing lesbian, gay, bisexual, transgender, or intersex inmates. Seven LGBTI inmates were interviewed during the on-site audit. All report that they are not housed in any specific unit, wing, or facility for only LGBTI inmates. Central Michigan Correctional Facility is compliant with provision g. of this standard.

This auditor finds Central Michigan Correctional Facility to be in compliance with all provisions of this standard.

115.43	Protective Custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.43 (a)</p> <p>The Michigan Department of Corrections PREA Manual states that prisoners at high risk for sexual victimization or who are alleged to have suffered sexual abuse shall not be placed in involuntary temporary segregation unless an assessment of all available alternatives is complete and a determination has been made that no less restrictive means of separation from likely abusers exist. If the review cannot be conducted immediately, the prisoner may be held in temporary segregation for up to 24 hours while the review is completed. If no less restrictive means of separation from the abuser or likely abusers exist, the prisoner shall be assigned to temporary segregation for a time period not to ordinarily exceed 30 calendar days. As per MDOC Policy Directive 04.05.120 "Segregation Standards" temporary segregation is used when it is necessary to remove a prisoner from general population pending an investigation of a prisoner's need for protection or transfer. A prisoner's placement in temporary segregation, including the reason shall be documented in writing and approved by the Warden or designee within 72 hours after placement in temporary segregation. Wardens shall ensure that prisoners are not confined in temporary segregation for more than seven business days except if the prisoner is awaiting transfer to an institution which can meet the prisoner's protection needs. In such cases, the prisoner shall be transferred as soon as possible. As per the Warden the Department prohibits placing inmates at high risk for sexual victimization or who have alleged sexual abuse in involuntary segregation in lieu of other housing options unless an assessment has determined there are no available alternative means of separation from potential abusers. As per the Warden involuntary segregation is always used as a last option until an alternative placement is found. Central Michigan Correctional Facility does not have segregated housing. The facility has four temporary holding cells for individuals awaiting transfer or a need for housing changes. Individuals are typically held in the temporary housing cells for a few hours. During the facility tour the audit team observed that there was no segregated housing unit, there were the four temporary holding cells, only one was occupied with an inmate awaiting transfer to another facility, and in housing unit H one cubicle area has a cage around it so that the inmates can feel protected. The PREA Coordinator/Inspector explained that the particular cube was used for inmates who request protection. The cage is not locked but allows for the inmates assigned to the cube to shut the cage if they feel threatened. Inmates must request to be housed in this cube and it must be approved by the administration of the facility. The PREA Coordinator/Inspector explained that if an inmate were at significant risk of sexual abuse, or requested to be moved due to risk of sexual abuse, the inmate would be transferred to a different facility due to the dormitory housing style of the facility, or they would be moved to another housing unit on the opposite side of the facility. The facility is separated into an East and West side, inmates on the East side are not to enter the West side and vice versa, unless to participate in programming or treatment services. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.43 (b)</p> <p>Central Michigan Correctional Facility does not have segregated housing. This auditor observed this during the facility tour. The facility housing units are open dormitory style. There</p>

are two temporary holding cells in the medical areas on the East and West side of the facility. These cells are used to hold inmates for a few hours prior to transfer. The Michigan Department of Corrections PREA Manual and Policy Directive 04.05.120 "Segregation Standard" inmates placed in segregation shall have access to programs, privileges, education, and work opportunities to the extent possible. All restrictions to these opportunities shall be documented to include opportunities limited, duration of limitation, and reason for limitation. Central Michigan Correctional Facility is compliant with provision b. of this standard.

115.43 (c)

MDOC PREA Manual states that if no less restrictive means of separation from the abuser or likely abusers exist, the prisoner shall be assigned to temporary segregation for a time period not to exceed 30 calendar days. As per Policy Direction 04.05.120 "Segregation Standards" Wardens shall ensure that prisoners are not confined in temporary segregation for more than seven business days except if the prisoner is awaiting transfer to an institution which can meet the prisoner's protection needs. In such cases, the prisoner shall be transferred as soon as possible. As per the Warden and evidenced during the facility tour, there is no segregation unit at Central Michigan Correctional Facility. The Warden reported that if an inmate needs to be moved for safety issues they would be held in the temporary housing cells for a few hours until moved to another facility or a new housing unit. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.43 (d)

As per the MDOC PREA Manual and Policy Directive 04.05.120 "Segregation Standards" if a temporary segregation assignment is made the facility must document the basis for the facility's concern for the prisoner's safety and the reason why no less restrictive means of separation can be arranged. Central Michigan Correctional Facility reports that no inmates were housed in involuntary segregation due to their risk of sexual victimization. During the on-site audit tour the audit team observed that there is no segregated housing at Central Michigan Correctional Facility which confirms that the practice of using involuntary segregation due to risk of victimization is not an option nor a practice of the facility. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.43 (e)

MDOC PREA Manual states that every thirty days a review shall be conducted of inmates place in involuntary segregation due to high risk of sexual victimization to determine if there is a continuing need for separation from general population. Policy Directive 04.05.120 "Segregation Standards" states that at least every 30 days a prisoner in segregation status must have a review conducted. As previously noted the facility does not have a segregated housing unit. Central Michigan Correctional Facility is compliant with provision e. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.51	Inmate reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.51 (a)</p> <p>The Michigan Department of Corrections (MDOC) Prisoner Guide Book encourages inmates to report incidents of sexual abuse immediately to staff, leaving a message on the MDOC Sexual Abuse Hotline, or by contacting the Legislative Ombudsman's Office or the Michigan State Police. The Prisoner PREA Brochure and Sexual Abuse posters provide the same information. During the on-site tour of the facility this auditor observed that Sexual Abuse posters were visible in all housing units and areas frequented by inmates. The MDOC PREA Manual and policy directive 03.03.140 states that prisoners may report sexual abuse or sexual harassment, retaliation by other prisoners or staff for reporting sexual abuse or sexual harassment, and staff neglect or dereliction of duty that may have contributed to such incidents verbally, in writing, anonymously, or through third parties. Reports can be made to any staff member, the Sexual Abuse Hotline, grievance process, via third parties, or through informing the Michigan Legislative Corrections Ombudsman. The Central Michigan Correctional Facility Orientation handbook for inmates notes reporting methods for victims of sexual assault and instruction on maintaining evidence. Staff interviewed reported that inmates are able to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment by utilizing the hotline, grievance process, reporting to any staff member, and writing a kite. When inmates were interviewed and asked how they would report any sexual abuse or sexual harassment that happened to them or someone else in the facility they reported they would use the hotline, notify a staff member, or write a kite. The auditors observed posters on the housing units above the inmate telephones and in common recreation areas which identify the reporting methods with the phone number for the hotline and posters were in common areas with the Ombudsman's address. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.51 (b)</p> <p>As per the PREA Manual, policy directive 03.03.140, the Prisoner Guide Book, posters throughout the facility, and the Prisoner PREA Brochure inmates can contact the Legislative Corrections Ombudsman. Such reports can be made anonymously. Policy Directive 05.03.118 "Prisoner Mail" states that mail being sent to the mail sent to The Office of the Legislative Corrections Ombudsman is to be sealed by the prisoner and shall not be opened or otherwise inspected by staff. This auditor was provided with a Memorandum of Understanding (MOU) between the two agencies which specifies that reports must be forwarded immediately. Central Michigan Correctional Facility does not hold individuals for civil immigration purposes. The facility PREA Coordinator reports that the facility provides multiple ways for inmates to report abuse or harassment to a public or private entity or office that is not part of the Department. The PREA Coordinator provided the following examples, PREA Hotline, which was tested while on-site, JPAY, verbally during visits, and through a 3rd party. The PREA Coordinator further stated that these methods of reporting enable receipt and immediate transmission of inmate reports of sexual abuse and sexual harassment to Department officials that allow the inmate to remain anonymous upon request. Of the 26 random inmates interviewed only three responded that they were not aware that they could report</p>

anonymously, but they were aware they could make reports using the various methods. Central Michigan Correctional Facility is compliant with provision b. of this standard.

115.51 (c)

Policy 03.03.140 and the PREA Manual, which were reviewed by this auditor, require staff to accept verbal, written, anonymous and third-party reports. Any verbal reports are required to be forwarded to a supervisor and documented as soon as possible. During the onsite portion of the audit, facility investigations were reviewed and demonstrated that the facility accepts reports that were made verbally, in writing (via grievance or other note) and from third parties. Through informal interviews during the audit tour, this auditor determined that both staff and inmates were well aware of the need for staff to accept and immediately act upon verbal, written, anonymous and third-party reports. Staff interviewed report that when an inmate alleges sexual abuse or sexual harassment they can do so verbally, in writing, anonymously, and from third parties. Verbal reports made to staff are documented and acted upon immediately. Inmates report that they can make reports of sexual abuse or sexual harassment either in person or in writing and that someone else such as a friend or family member can make the report for them as well. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.51 (d)

Policy 03.03.140, the PREA Manual and Module 2 of the PREA training educates staff on their reporting options. These materials were reviewed by the auditor. Staff may make a private report to a supervisor, via the hot-line and via the agency's website reporting form. The agency provides multiple methods for staff to make private reports of sexual abuse and sexual harassment of inmates. Interviews of random staff indicate that staff are aware of methods to privately report sexual abuse and sexual harassment of inmates. While on-site the auditors had the PREA Coordinator contact the PREA hotline to test that anyone can make a call. The call went through and the PREA Coordinator received confirmation of that call being received by the PREA Analyst who monitors the hotline. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is in compliance with all provisions of this standard.

115.52	Exhaustion of administrative remedies
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.52 (a) Central Michigan Correctional Facility utilizes administrative procedures to address sexual abuse and is not exempt from this standard.</p> <p>115.52 (b) This auditor reviewed the Prisoner Guidebook which is provided to all prisoners incarcerated within the Michigan Department of Corrections and the "Prisoner/Parolee Grievances" Policy Directive 03.02.130. Also reviewed to determine compliance with this standard was the MDOC PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners". The Prisoner Guidebook notifies the inmates of the ability to submit grievances and policy directive 03.02.130 outlines the grievance process. Policy Directive 03.03.130 states that grievances filed regarding conduct in violation of 03.03.140 shall be conducted in accordance with that policy to the extent inconsistent with the Prisoner/Parolee Grievance policy. The Michigan Department of Corrections has developed a dual grievance system to include PREA related grievances and all other grievances. PREA grievances are routed differently and submitted on a different grievance form than a typical grievance. The MDOC PREA Manual states that prisoners can file a PREA Grievance at any time regarding alleged sexual abuse and there are no time limits imposed. Central Michigan Correctional Facility employs two Grievance Coordinators, one of which was interviewed by the auditors during the on-site audit phase. The Grievance Coordinator reported that if a grievance was received that was a PREA Grievance for sexual abuse it would be sent to the facility PREA Coordinator. All grievances received regarding harassment of any kind are processed by the Grievance Coordinators. The Grievance Coordinator reports that if a grievance was received that stated the inmate was raped a referral would immediately be done to medical and the PREA Coordinator would be contacted immediately. This auditor reviewed the PREA Grievance form as well as several filed PREA Grievances. During the facility tour several staff were asked about reporting methods for inmates and a majority of the staff informally asked responded that a PREA Grievance can be filed. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.52 (c) MDOC PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Conduct Involving Prisoners" states that prisoners shall not be required to submit a PREA grievance to a staff member who is the subject of the complaint and no PREA grievance will be referred to a staff member who is the subject of the complaint. The facility PREA Coordinator reports that he would not assign a staff member to investigate a complaint in which they were the subject of the complaint. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.52 (d) As per MDOC PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" a written response must be provided to the prisoner who submitted a Step 1 PREA grievance within 60 calendar days of receipt, if an extension is</p>

needed it is not to exceed 70 calendar days. If the prisoner appeals the Step 1 PREA grievance, the Step 2 PREA grievance response shall be issued within 90 days of the receipt of the Step 1 PREA grievance. Central Michigan Correctional Facility reports that there were three grievances files in the last twelve months that alleged sexual abuse. All three received a final decision within 90 days, no extensions were needed. The three grievances filed alleging sexual abuse were reviewed. All three received a response within ten days. Five inmates who reported sexual abuse were interviewed during the on-site audit phase. All inmates reported that they were told in writing within two months of a decision regarding their reported sexual abuse allegation. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.52 (e)

MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual state that third parties shall be permitted to assist prisoners in filing PREA grievances related to sexual abuse. If a PREA grievance is filed by a third party on behalf of an inmate the alleged victim must sign the grievance authorizing the grievance to be filed on their behalf. If the victim refuses to sign the grievance it will be dismissed. The PREA Manual states that fellow prisoners, staff, family, attorneys, and outside advocates shall be permitted to assist prisoners in filing PREA Grievances. The PREA Grievance Form has a check box to indicate the grievance is being filed as a Third-Party Grievance. Central Michigan Correctional Facility received zero PREA grievances filed by a third party in the last twelve months. This auditor finds that while there may have been no third party grievances filed, inmates are aware that their family, friends, staff, attorney's, or other inmates can report incidents of sexual abuse or sexual harassment on their behalf as evidenced by inmate interviews. Central Michigan Correctional Facility is compliant with provision e. of this standard.

115.52 (f)

The MDOC PREA Manual and 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that a prisoner who believes they are subject to substantial risk of imminent sexual abuse may file an emergency PREA grievance. The emergency PREA grievance is forwarded to the Warden, or designee for immediate action. An initial response is required within 48 hours and the final decision shall be made and notification provided to the inmate within five calendar days. The initial response will address the prisoners claim of imminent risk and whether any imminent action is necessary. The final decision will document the determination of whether the inmate is in substantial risk of imminent sexual abuse and the action taken. The PREA Grievance form has a check box indicating the grievance is an Emergency PREA Grievance." In the last 12 months there have been zero Emergency PREA Grievances filed as per the PAQ. Central Michigan Correctional Facility has not determined an inmate to be subject to a substantial risk of imminent sexual abuse in the last twelve months. Central Michigan Correctional Facility is compliant with provision f. of this standard.

115.52 (g)

MDOC PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that any prisoner who makes a false allegation of sexual abuse on a PREA grievance which is investigated and determined to be unfounded may be disciplined as per the Prisoner Discipline policy. The Prisoner Guidebook also notified inmates that

making false allegations against staff and other inmates can result in disciplinary action. The Inmate Guidebook further states that it must be shown that the prisoner knew the allegation was false when the allegation was made and the grievance was filed intentionally. Central Michigan Correctional Facility had no grievances alleging sexual abuse filed in the last twelve months which resulted in disciplinary action by the facility against the inmate for having filed the grievance in bad faith. Central Michigan Correctional Facility is compliant with provision g. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.53	Inmate access to outside confidential support services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.53 (a)</p> <p>Michigan Department of Corrections PREA Manual states that the Department shall provide prisoners with access to outside victim advocates for emotional support services related to sexual abuse. Central Michigan Correctional Facility makes available to inmates the Just Detention International hotline, Sexual Abuse Support Services phone line, Sexual Abuse Hotline, and three copies of "An End to Silence" is available in the inmate library. The Just Detention International hotline provides inmates who have been sexually abused or harassed with emotional support services over the telephone and by mail. "An End to Silence" is a handbook for inmates which includes information pertaining to PREA standards, dynamics of sexual abuse in custody, reporting allegations, and contact information for the disability rights agency, legal services, and the oversight agency in Michigan. Five inmates who reported sexual abuse and twenty six randomly selected inmates were interviewed during the on-site audit. All but three of the randomly selected inmates interviewed reported knowing of the various services available for dealing with sexual abuse. The inmates interviewed report that the phone number and address for the Rape Crisis Center, JDI, Department of Human Services, is available to them. It was noted by the inmates interviewed and confirmed by the auditor's observations, that signs are displayed in all the housing units displaying this the hotline numbers and the address for the Legislative Corrections Ombudsman. Policy Directives 05.03.118 "Prisoner Mail" and 05.03.130 "Prisoner Telephone Use" states that calls and mail regarding sexual abuse reporting and sexual abuse support services will be confidential. Central Michigan Correctional Facility does not house civil immigration detainees; therefore resources under this provision are not applicable. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.53 (b)</p> <p>Policy directive 05.03.130 "Prisoner Telephone Use" states that all telephone calls are monitored unless they are a number on a universal list, a public official, or legal services. Sexual Abuse Services is on the universal list. Policy Directive 05.03.118 "Prisoner Mail" states that prisoners shall be permitted to send sealed mail unless they are in any form of segregation other than protective segregation. If in segregation sealed mail can be sent to a licensed attorney, state or federal courts, Director or any other central office staff, staff at the institution, the Office of the Legislative Corrections Ombudsman, and media, all other mail will not be sealed. Inmates interviewed are aware that they can confidentially communicate with sexual abuse support services. This auditor reviewed a memo dated January 15, 2019 from Just Detention International to all the "people in Michigan Department of Corrections facilities" providing notification of the new hotline which is free, unrecorded, unmonitored, anonymous and confidential. The randomly selected inmates interviewed as part of the on-site audit phase reported that they were aware that the phone lines used for victim services were unrecorded and confidential. The randomly selected inmates knew this because of the signs hanging on the housing units over the telephones, explained to them during intake, and they receive notices through the JPAY system regarding the sexual abuse hotline and sexual abuse support services. Inmates who reported abuse report that contact information for outside services was provided to them and one inmate elaborated by stating that the only information</p>

that would be shared from conversations with the outside services via phone or mail would be if they were going to harm themselves. Central Michigan Correctional Facility is compliant with provision b. of this standard.

115.53 (c)

MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that the Department shall provide prisoner victims with access to outside victim advocates for emotional support services related to sexual abuse if available. Michigan Department of Corrections entered into an MOU effective April 11, 2018 extending through September 30, 2020 with Just Detention International (JDI) to institute a statewide crisis sexual abuse support line for survivors of sexual abuse and sexual harassment housed within Michigan state corrections facilities. This auditor was provided a copy of this MOU. As part of this MOU JDI is responsible for engaging the Michigan Coalition to End Domestic Violence and Sexual Violence and local rape crisis centers, with the goal of building the capacity of Michigan service providers and ensuring that referrals made to MDOC prisoners are as effective as possible. Central Michigan Correctional Facility is compliant with provision c. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.54	Third-party reporting
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.54 (a)</p> <p>Through a review of the Ombudsman MOU, the Sexual Abuse Reporting Poster, the online reporting form (found on the Michigan Department of Corrections public website), and the PREA Manual this auditor finds that Central Michigan Correctional Facility is in compliance with 115.54 of the PREA standards. Third parties may use the internal kite system, call the reporting hotline, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances.</p> <p>This auditor finds that Central Michigan Correctional Facility is compliant with this standard.</p>

115.61	Staff and agency reporting duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.61 (a) The Michigan Department of Corrections (MDOC) PREA Manual, Employee Handbook and MDOC Policy Directive and Central Michigan Correctional Facility Operating Procedure 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that staff are required to report immediately any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility involving a prisoner under the jurisdiction of the MDOC, regardless of where the incident took place. Information includes retaliation against prisoners or staff who reported such an incident as well as any staff action or work rule violation that may have contributed to an incident of retaliation. Twenty-six random staff were formally interviewed during the on-site audit phase and several other staff were informally interviewed throughout the on-site tour. All staff interviewed are aware that any knowledge, suspicion, or information regarding an incident of sexual abuse and sexual harassment, or staff neglect or violation of responsibilities that may have contributed to an incident or retaliation must be reported. All staff were aware that they must contact their shift commander or supervisor to report any information related to an inmate sexual abuse. Staff also reported that they could also report anonymously using the PREA Hotline or writing a letter. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.61 (b) Policy directive 03.03.140 and the PREA Manual, which were reviewed by this auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report. The only acceptable disclosures are relative to investigative, treatment, security and management decisions. Agency policy and random interviews with selected staff confirm that individuals within the facility are aware of their obligations to protect the confidentiality of the information they obtained from a report of sexual abuse. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.61 (c) MDOC Policy Directive 03.03.140 and the PREA Manual, which were reviewed by this auditor, clearly require medical and mental health care staff to report any knowledge of sexual abuse within an institutional setting. Clinicians are required to disclose their duties to report. Four medical and mental health care staff were interviewed during the on-site audit phase. All staff interviewed indicate that disclosure is provided to the inmate regarding the limitation of confidentiality and the duty to report. All health care staff interviewed report that they are required to report any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment to a designated supervisor immediately upon learning of it. Staff who reported that they have become aware of such incidents, report that they have reported them immediately to their supervisor. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.61 (d) MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor, require the facility staff to report</p>

any allegation involving a victim under the age of 18 to the agency PREA Manager for forwarding to the proper state authorities under mandatory reporting laws. The facility does not house inmates under the age of 18 and has not had to make such reports during the audit period. The Warden was interviewed as part of the on-site audit and stated that the facility does not house individuals under the age of 18, but if they did any allegation made by someone under the age of 18 would be handled immediately. MDOC PREA Manager was also interviewed and stated that if an allegation of sexual abuse or sexual harassment was made by someone under the age of 18 or someone considered vulnerable under state or local law, mandatory reporting needs to occur and form would be completed for outreach and consent. The Department of Human Services would have to be notified. Through MDOC policy and interviews with the PREA Manager, the Department has sufficiently demonstrated that it has procedures in place for making necessary mandatory reports in compliance with the standard. Such reports have not come from Central Michigan Correctional Facility; however, the agency has experience forwarding such reports to applicable state agencies. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.61 (e)

MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor, direct that all reports of sexual abuse and sexual harassment are brought to the attention of the appropriate supervisory staff and subsequently referred for investigation. Ten investigation files were reviewed which show various reporting methods used and all investigations were logged, assigned, and completed to their entirety. As per the Warden, all allegations of sexual abuse and sexual harassment are assigned to designated facility investigators for investigation. As per the PREA Analyst there were twelve PREA Hotline calls in the last twelve months and zero Online PREA Report Forms submitted. All other reports were reported to staff via in-house mail, grievances, or verbally by the alleged victim. Central Michigan Correctional Facility is compliant with provision e. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.62	Agency protection duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.62 (a)</p> <p>The Michigan Department of Corrections PREA Manual and Policy Directive 05.01.140 "Prisoner Placement and Transfer" states that when a prisoner is subject to substantial risk of imminent sexual abuse or is the alleged victim of sexual abuse, the facility shall take immediate action to protect the prisoner by ensuring no contact between the alleged abuser and the alleged victim. Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that upon the receipt of an emergency grievance, staff shall forward to the Warden or designee in order for immediate corrective action to be taken. The Agency Head designee was interviewed regarding the protective action the agency takes when learning that an inmate is subject to substantial risk of imminent sexual abuse. The Agency Head designee reports that the agency would ensure steps are taken to remove the risk to the prisoner which could include separation of the prisoner from the potential abuser, either by transfer to another facility or housing unit change. The Agency Head designee reports that they would not place the potential victim in involuntary segregation unless other less restrictive means are not available. The Agency Head designee also reports that if an emergency grievance is received the facility must respond within 48 hours, and the facility response is reviewed by the PREA Coordinator within five days. The Warden was also asked about protective action taken by the facility and he responded that the inmate at risk would be immediately separated from the potential abuser and an investigation would be initiated. The Warden stated that the best course of action would be followed in regard to ensuring the safety of the inmates. Twenty-six random staff were interviewed as part of the on-site audit. All staff interviewed report that if they were to learn that an inmates was at risk of imminent sexual abuse they would secure the inmate and immediately contact their shift commander. The shift commander would then determine the course of action.</p> <p>This auditor finds Central Michigan Correctional Facility in compliance with this standard.</p>

115.63	Reporting to other confinement facilities
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.63 (a) Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The policy specifies that allegations must be forwarded by the facility head to facilities outside of the Department. Examples of 72 hour notifications were reviewed by this auditor which confirm that notifications are made as required by the standard.</p> <p>115.63 (b) Policy directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. A review of notifications made indicate that Central Michigan Correctional Facility makes notifications within 72 hours as per policy and provisions a. and b. of the standard.</p> <p>115.63 (c) 72 hour notifications are documented via email by the facility and samples were provided to the audit team for review. Central Michigan Correctional Facility is compliant with provisions a. b. and c. of this standard.</p> <p>115.63 (d) Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor, establish procedures for ensuring that any allegations received from other confinement facilities are investigated. The facility receiving the allegation must ensure the allegation was not previously investigated. If the allegation was not investigated, the facility shall conduct an investigation of the allegations. Both the agency head's designee and the Warden's designee both confirm that allegations received from other confinement facilities are properly investigated. The Warden stated that the allegation is treated just as if it would if the inmate were still incarcerated in the facility. The facility PREA Coordinator conducts follow-ups on all of those allegations until the investigation is completed. The investigations are included and tracked in the PREA Investigation log maintained by the facility PREA Coordinator. In the past twelve months Central Michigan Correctional Facility received one report from another institution that an inmate was abused while housed at Central Michigan Correctional Facility and two reports of abuse were sent to other institutions from inmates who made the allegation while at Central Michigan Correctional Facility. The PREA Analyst provided the auditors with an email from one facility Warden to the Warden of Central Michigan Correctional Facility and an email from the Warden at Central Michigan Correctional Facility to a Warden at another institution to show evidence that this practice occurs. If the facility is a Michigan Department of Corrections facility the PREA Coordinators for each facility are point of contacts for all allegations, if another non-MDOC facility is involved the PREA Coordinator remains the point of contact for Central Michigan Correctional Facility. An interview was conducted with the Agency Head designee in which it was explained that if another agency within another agency refers allegations of sexual abuse or sexual</p>

harassment that occurred within the facility the designated point of contact is the Warden, who will then refer to the facility PREA Coordinator. The Agency Head designee reports that the Warden's names and contact information are published on the MDOC website. The other agency would also be able to utilize the hotline or online PREA reporting form whose contact information is also available on the MDOC website. If the PREA online reporting form or the hotline is used, the MDOC PREA Manager designates staff to retrieve and respond to the information provided. This auditor finds that Central Michigan Correctional Facility is compliant with provision d. of the standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.64	Staff first responder duties
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.64 (a)</p> <p>The MDOC PREA Manual, which was reviewed by this auditor, requires the first responding security staff member to take the following four actions to ensure the safety of the victim and preservation of any forensic evidence should the allegation have taken place within a period of time for the collection of such evidence from the victim and the abuser: 1) separate the victim and abuser; 2) preserve and protect the crime scene; 3) request that the alleged victim does not take any actions that could destroy physical evidence; 4) ensure that the abuser does not take any actions that could destroy physical evidence. An MDOC Sexual Violence Response and Investigation Pocket Guide was also provided to this auditor for review. The pocket guide outlines the four actions noted above. Security and non-security staff first responders were formally and informally interviewed during the on-site portion of the audit regarding the actions taken when responding to an allegation of sexual abuse. Staff reported consistently that they separate the victim from the perpetrator, preserve and protect the crime scene, and request that the alleged victim and perpetrator do not take any actions that could destroy physical evidence such as use the bathroom, change clothing, or shower. Investigation files reviewed indicate swift and appropriate response to allegations. Central Michigan Correctional Facility reports that twenty-five allegations were made reporting sexual abuse, one allegation resulted in security staff separating the alleged victim from the abuser, one allegation was made within a timeframe which allowed for evidence collection and the scene was preserved and protected, the victim and abuser were requested to not take any actions which could destroy physical evidence. Inmates who reported sexual abuse were interviewed and those who reported the alleged abuse directly to a staff member report assistance from staff immediately, those who reported via a PREA grievance process report that they were seen and moved for their safety after meeting with the facility PREA Coordinator. Inmates interviewed stated that the staff asked questions regarding the event and were referred to medical and/or mental health. This auditor reviewed 10 investigation files while on site and noted that documentation was in each file noting that each of the aforementioned actions were taken to protect the victim, preserve the crime scene and evidence, and gather evidence. This auditor finds that Central Michigan Correctional Facility is compliant with provision a. of the standard.</p> <p>115.64 (b)</p> <p>The PREA Manual, which was reviewed by this auditor, requires that a non-custody first responder staff immediately notify a supervisor in their chain of command for a referral to the facility Inspector. Non-custody staff are directed to request that the alleged victim not take any actions that could destroy physical evidence. There were zero non-security first responders during the audit period. Random staff interviewed, including non-security staff were all familiar with the 1st responder expectations as per the MDOC PREA Manual, 1) separate the victim and abuser to ensure safety; 2) preserve and protect the crime scene; 3) request that the alleged victim does not take any actions that could destroy physical evidence such as use the bathroom, change clothes, or shower; 4) ensure that the abuser does not take any actions that could destroy physical evidence. All staff interviewed noted that they would also immediately report any allegation of sexual abuse to the shift commander or their supervisor. This auditor finds that Central Michigan Correctional Facility is compliant with provision b. of</p>

the standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.65	Coordinated response
	Auditor Overall Determination: Meets Standard
	Auditor Discussion 115.65 (a) As required by the MDOC PREA Manual, Central Michigan Correctional facility has developed its own operating procedures for Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners." Central Michigan Correctional Facility Operating Procedure 03.03.140, which was reviewed by the auditor, describes the procedures employed by the facility when responding to allegations of sexual abuse among supervisory, investigative staff and facility leadership. An interview was conducted with the Warden in which he was asked about the facility's plan for a coordinated response to an incident of sexual abuse. The Warden stated that all incidents are handled in a coordinated manner as per the policies and operating procedures. Training is provided to ensure proper implementation. This auditor finds that Central Michigan Correctional Facility is compliant with this standard.

115.66	Preservation of ability to protect inmates from contact with abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.66 (a)</p> <p>The MDOC PREA Manual's language, which was reviewed by this auditor, mirrors the language of the standard. A review was conducted of the seven collective bargaining agreements entered into on behalf of the agency since the effective date of the PREA standards, includes agreements with the Michigan State Employee's Association (MSEA), American Federation of State, County, Municipal Employees (AFSCME), Michigan Corrections Organization (MCO), Service Employee's International Union (SEIU)-Scientific and Engineering bargaining unit, Service Employee's International Union (SEIU)-Technical bargaining unit, Service Employee's International Union (SEIU)-Human Services Support Bargaining Unit and United Auto Workers (UAW)-Administrative Support Unit and Human Services Unit. This auditor was satisfied that all agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates, consistent with the standard. Specifically, when warranted, the employer may take actions that include suspension of an employee during the course of an investigation. This suspension may continue until the time where disciplinary actions are determined. An interview with the Agency Head's designee confirms that the agreements do not prevent alleged abusers from being removed from contact with prisoners during an investigation, nor do they limit discipline for sexual abuse or sexual harassment of prisoners.</p> <p>This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.</p>

115.67	Agency protection against retaliation
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.67 (a)</p> <p>Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor in determining compliance with the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The agency designates that Supervisory staff, other than the direct supervisor, shall monitor for retaliatory performance reviews, reassignments and other retaliatory action not substantiated as legitimate discipline or performance matter for staff. Supervisory staff shall also monitor for disciplinary sanctions, housing/program changes and also conduct periodic status checks for prisoners who report or have reported alleged victimization. At Central Michigan Correctional Facility, the Assistant Residential Unit Supervisors (ARUS) and the Prison Counselors are responsible for retaliation monitoring. Following the completion of an investigation a Retaliation Monitoring sheet is sent from the facility PREA Coordinator to the inmate's assigned counselor or ARUS, who then weekly fills out the form. This auditor reviewed retaliation monitoring forms while on-site and was also provided with ten investigation files to review which also included the completed retaliation monitoring forms. This auditor finds that Central Michigan Correctional Facility is compliant with provision a. of the standard.</p> <p>115.67 (b)</p> <p>Through interviews with the Agency Head's designee, the PREA Manager, the PREA Coordinator, and the Warden, it is apparent that Central Michigan Correctional Facility utilizes multiple methods to ensure that inmates and staff who report sexual abuse and sexual harassment or cooperate with investigations into such actions are protected from retaliation. The Agency Head's designee reported that inmates and staff are protected from retaliation for sexual abuse and sexual harassment allegation through mandatory monitoring for at least 90 days and housing unit and/or work assignment changes of victim or suspect, or person suspected of retaliating. The Warden was interviewed and asked what were some of the measures used to protect inmates and staff from retaliation. The Warden stated that they use housing changes, victim separations, provide weekly contact through retaliation monitoring, refer to mental health and Just Detention International support services. Three staff were interviewed who are designated to monitor retaliation. The staff interviewed report that they receive the retaliation monitoring form from the facility PREA Coordinator and they meet with the inmate face-to-face one time per week for at least 90 days. They check with the inmate to see if they are having any issues and note any concerns on the form. If an inmate were to be transferred into their unit from another facility, the staff interviewed report that they also do retaliation monitoring or complete already started monitoring until the 90 days is up. Staff interviewed who monitor retaliation report that they would not house inmates with their abusers or potential abusers and if staff is involved in the allegation that staff member would be moved. Inmates who reported sexual abuse were interviewed regarding whether they felt protected enough against possible revenge from staff or other inmates for reporting what happened. All five inmates who reported abuse reported that they felt safe from retaliation. All ten investigation files reviewed by this auditor contained the retaliation monitoring form which indicated that the monitoring was conducted and completed. This auditor finds that Central</p>

Michigan Correctional Facility employs multiple protection measures and appropriate retaliation monitoring consistent with requirements of provision b. of the standard.

115.67 (c)

Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor in determining compliance with the standard, articulate that both staff and inmates who cooperate with sexual abuse and sexual harassment investigations shall be protected from retaliation from staff and inmates. The PREA Manual states that individuals who report sexual abuse are monitored for at least 90 days. The agency and the facility monitor for 90 days unless the allegation is unfounded, at which time, retaliation monitoring would cease. In the event retaliation is observed, policies ensure that it is remedied promptly and that monitoring can be extended beyond 90 calendar days if necessary. An interview with the Warden and staff charged with retaliation monitoring confirm that if retaliation is noticed, it is referred for investigation. The Warden stated that if retaliation is suspected staff must immediately ensure it stops and put in place measures to ensure it doesn't continue. Corrective action will be put in place if confirmed. The facility reported no instances of retaliation during the last twelve months. Investigatory files were reviewed for documentation of retaliation monitoring. All ten files reviewed had completed retaliation monitoring forms as part of the completed file. This auditor finds that Central Michigan Correctional Facility is compliant with provision c. of the standard.

115.67 (d)

The Assistant Residential Unit Supervisors (ARUS) and Prison Counselors are charged with retaliation monitoring. The staff who monitor retaliation interviewed report that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes, personal appearance and demeanor, and disciplinary changes. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with the standard. Investigatory files were reviewed and it was discovered that facility practice includes face-to-face contacts with applicable parties during the monitoring period. The facility monitors each individual on a weekly basis for 90 days or longer if necessary. A review of the investigation files by this auditor during the on-site audit phase confirms that documentation is present in all 10 investigation files reviewed documenting that retaliation monitoring was conducted and completed. This auditor finds that Central Michigan Correctional Facility is compliant with provision d. of the standard.

115.67 (e)

The MDOC PREA Manual, which was reviewed by this auditor, specifies that if any other individual who cooperates with an investigation and expresses a fear of retaliation, the Department shall take appropriate measures to protect that individual against retaliation, including 90 calendar day retaliation monitoring if deemed necessary. The Agency Head's designee and the Warden both confirmed in interviews that allegations of retaliation are taken seriously and investigated when reported by anybody who cooperates with sexual abuse and sexual harassment allegations. This auditor finds that Central Michigan Correctional Facility is compliant with provision e. of the standard.

115.67 (f)

The MDOC PREA Manual specifies that retaliation monitoring ceases when an allegation is unfounded. A sample retaliation monitoring form which was ceased due to an allegation being

unfounded was provided to this auditor for review. This auditor finds that Central Michigan Correctional Facility is compliant with provision f. of the standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.68	Post-allegation protective custody
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.68 (a)</p> <p>This auditor reviewed the MDOC PREA Manual in determining compliance with the standard. The PREA Manual contains language consistent with conditions with standard 115.43. No inmates were held in involuntary segregated housing in the last twelve months. Central Michigan Correctional Facility does not have segregated housing. Interviews were conducted with the Warden, and the facility PREA Coordinator regarding this standard. The Warden and facility PREA Coordinator report that the facility does not have segregated housing cells or units. The facility does have four temporary holding cells near medical services, which are typically used to hold inmates awaiting transfer. Inmates are only held in these cells for a few hours. Both the Warden and facility PREA Coordinator noted that the four temporary holding cells are never used for segregated housing. This auditor finds that Central Michigan Correctional Facility is compliant with this standard.</p>

115.71	Criminal and administrative agency investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.71 (a)</p> <p>Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual were reviewed by this auditor. These documents indicate that when an allegation of sexual abuse or sexual harassment is received, whether reported verbally or in writing, it shall be investigated. Staff shall ensure that all allegations are referred to the appropriate law enforcement agency in accordance with policy and law for criminal investigation. Michigan State Police conduct all criminal investigations for Michigan Department of Corrections. Referrals to law enforcement shall be documented in conjunction with the Michigan Department of Corrections' (MDOC) administrative investigation. Referrals to law enforcement shall be documented in the MDOC's investigative report, PREA investigation worksheet, and pertinent computerized database entries. Discussion was had at length with the Inspector, facility PREA Coordinator, and the PREA Manager regarding the Automated Investigation Management (AIM) system. As per this discussion a Warden's or Administrator's designee will refer the allegation no later than 72 hours after the report was made to the Internal Affairs Division by creating the AIPAS entry for each alleged incident. Policy Directive 03.03.140 and the PREA Manual requires that all reports of sexual abuse and sexual harassment, regardless of their source of origination, be taken and referred for investigation. This auditor reviewed ten investigation files and notes that all ten investigations were completed within 90 days of the allegation being made, four investigations resulted in a substantiated finding, one was unfounded, and five were unsubstantiated. One file reviewed was a third party report. This auditor interviewed three investigative staff, and reviewed the investigation procedure with the facility PREA Coordinator. The investigative staff interviewed and the PREA Coordinator stated that when an allegation of sexual abuse or sexual harassment is made the staff respond immediately by ensuring the safety of the inmate or inmates involved, secure the scene, and then contact the supervisor. Thirteen staff are trained as specialized PREA Investigators, five sergeants, three lieutenants, one captain, one inspector, two assistant deputy wardens, and the Deputy Warden. Once they are notified of an allegation they immediately begin an investigation by interviewing inmates and staff involved or with possible knowledge of the alleged incident and reviewing any relevant video surveillance. The preliminary report is submitted to the PREA Coordinator and entered into the AIM system where it is reviewed by Internal Affairs. The PREA Coordinator sends a referral to MSP as well for all allegations of sexual abuse and sexual harassment. IA reviews the preliminary report and notes what kind of investigation it will be, i.e. local, monitored by IA. All reports of sexual abuse or harassment regardless of how reported are investigated thoroughly and referred to MSP. Investigative staff interviewed report that investigations are started immediately upon assignment. When asked about third-party reporting the investigators all noted the importance of confidentiality for the individual reporting and stated that they would investigate in the same manner regardless of how the incident was reported. This auditor was able to interview the MSP Trooper assigned to the Central Michigan Correctional Facility while on-site. The Trooper reports that he reviews every allegation to determine if it is criminal or administrative. If criminal he will work with the Inspector/PREA Coordinator to conduct a full investigation. This auditor reviewed ten randomly selected investigation files and found that investigator conduct a thorough and objective investigation. The investigator documents steps</p>

taken as part of the investigation, interviews, video and photographic evidence, and utilize an investigator checklist specific for PREA Investigations. This checklist notates the appropriate referrals needed such as health care, victim advocate, mental health, contact with MSP, and notes the reporting required such as the SSV-IA. The Automated Investigation Management (AIM) system requires that the investigator complete various sections to complete the investigation. These sections include Investigation Findings, EEO Review, General Information, Investigator Field Notes, Investigation Assignment Details, Suspect, Complainant/Witness, Incident Summary, Letter/Memos, Incident Closing/Reopen, Investigator Checklist, Victim, Incident Notes, Law Enforcement/Prosecution, and Internal Affairs Initial Review. This auditor finds that Central Michigan Correctional Facility is compliant with provision a. of the standard.

115.71 (b)

Policy directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor, requires that investigators receive specialized training from the Training Division to be able to conduct sexual abuse investigations in confinement settings. Specialized training shall include techniques for interviewing sexual abuse victims, proper use of Miranda and Garrity warnings, sexual abuse evidence collection in confinement settings, and the criteria and evidence required to substantiate a case for administrative action or prosecution referral. All investigators have been trained in specialized PREA investigator training utilizing the NIC Specialized Investigators course, Basic Investigative Training, and training in the Automated Investigation Management (AIM) system. Investigative staff, the Training Sergeant, and the facility PREA Coordinator were interviewed regarding training and training records were provided confirming all investigators have received the specialized PREA investigator training. This auditor reviewed the training curriculum for the NIC Specialized Investigator Training and the Basic Investigative Training and finds them to both be sufficient for meeting the standard. This auditor finds that Central Michigan Correctional Facility is compliant with provision b. of the standard.

115.71 (c)

The MDOC's basic investigator's training , which was reviewed by the auditor in determining compliance with the standard, provides sufficient background training to enable investigators to fulfill the elements set forth within the standards. MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual outline the Department's goal to comply with the all elements noted in the standard, facility practice and a review of investigations demonstrate compliance with this standard. The auditor discussed the investigation process with the facility PREA Coordinator who advised that all evidence gathered during the course of an investigation is kept with the investigation file and if criminal handed over to Michigan State Police. Files are maintained by the facility PREA Coordinator and retained in a secure area. Evidence collected includes video monitoring data, interviews, physical evidence, clothing, DNA evidence, and photographs. This auditor reviewed the AIM system and notes that it requires documentation to be inputted in the following tabs for an investigation to be completed: Investigation Findings, Investigator Field Notes, Incident Closing/Reopen, Incident Notes, EEO Review, Investigation Assignment Details, Incident Summary, Investigator Checklist, Law Enforcement/Prosecution, Internal Affairs Initial Review, Victim, Complainant/Witness, Suspect, General Information. The Investigator Checklist tab allows the investigator to identify what kind of investigation they are completing and provides

them with a checklist specific to the investigation type. All PREA Investigations will utilize the PREA-Sexual Abuse cases checklist or the PREA-Sexual Harassment Cases checklist. Three investigative staff were interviewed during the on-site phase of the audit. All three investigators stated that their first steps in initiating an investigation would be to separate the alleged victim from the abuser, provide emergency medical care if necessary, secure the scene, gather time sensitive evidence such as biological evidence or photographs of the immediate crime scene and begin interviews. If the investigation involves sexual abuse the victim would be sent for a SANE/SAFE examination. The investigators interviewed report that the investigation must be completed as soon as possible, but no more than 90 days after the allegation is made. The process was described as such, allegation made by inmate, initial reports are submitted to the PREA Coordinator and time sensitive evidence is collected, investigator assigned investigation, review and collect evidence including videos/camera footage, photographs, and interviews, make recommendation and submit report to the PREA Coordinator. PREA Investigators interviewed report that they would be responsible for the collection and gathering of direct evidence such as biological evidence, clothing, bedding, camera footage, witness interviews, victim interview, and perpetrator interview. A review of the perpetrator is conducted and is placed in the investigation file. The review includes information regarding prior misconducts, incidents, and PREA risk designation. A review of investigation files by this auditor finds that interviews are conducted and evidence is collected in all case files. This auditor finds that Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.71 (d)

Basic Investigator's training and the PREA Manual, which were reviewed by this auditor, specify that when the evidence appears to support criminal prosecution, the assigned investigator shall coordinate interviews with law enforcement to avoid obstacles to subsequent criminal prosecution. In a review of investigations, there was no evidence of compelled interviews and all investigations were referred to Michigan State Police for review prior to being assigned to an investigator. This auditor finds that Central Michigan Correctional Facility is compliant with provision d. of the standard.

115.71 (e)

The PREA Manual, which was reviewed by this auditor, states that an alleged victim's credibility will be assessed on an individual basis and not determined by the persons status as an inmate or staff member. Interviews conducted with the investigative staff indicate that all investigations are conducted in the same manner, investigators conduct "fair" investigations and do not judge credibility, they collect the evidence and the facts. On occasions where the victim or perpetrator is mentally impaired interviews may be conducted in a different manner, however all investigations are conducted regardless of prior unfounded allegations, or previous behavior of the alleged victim. Inmates who reported sexual abuse were interviewed and report not requiring the use of polygraph examination as a condition for proceeding with an investigation. Investigators who were interviewed confirm that truth telling devices such as polygraphs are not utilized in investigations. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts elicited. This auditor finds that Central Michigan Correctional Facility is compliant with provision e. of the standard.

115.71 (f)

This auditor finds compliance with provision f. of 115.71 based on a review of facility investigations. The written investigation reports demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion. There were twenty seven (27) criminal/and or administrative investigations of alleged sexual abuse completed at the facility, fourteen (14) were closed with a finding of "insufficient evidence", three (3) were closed with a finding of "sufficient evidence" and were referred to MSP for criminal prosecution, two (2) were closed with a finding of "no evidence"; and eight (8) allegations were forwarded to other institutions. All investigations are done electronically in the AIM system. The AIM system prompts the investigator as to what needs to be included in the report such as description of evidence, interview summaries, video breakdowns, relevant documents such as questionnaires and face sheets, date/time/ and location of the alleged incident, investigative facts and findings. Investigative staff interviewed report that the consideration of staff actions or failure to act is all assessed. A review of the investigation files find that the investigators review the round reader reports, staff and inmate interviews, and video footage to evaluate if staff actions or failure to act may have contributed to the incident. This is also considered as part of the Incident Review held following the completion of a PREA Investigation. The PREA Investigator Checklists from the AIM system were reviewed by this auditor. The checklist includes a list of all things needed to be completed for PREA Investigation including notification to MSP. This auditor finds Central Michigan Correctional Facility in compliance with provision f. of this standard.

115.71 (g)

A review of facility investigations by this auditor and an interview with the MSP Trooper assigned to the facility, confirms that the facility has a great working relationship with the Michigan State Police and the District Attorney's Office. The Trooper and the PREA Coordinator communicate regularly via telephone, email, and in-person. Investigation file reviews contain email exchanges from the MSP Trooper and the PREA Coordinator. The MSP provide its reports to the investigators for inclusion in the facility's investigative file. The auditor reviewed the PREA Manual which also requires that criminal investigative reports are generated to outline both physical and testimonial evidence, credibility assessments and investigative facts. Interviews with investigative staff found that all criminal investigations are documented and include thorough descriptions of physical, testimonial, and documentary evidence. MSP is provided a copy of all investigatory materials gathered by the facility's investigators and then MSP works in collaboration with the facility's investigators to complete the investigation. This auditor finds that Central Michigan Correctional Facility is compliant with provision g. of the standard.

115.71 (h)

The auditor reviewed Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual which both state that all substantiated and unsubstantiated allegations of conduct that appears to be criminal shall be criminally investigated and referred for prosecution. All allegations are referred to the MSP Trooper assigned to Central Michigan Correctional Facility. The Trooper determines if the allegation requires a criminal investigation. An interview was conducted with the Trooper while on-site and he confirms this practice. All evidence files reviewed by the auditors contain a referral to MSP and a response from the Trooper via email. There were ten substantiated allegations of conduct that appeared to be criminal that were referred for prosecution since the last PREA Audit in 2015. Interviews with the MSP Trooper, PREA Investigators, and the facility PREA

Coordinator were conducted and this auditor found that the facility PREA Coordinator is the main contact with MSP and it is the PREA Coordinator's responsibility to refer the cases for prosecution. Investigative staff report that if an incident of sexual abuse occurred the PREA Coordinator would contact MSP or instruct them to contact MSP. This auditor finds that Central Michigan Correctional Facility is compliant with provision h. of this standard.

115.71 (i.)

As per the PREA Manual all files are kept for as long as the alleged abuser is incarcerated or employed by the agency plus five years. This auditor reviewed the file retention practices with the facility PREA Coordinator during the on-site audit. All files are retained with the PREA Coordinator in a secured location. This auditor finds that Central Michigan Correctional Facility is compliant with provision i. of the standard.

115.71 (j)

The PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" which was reviewed by this auditor specifies that investigations will continue despite the departure of any alleged victim or abuser. A review of facility investigations produced no evidence that investigations were terminated due to the departure of a victim or an abuser. In reviewing the investigation procedures with the investigators interviewed on-site and the PREA Coordinator all allegations are investigated until the investigation is complete regardless of whether or not the alleged abuser or victim has left employment or control of the facility. All investigations are completed in their entirety. Two specific investigation files show that staff left employment with the facility before the conclusion of an investigation into staff on inmate sexual abuse and the investigations were completed to their entirety. This auditor finds that Central Michigan Correctional Facility is compliant with provision j. of the standard.

115.71 (l.)

Investigative staff interviewed report that when MSP comes in to investigate an incident of sexual abuse in the facility their role is to provide whatever assistance requested by MSP such as gathering video evidence and coordinating interviews. As per the PREA Manager, MSP maintains a great working relationship with all MDOC facilities. The facility PREA Coordinators are responsible for coordinating MSP needs and maintaining communication regarding sexual abuse investigations. The Warden was interviewed and also reported that the PREA Coordinator has a great working relationship with the MSP Trooper assigned to the facility. The facility PREA Coordinator and the MSP Trooper were interviewed and both report that they are in regular communication with each other. The PREA Coordinator is the point of contact between the facility and MSP. All allegations of sexual abuse and sexual harassment are forwarded to the MSP Trooper to make a determination of whether he wants to conduct a criminal investigation. If the MSP Trooper does conduct a criminal investigation he reviews all investigation findings with the PREA Coordinator and throughout the investigation they meet in-person or via the phone to review open investigations at least once weekly. This auditor finds that Central Michigan Correctional Facility is compliant with provision l. of this standard.

This auditor finds Central Michigan Correctional Facility to be in compliance with all provisions of this standard.

115.72	Evidentiary standard for administrative investigations
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.72 (a)</p> <p>The MDOC PREA Manual states that a preponderance of the evidence shall be the standard in determining whether allegations of sexual abuse or sexual harassment are substantiated. Three investigative staff were interviewed and all stated that the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is a preponderance of the evidence. This auditor reviewed the training curriculum for Basic Investigator Training which states that preponderance of the evidence is the general principle used administratively.</p> <p>This auditor finds that Central Michigan Correctional Facility is compliant with this standard.</p>

115.73	Reporting to inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.73 (a) Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. This auditor reviewed ten investigation files, which contained the notification form to the victim and complainant. Sample documentation of three prisoner notifications were also provided during the pre-audit phase. The Warden and investigative staff were interviewed and report that the alleged victim receives notification of the outcome of the investigation. The Warden noted that the facility PREA Coordinator prepares the letters and ensures the victim's receive them. Inmates who reported abuse report that they were notified of the outcome of the investigation. This auditor finds that Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.73 (b) Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by the auditor, dictate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The auditor interviewed the PREA Coordinator at the facility and reviewed facility investigations regarding these notifications. MSP communicated appropriately with the facility regarding the status of the investigations and the facility provided inmates with appropriate notifications as required by provision b. of the standard. This auditor finds that all allegations which appear to be criminal are sent to the Michigan State Police for further investigation and possible prosecution. The PREA Coordinator stays in communication with Michigan State Police until the investigation is completed and keeps the inmate abreast of all pertinent information regarding the investigation. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.73 (c) Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" and the PREA Manual, which were reviewed by this auditor indicates that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. The alleged victim is provided notification if the staff member is no longer posted within the inmate's housing unit, the staff member is no longer employed at the facility, the staff member has been indicted on a charge related to sexual abuse in the facility, and if the staff member has been convicted on a charge related to sexual abuse within the facility. Three of the four inmates interviewed who reported sexual abuse by a staff member reported that they were notified when the staff was moved. This auditor finds this to be sufficient. The ten investigation files reviewed contain documentation indicating that the notification regarding the outcome of the investigation is provided to the complainant and victim. The PREA Coordinator sends the inmates formal letters informing them of the outcome. Central Michigan Correctional Facility is compliant with provision c. of the standard.</p> <p>115.73 (d)</p>

The Michigan Department of Corrections PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners", which were reviewed by this auditor, indicate that the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions. Only one inmate was interviewed who alleged sexual abuse against a prisoner. He did not get notified of any convictions or indictments. The investigation file was reviewed for this particular inmate in which the auditor confirmed that the inmate's allegation was against a staff member and notification of the staff member no longer working at the facility was provided. As per the PREA Coordinator there were no criminal indictments or convictions in the last twelve months of any staff or inmates for sexual abuse within the facility. This auditor finds that Central Michigan Correctional Facility is compliant with provision d. of the standard.

115.73 (e)

The facility PREA Coordinator keeps a log of all investigations which includes notifications. This auditor reviewed such logs during the pre on-site audit phase. A review of facility investigations during the on-site audit yielded ample documentation of its notification of investigatory results. Within all sampled investigations, a completed notification form was located as proof of inmate notification and the section of the PREA sexual abuse investigation worksheet regarding victim notifications was completed for all investigation files reviewed to demonstrate compliance with provision e. of the standard.

115.73 (f)

The MDOC PREA Manual specifies that an obligation to notify an inmate of investigatory results terminates if the inmate is discharged from the facility's custody. This auditor finds that Central Michigan Correctional Facility is compliant with provision f. of the standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.76	Disciplinary sanctions for staff
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.76 (a) The Michigan Department of Corrections PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that staff shall be subject to disciplinary sanctions up to and including discharge for violations of sexual abuse and sexual harassment policies. The Employee Handbook addresses both sexual conduct with an offender and sexual harassment of an offender. The handbook defines the behavior considered to be sexual conduct and sexual harassment and states that employees shall not engage in such behavior and if they should they will not be eligible for rehire with the Department, the behavior will result in discharge and may lead to criminal prosecution. MDOC Policy Directive 02.03.100 "Employee Discipline" lists the disciplinary standards for violations of various work rules. The discipline for sexual conduct with an offender is discharge and the discipline for sexual harassment of an offender is determined by the Chief Deputy Director or designee and may be any sanction up to and including discharge. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.76 (b) Michigan Department of Corrections PREA Manual, Policy Directives 03.03.140, 02.03.100, and the Employee Handbook state that the presumptive discipline for sexual abuse of an offender is termination. During the interview with the Human Resources Director an employee file was reviewed regarding a recently terminated employee from a neighboring who was found to have violated the policy regarding sexual conduct with an offender. The employee resigned pending the outcome of the investigation and discipline. The employee was put in the Personnel Action Tracking System, Director Approval Inquiry as a do not rehire due to resignation pending discipline. This system assures that the employee cannot be rehired at any other MDOC facility. Central Michigan Correctional Facility reported that no staff from the facility violated agency sexual abuse and sexual harassment policies within the last twelve months. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.76 (c) The Michigan Department of Corrections PREA Manual states that disciplinary sanctions for sexual harassment and other violations of Department sexual abuse or sexual harassment policies and work rules shall be commensurate with policy and the nature and circumstances of the acts committed, the staff member's disciplinary history and sanctions imposed for comparable offenses committed by other staff with similar histories. This auditor discussed this with the Human Resources Director and she stated that the Department Internal Affairs works with the facility regarding a thorough investigation and consideration regarding the nature and circumstances of the offense, and staff disciplinary history is always taken into consideration. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.76 (d) The PREA Manual states that all staff, volunteers, or contractors who have been discharged for sexual abuse or sexual harassment of a prisoner shall be reported to law enforcement and appropriate licensing boards even in they resigned prior to discharge. This auditor reviewed</p>

investigation files which were provided and noted that all allegations are referred to Michigan State Police for review. This auditor met with the Michigan State Trooper assigned to do investigatory work with Central Michigan Correctional Facility. The Trooper confirmed that he reviews all allegations and is made aware of any staff who are have been or would have been terminated for violations of the Department's sexual harassment or sexual abuse policies. The facility's PREA Coordinator and Human Resources Director confirmed that if an employee or contracted provider would be terminated due to violation of the sexual harassment or sexual abuse policies he would notify all appropriate licensing bodies. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.77	Corrective action for contractors and volunteers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.77 (a)</p> <p>The Michigan Department of Corrections PREA Manual states that all staff, volunteers, or contractors who engage in sexual abuse shall be prohibited from contact with prisoners and shall be reported to law enforcement and appropriate licensing bodies. MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" further states that a contractual employee or volunteer who engages in such behavior shall be prohibited from providing services within any Department correctional facility. The MDOC PREA Manager noted that the Department's central office maintains a list of individuals who are not allowed within any MDOC facility. This auditor was provided with a memo dated December 27, 2016 from Internal Affairs noting that the removal of a contractual employee due to an investigation is to be determined by the Warden and will vary based on the severity of the alleged misconduct. The memo further notes that all alleged misconduct by contractual employees that rises to the level of criminal behavior, must be forwarded to Michigan State Police. In the past twelve months three contractors or volunteers were reported to law enforcement for engaging in sexual abuse of inmates. All three of those investigation files were reviewed by this auditor to verify compliance with the standard. The review of the files showed that all three were terminated or resigned prior to completion of investigation, all three were referred to MSP, notification as sent to Human Resources to submit the names to the central office list of individuals who cannot have access to any MDOC facility, and none of the employees required notification to a licensing board. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.77 (b)</p> <p>The Michigan Department of Corrections PREA Manual states that the facility shall take appropriate measures and shall consider whether to prohibit further contact with prisoners, in the case of any other violation of the sexual abuse and sexual harassment policies by a contractor or volunteer. The facility Chaplain manages the volunteers for Central Michigan Correctional Facility. In an interview regarding volunteer access to the facility following an allegation he stated that volunteers are prohibited from entering the facility until the investigation is completed. If the investigation is unsubstantiated the Warden would need to evaluate the allegations and evidence to determine if the volunteer should be allowed reentry into the facility. The Warden was interviewed regarding violations of sexual abuse and sexual harassment policies by contractors or volunteers and stated that the once an allegation against a contractor or volunteer was made he would immediately remove the volunteer or contractor from having prisoner contact. If the allegation was founded the contractor or volunteer would be banned from the facility and Michigan State Police would be notified. A review of three investigation files in which the perpetrator was a contractor, this auditor noted that once the allegation was made notification was provided to terminate the contractor's access to the facility for all three incidents. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.</p>



115.78	Disciplinary sanctions for inmates
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.78 (a) As per the Michigan Department of Corrections PREA Manual, prisoners shall be subject to disciplinary sanctions for engaging in prisoner-on-prisoner sexual abuse. MDOC Policy Directive 03.03.105 "Prisoner Discipline" lists sexual assault as a class 1 rule violation which can result in the following sanctions detention, confinement to quarters, loss of privileges, and restitution. Central Michigan Correctional Facility reported that one instance of inmate-on-inmate sexual abuse occurred within the last twelve months and there were no criminal findings of guilt for inmate-on-inmate sexual abuse that occurred at the facility in the last twelve months. This auditor reviewed the investigation file for the substantiated case of inmate-on-inmate sexual abuse and verified that a misconduct report for the perpetrator was in the file and the hearing resulted in a loss of privileges. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.78 (b) The MDOC PREA Manual states that sanctions imposed upon prisoners shall be commensurate with the nature and circumstances of the abuse, the prisoner's disciplinary history sanctions impose for comparable offenses , and in accordance with policy. An interview was conducted with the Warden during the on-site audit phase. During this interview the Warden stated that when disciplinary sanctions are imposed on inmates found to have engaged in inmate-on-inmate sexual abuse, the sanctions are proportionate to the nature and circumstances of the abuses committed, the inmates' disciplinary histories, and the sanctions imposed for similar offenses by other inmates with similar histories. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.78 (c) MDOC PREA Manual states that a prisoner's mental disabilities or mental illness that may have contributed to his/her behavior shall be considered when determining what type of sanction, if any, should be imposed. He stated that all sanctions are guided by policy, dependent on the findings, and mental health is always considered. A review of 10 investigation files indicates that each alleged victim and perpetrator's profile is considered as part of the investigation packet. This includes mental disabilities and mental illness. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.78 (d) The MDOC PREA Manual states that the facility mental health care staff shall consider whether to require the offending prisoner to participate in therapy, counseling, or other interventions designed to address the underlying motivations for the abuse. The Warden stated that mental disability or mental illness is considered when determining sanctions. MDOC Policy Directive 03.03.140 "PREA and Prohibited Conduct Involving Prisoners" states that prisoners who are found guilty of sexually aggressive behavior while incarcerated, shall be referred to mental health services for assessment, counseling, and other necessary mental health services as appropriate. Four medical and mental health care staff were interviewed during the on-site audit phase. The interviews conducted resulted in a finding that the facility</p>

does offer mental health services and referrals are sent to mental health providers for all individuals found to have engaged in inmate-on-inmate sexual abuse. The staff reported that the inmate's participation in mental health services is not always required as a condition of access to programming or other benefits. A review of the investigation files indicates that documentation is present in the investigation packet regarding mental health referrals being made and services recommended and complied with. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.78 (e)

It is the policy of the Michigan Department of Corrections that prisoners are unable to consent to sexual contact with MDOC employees, volunteers, or contractors. As per the MDOC PREA Manual, prisoners may be disciplined for sexual contact with MDOC employees, volunteers, or contractors only after it is determined the employee, volunteer, or contractor did not consent to the contact. One occurrence of sexual misconduct occurred in the last twelve months involving nonconsensual inmate-on-staff contact. This auditor reviewed the investigation file which included the misconduct report where the inmate plead guilty to the misconduct and admitted to inappropriately grabbing a staff member. Central Michigan Correctional Facility is compliant with provision e. of this standard.

115.78 (f)

MDOC PREA Manual states that for the purpose of disciplinary action, a report of sexual abuse made in good faith upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying even if an investigation does not establish evidence sufficient to substantiate the allegation. Central Michigan Correctional Facility is compliant with provision f. of this standard.

115.78 (g)

MDOC PREA Manual prohibits all sexual contact between prisoners.

This auditor finds Central Michigan Correctional Facility to be compliant with all provisions of this standard.

115.81	Medical and mental health screenings; history of sexual abuse
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.81 (a) Michigan Department of Corrections' PREA Manual states that if a PREA Risk Assessment indicates a prisoner has experienced prior sexual victimization staff shall ensure that the prisoner is referred for a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening. MDOC policy directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners," states that prisoners identified as having a history of physical or sexual abuse or pose a reasonable concern that they may be sexually victimized while incarcerated shall be referred to mental health for a follow-up interview. MDOC Policy Directive 03.04.100 "Health Services" states that a prisoner who is determined to have a history of prior sexual victimization or previously perpetrated sexual abuse must be offered a follow-up meeting with a Qualified Mental Health Practitioner (QMHP) within 14 calendar days of the assessment. A log of mental health referrals was provided to this auditor and reviewed. Four inmates who disclosed victimization during their risk screening were interviewed during the on-site phase of the audit. All four inmates report being referred to and seen by a QMHP and recall that they were seen quick soon after the referral. Three staff who are responsible for conducting risk screenings were interviewed while on-site. All three staff report that if a screening indicates an inmate has experienced prior victimization follow-up is provided within 14 days by a mental health practitioner. The referrals are tracked on a log sheet to ensure they are seen by mental health, this auditor was provided a copy of that log sheet and it was reviewed for compliance. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.81 (b) Michigan Department of Corrections' PREA Manual states that if a PREA Risk Assessment indicates a prisoner has previously perpetrated sexual abuse staff shall ensure that the prisoner is referred for a follow-up meeting with a mental health practitioner within 14 days of the intake screening. MDOC policy directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners," states that prisoners identified as having been convicted or have a history of predatory or assaultive sexual offenses or sexually aggressive behavior while incarcerated shall be referred to mental health for a follow-up assessment, counseling, and other necessary mental health services. MDOC Policy Directive 03.04.100 "Health Services" states that a prisoner who is determined to have a history of prior sexual victimization or previously perpetrated sexual abuse must be offered a follow-up meeting with a Qualified Mental Health Practitioner (QMHP) within 14 calendar days of the assessment. A log of mental health referrals was provided to this auditor and reviewed to confirm compliance. Three staff responsible for conducting risk screenings were interviewed while on-site and stated that is the screening indicates that the inmate previously perpetrated sexual abuse a referral is made to mental health and the inmate is seen within 14 days. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.81 (c) This auditor reviewed the log of referrals to Mental Health and identified four individuals referred due to their risk screening responses. All four individuals mental health records</p>

indicate that the referral was received as per the log and all four individuals were seen within five days of the referral. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.81 (d)

The Michigan Department of Corrections PREA Manual states that any information related to sexual victimization or abusiveness that occurred in an institutional setting shall be strictly limited to medical and mental health practitioners and other designated staff as necessary to inform treatment plans and security and management decisions including housing, bed, work, education, and program assignments, or as otherwise required by federal, state, or local law. Throughout the on-site facility tour the auditors reviewed a random sampling of inmate files maintained by the counselors. Risk assessments are to be maintained in the electronic system which is password protected and user access is only given to designated staff. Several files reviewed had paper copies of the initial risk assessment conducted at the reception facility. The counselors were asked if the risk assessments were placed in the file and they all responded that they were not to be placed in the file. No risk assessments were found to have been placed in the files by Central Michigan Correctional Facility, however the risk assessment paper copy conducted at the reception facility was not removed from the file as instructed by the PREA Manager in a memo dated May 10, 2018. Corrective action was recommended and the PREA Analyst immediately instructed the Assistant Deputy Warden of Housing and Programs to send instruction to all of his staff regarding removal of the PREA Risk Assessment worksheets from the inmate files. The PREA Analyst shared a copy of that email dated April 1, 2019 with the auditors. The counselor files are maintained in a locked office area and are therefore in compliance with the provision of the standard, however the presence of the assessments in the file are not in compliance with the policy of the Department. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.81 (e)

The Michigan Department of Corrections PREA Manual and Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that medical and mental health staff shall obtain informed consent from prisoners before reporting information about prior sexual victimization that did not occur in an institutional setting and a copy of that informed consent. Central Michigan Correctional Facility had posters throughout the facility notifying inmates of the limitations of confidentiality and informed consent. These posters were available in both English and Spanish. This auditor observed posters displayed in common areas where inmates can see them throughout the on-site tour. The PREA Coordinator provided the auditor with a same of the PREA Authorization for Release of Information form. Four interviews were conducted while on-site with medical and mental health staff. All four staff interviewed indicated that the counselors and mental health staff obtain the informed consent from inmates before reporting about prior victimization that did not occur in an institutional setting. Central Michigan Correctional Facility is compliant with provision e. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.82	Access to emergency medical and mental health services
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.82 (a)</p> <p>The Michigan Department of Corrections PREA Manual states that prisoner victims of sexual abuse shall receive timely emergency medical treatment and crisis intervention services, the nature and scope of which will be determined by medical and mental health staff. MDOC Policy Directive 03.04.125 "Medical Emergencies" states that when a person is determined to be in need of emergency medical attention, initial staff response to that emergency shall begin immediately but no later than four minutes after discovery. MDOC Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that inmates who report being a victim of prisoner-on-prisoner sexual abuse or staff sexual misconduct shall be referred to the Bureau of Health Care Services for examination, evidence collection, and treatment. They also shall be referred to mental health services staff for assessment, counseling, and other necessary mental health services. This auditor was provided two sample referrals to the Bureau of Health Care Services for inmates who had reported being a victim of sexual abuse or sexual harassment. The reports attached to the referrals indicate that the inmate was seen with two days of the referral. Medical and mental health care staff interviewed during the on-site phase of the audit report that inmate victims of sexual abuse receive timely and unimpeded access to emergency medical treatment and crisis intervention services immediately. Further it is reported that the nature and scope of the services are determined according to the medical and mental health care staff's professional judgement using a team approach. Five inmates who reported sexual abuse were interviewed during the on-site phase of the audit, all inmates were referred to mental health or medical services and seen very shortly afterwards, one inmate even reported being seen immediately. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.82 (b)</p> <p>The Michigan Department of Corrections PREA Manual states that if no qualified medical or mental health staff are on duty at the time of an allegation of recent abuse is made, custody staff first responders shall take preliminary steps to protect the victim and shall immediately provide notification to the appropriate medical and mental health staff. As per MDOC Policy Directive 03.04.125 "Medical Emergencies" staff must ensure that emergency medical assistance is summoned and shall initiate first aid as soon as possible if necessary. All staff first responders interviewed formally and informally during the facility tour responded appropriately when asked what their actions would be as a first responder to an allegation of sexual abuse. Staff interviewed consistently responded by stating that they would separate the victim and abuser, secure the scene in order to protect evidence from being destroyed or tampered with, contact their supervisor, not allow the victim to take any action which would destroy evidence (shower, change clothing), write a report, and make a referral to medical and/or mental health. When asked if the victim required medical attention how they would respond differently, the staff interviewed all stated they would contact medical as soon as possible and notify their supervisor. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.82 (c)</p>

Michigan Department of Corrections PREA Manual states that prisoner victims of sexual abuse while incarcerated shall be offered information about and access to emergency contraception and sexually transmitted infections prophylaxis. MDOC Policy Directive 03.400.100 "Health Services" states that prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted diseases as deemed medically appropriate. MDOC Policy Directive 03.04.120 "Control of Communicable Bloodborne Diseases" states that an offender exposed to blood or other potentially infectious materials shall be immediately referred to an appropriate health care clinic. This auditor was provided with brochures for hepatitis and HIV. These brochures are provided to inmates in the facility through the medical department. All medical staff interviewed stated that victims of sexual abuse are offered timely information about access to emergency contraception and sexually transmitted infection prophylaxis. Inmates interviewed, who reported sexual abuse all reported that they did not receive information and access to emergency sexually transmitted infection prophylaxis. Only one incident occurred which involved the possible penetration and or transfer of bodily fluids. The file for this incident was reviewed. Documentation from the medical department and the hospital in which the inmate was sent to receive a Sexual Assault Forensic Examination indicates that the inmate was offered sexually transmitted prophylaxis and offered information on sexually transmitted diseases, but refused. This auditor finds that the documentation that is in the file is evidence that the policies that are in place are followed for cases in which penetration may have occurred or bodily fluids were present. Central Michigan Correctional Facility is compliant with provision c. of this standard.

115.82 (d)

As per the Michigan Department of Corrections PREA Manual and Policy Directive 03.04.100 treatment services for victims of sexual abuse is offered free of charge, regardless of whether the victim names the abuser or cooperates with the investigation. Medical staff interviewed confirm that the victim is not charged for any treatment services. Interviews were conducted with inmates who reported sexual abuse and they all state that they were never charged for services received in regard to their allegation. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is in compliance with all provisions of this standard.

115.83	Ongoing medical and mental health care for sexual abuse victims and abusers
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.83 (a) The Michigan Department of Corrections PREA Manual states that the facility shall offer medical and mental health evaluation and as appropriate, all treatment determined to be medically necessary and consistent with the community level of care to prisoners who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility. MDOC Policy Directive 03.04.100 "Health Services" states that facilities shall offer medical and mental health evaluations and treatment that is determined medically necessary to prisoners who have been victimized by sexual abuse. This auditor reviewed documentation indicating that individuals who report prior institutional sexual victimization during their risk screening are referred to mental health and seen. All ten investigation files reviewed contain a health care services referral for the alleged victim. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p>
	<p>115.83 (b) MDOC PREA Manual states that an evaluation and treatment shall include as deemed medically appropriate follow-up services, treatment plans, and when necessary referrals for continued care following their transfer, placement in other facilities, or release from custody. MDOC Policy Directives 03.04.100 "Health Services" and 04.06.180 "Mental Health Services" were reviewed by this auditor to confirm that they contain language which reinforces the PREA Manual. Interviews with four medical and mental health staff were conducted on-site. Staff interviewed report that an initial interview is conducted, followed by a physical examination if appropriate, and then mental health follow-up services. Each health care staff member reported that the course of action is based on the situation, but all referrals due to sexual abuse are handled as appropriate, with follow-up services, treatment plans, and referrals for continued care. All inmates who were interviewed who reported sexual abuse reported that they received services following the incident and that medical and mental health care staff discussed with them continued care. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p>
	<p>115.83 (c) Michigan Department of Corrections PREA Manual states that the facility shall offer medical and mental health evaluation and as appropriate all treatment that is determined to be medically necessary and consistent with the community level care to prisoners who have been victimized by sexual abuse in any prison, jail, lock up, or juvenile facility. MDOC Policy Directive 03.04.100 "Health Services" states that prisoners shall be provided with a continuum of medically necessary health care services that are supported by evidence based medical research. All medical and mental health care staff interviewed report that services provided are consistent with the community level of care. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p>
	<p>115.83 (d) (e) These provisions are not applicable to Central Michigan Correctional Facility. The facility only houses adult males.</p>

115.83 (f)

MDOC PREA Manual and Policy Directive 03.04.100 "Health Services" states that prisoner victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate. This auditor reviewed the file from the inmate who sent to the hospital for a SAFE examination and noted that paperwork was on file indicating that testing was offered. Of the five inmates who were interviewed who reported sexual abuse two report not being offered testing and three report that it was not applicable. As per the PREA Coordinator the only incident which occurred which involved penetration was the file reviewed by this auditor, all other abuse incidents which were alleged, the offer of testing was not appropriate or necessary. Central Michigan Correctional Facility is compliant with provision f. of this standard.

115.83 (g)

As per the MDOC PREA Manual and Policy Directive 03.04.100 "Health Services" all treatment services provided to the victim of a sexual abuse shall be provided without financial cost regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident. All inmates who reported sexual abuse report that they were not charged any fees for the services received as a result of the incident. Central Michigan Correctional Facility is compliant with provision g. of this standard.

115.83 (h)

The MDOC PREA Manual states that within sixty days of learning of a known prisoner-on-prisoner abuser, mental health staff shall attempt to conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" states that prisoners with a history of sexually aggressive behavior, or who are found guilty of sexually aggressive behavior while incarcerated, shall be referred to mental health services staff for assessment, counseling, and other necessary mental health services, as appropriate. Mental Health Staff interviewed report that a mental health evaluation is completed on all known inmate-on-inmate abusers and treatment is offered if appropriate. Central Michigan Correctional Facility is compliant with provision h. of this standard.

This auditor finds that Central Michigan Correctional Facility is in compliance with all provisions of this standard.

115.86	Sexual abuse incident reviews
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.86 (a) Michigan Department of Corrections PREA Manual indicates that incident reviews are to be conducted at the conclusion of every sexual abuse investigation unless it was determined to be unfounded. The review must occur within thirty (30) days of the conclusion of the investigation. During the on-site audit phase this auditor reviewed ten (10) random investigation files to verify compliance with Department policies. Documentation of the incident review is maintained in the investigation file. Upon completion of every investigation an Incident Review is conducted with the facility's PREA Coordinator and other management staff. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.86 (b) Incident reviews are to occur within 30 days of the conclusion of the investigation as per the Department's PREA Manual and further evidenced by a review of closed investigation files during the on-site audit phase. In the past 12 months it was reported via the PREA Coordinator and the PREA Investigation Tracker that there were twenty-seven (27) criminal/and or administrative investigations of alleged sexual abuse completed at the facility, fourteen (14) were closed with a finding of "insufficient evidence", three (3) were closed with a finding of "sufficient evidence", two (2) were closed with a finding of "no evidence"; and eight (8) allegations were forwarded to other institutions. It was further reported that in the last 12 months, Incident Reviews were conducted within 30 days of the conclusion of seventeen (17) sexual abuse investigations. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.86 (c) The Michigan Department of Corrections PREA Manual states that the incident review team must include upper-level custody and administrative staff, with input from supervisory staff, investigators, and medical or mental health practitioners or others as appropriate. The Warden confirmed during his interview that Incident Reviews are conducted within 30 days of the completion of an investigation and the reviews are conducted by upper-level management officials and allow input from line supervisors, investigators, and medical or mental health practitioners. This auditor reviewed ten (10) randomly selected investigation files and found that Incident Reviews were completed by upper-level management staff including the Deputy Warden, Resident Unit Managers, Inspectors, Lieutenants, Captains, Assistant Deputy Warden, Warden, and Health Unit Manager. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.86 (d) Central Michigan Correctional Facility completes a specific form for each Incident Review. The form contains the date of the review, investigation completion date, whether the allegation or investigation indicates a need to change policy or practice to prevent, detect, or respond to sexual abuse; whether the incident or allegation was motivated by race, ethnicity, gender identity, LGBTI status, gang affiliation, or any other group dynamic at the facility; were there physical barriers in the area where the alleged abuse incident occurred which may have</p>

enabled the abuse; assessment of staffing levels to check for adequacy; and the assessment of monitoring technology. If any changes are recommended regarding policy, staffing, or video surveillance the Incident Review is then sent to central office where the Department's administration makes the final determination. The Warden reviews each Incident Review regardless of recommendations. An interview was conducted with the Warden who confirmed that information from the sexual abuse incident review is used to address any issues such as staffing, facility layout, camera coverage, etc. As per the Warden and as evidenced by a document review of the Incident Review forms the Incident Review team considers all requirements of 115.86 (d) for the review. Two upper management staff who are members of the Incident Review Team were interviewed and corroborate that Incident Reviews are conducted within 30 days of the completion of an investigation of sexual abuse and considerations are made during the incident review regarding motivation for the incident being based on a specific group dynamic, physical barriers which may have enabled the incident, staffing levels, and monitoring technology. The PREA Coordinator for the facility reported that facility conducts incident reviews within 30 days of the completion of the investigation and fills out a form which lists any recommendations for improvement. The reports are sent to the facility PREA Coordinator and sent to central office if changes are recommended. Following submission of the report to the statewide PREA Manager at central office he would follow up with the PREA Manager regarding any recommended changes. Central Michigan Correctional Facility is compliant with provision d. of this standard.

115.86 (e)

As per the Department's PREA Manual recommendations resulting from an Incident Review are reviewed by the Warden and forwarded up through the chain of command for consideration. If the recommendation is not implemented, the rationale for not doing so shall be documented on the PREA Sexual Abuse Incident Review Form. Upon review of investigation files no Incident Review within the last 12 months resulted in any recommendations. Central Michigan Correctional Facility is compliant with provision e. of this standard.

This auditor find Central Michigan Correctional Facility to be in compliance with this standard.

115.87	Data collection
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.87 (a) Michigan Department of Corrections PREA Manual states that each allegation of sexual abuse reported shall be entered into a computerized database. Michigan Department of Corrections Policy Directive 03.03.140 "PREA and Prohibited Sexual Conduct Involving Prisoners" indicates that Wardens are responsible for ensuring that information on all allegations of prisoner-on-prisoner sexual abuse, staff sexual misconduct/sexual harassment, and staff overfamiliarity are entered into the computerized database. Policy Directive 03.03.140 further states that all sustained allegations of prisoner-on-prisoner sexual abuse and staff sexual misconduct/sexual harassment the US Department of Justice Survey on Sexual Violence Form must be sent to the PREA Manager. Upon review of the investigation files for the 3 substantiated allegations of staff-inmate sexual abuse this auditor notes that all three files had a copy of the completed US Department of Justice Survey on Sexual Violence Form. This auditor finds that Central Michigan Correctional Facility is in compliance with provision a. of this standard.</p> <p>115.87 (b) The Department's PREA Manual states that the PREA Manager is responsible for gathering data on each reported incident to aggregate an annual incident report. During the on-site audit phase this auditor was provided with a copy of the draft Prison Rape Elimination Act 2017 Annual Report. The Department wide report provides more in-depth information regarding PREA implementation throughout the state. The report lists the PREA Audit results for facilities audited, allegation statistics, definitions, and a comparison of statistics from 2015 to 2017. Central Michigan Correctional Facility is compliant with provision b of this standard.</p> <p>115.87 (c) The Department's PREA Manual indicates that the annual incident report aggregated by the PREA Manager will include at a minimum the data necessary to complete the annual Department of Justice Survey on Sexual Violence. Central Michigan Correctional Facility is in compliance with provision c. of this standard.</p> <p>115.87 (d) Central Michigan Correctional Facility utilizes data collected from incident-based documents including reports, investigations, and incident reviews. Central Michigan Correctional Facility is in compliance with provision d. of this standard.</p> <p>115.87 (e) This element of the standard is not applicable to Central Michigan Correctional Facility as they do not contract with a private facility for the confinement of its inmates.</p> <p>115.87 (f) As per the Department's PREA Manual, the PREA Manager is responsible for providing all data to the U.S. Department of Justice from the previous calendar year upon request no later than June 30. The Survey of Sexual Victimization was submitted for calendar year 2017 and is</p>

posted on the Department's website, this was confirmed by this auditor's review of the MDOC website. Central Michigan Correctional Facility is in compliance with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.88	Data review for corrective action
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.88 (a) Michigan Department of Corrections PREA Manual states that the Department's PREA Section will review data regarding reported sexual abuse within the Department facilities in order to assess and improve the effectiveness of sexual abuse prevention, detection, and response pertinent policies, practices and trainings. This PREA Section will review data and identify if there are problem areas, recommend facility-specific or department-wide action to augment current practices on an ongoing basis, and use the data to prepare an annual report of findings and recommendations.</p> <p>An interview was conducted with the Department's statewide PREA Manager where he stated that the Department reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training. The PREA Manager stated that the agency ensures the data collected is securely retained via the Automated Investigative Management (AIM) system and ensuring investigation files are kept in confidential areas. The PREA Manager also noted that the agency takes correction action on an on-going basis based on this data. The PREA Manager completed an interview on behalf of the Department's Director where he was asked about the use of incident-based sexual abuse data. The PREA Manager stated that incident-based sexual abuse data is utilized by the Department to ensure that policies are in place to adequately prevent, detect, and respond to sexual abuse; provide appropriate training to staff where needed; improve the reporting and grievance process if needed; make changes to the auditing process as needed, and review incidents to determine if any changes need to occur at a specific facility or department wide. The facility PREA Coordinator was also interviewed and noted that all data collected is sent to central office and aggregated in order to assess and improve the effectiveness of the prevention, detection, and response policies and training. The facility data is maintained on the PREA tracker. The role of the facility PREA Coordinator is to enter, maintain, and review the data for accuracy. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.88 (b) The Michigan Department of Corrections completes an annual report which details statistics of reported allegations of sexual abuse and sexual harassment by type. The report includes 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 since 2015 in addressing sexual abuse. This auditor was provided with a copy of the current report for 2017 while on-site, the report was posted to the MDOC public website on May 3, 2019. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.88 (c) As per the Michigan Department of Corrections PREA Manual, only the Director can approve the publication of the annual report on the Department's website. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p>

115.88 (d)

The Department's PREA Manual states that prior to publication of the annual report on the Department's website, information that would present a clear and present threat to the safety and security of the facility that would jeopardize any litigation or contains confidential information shall be redacted. If information is redacted an explanation of the nature of the material redacted will be included. The Department's PREA Manager explained during an interview that personal identification information and safety and security information is redacted from the annual report. He further noted that the Department knows that specific material must be redacted from the report, so the report is put together with that in mind. The report has an asterisk near certain data to indicate that additional information can be obtained if requested. This auditor reviewed the report to ensure that personal identification information is not included. Central Michigan Correctional Facility is compliant with provision d. of this standard.

This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.

115.89	Data storage, publication, and destruction
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.89 (a) As per the Michigan Department of Corrections PREA Manual all data is maintained for ten years. The Department established procedures within its PREA Manual to direct that data must be securely retained. As per the PREA Manager the Department reviews data collected and aggregated in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, and training. The data is securely maintained in the Automated Investigation Management (AIM) system and in confidential, secure areas. The PREA Manager also stated that the Department takes corrective action on an ongoing basis utilizing the data collected. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.89 (b) Michigan Department of Corrections makes all aggregated sexual abuse data from facilities under its control readily available to the public on the Department's website. The annual report for 2017 was provided to the auditors while on-site and was posted to the MDOC public website on May 3, 2019.</p> <p>115.89 (c) The Michigan Department of Corrections PREA Manual dictates that all personal identifiers be removed prior to making aggregated sexual abuse data publicly available. This auditor reviewed published data available to the public and all personal identifiers were removed. Central Michigan Correctional Facility is compliant with provision c. of this standard.</p> <p>115.89 (d) As per the Department's PREA Manual all sexual abuse data is maintained for at least ten years after the date of the initial collection. Central Michigan Correctional Facility is compliant with provision d. of this standard.</p> <p>This auditor finds that Central Michigan Correctional Facility is compliant with all provisions of this standard.</p>

115.401	Frequency and scope of audits
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.401 (a) Michigan Department of Corrections made a commitment to PREA Compliance in 2014, therefore, the agency has not had each of its individual facilities audited at the time of this audit. The agency entered into a consortium to conduct all audits in all of its facilities during the second audit cycle ending August 19, 2019. Central Michigan Correctional Facility was audited in the first cycle of audits in June 2015. Central Michigan Correctional Facility is compliant with provision a. of this standard.</p> <p>115.401 (b) This auditor is able to confirm that one third of Michigan Department of Corrections' facilities are scheduled for and audited each year of the cycle due to the consortium and affirmed by conversation with the PREA Manager responsible for coordinating and scheduling audits. Central Michigan Correctional Facility is compliant with provision b. of this standard.</p> <p>115.401 (h) This auditor had unimpeded access to all areas of Central Michigan Correctional Facility during the on-site audit phase. The PREA Coordinator accompanied the auditors on the tour. All structures and areas in which inmates have access to were toured. Central Michigan Correctional Facility is compliant with provision h. of this standard.</p> <p>115.401 (i) This auditor received all requested documents. Central Michigan Correctional Facility is compliant with provision i. of this standard.</p> <p>115.401 (m) The auditors were provided private areas to conduct interviews with both inmates and staff. Central Michigan Correctional Facility is compliant with provision m. of this standard.</p> <p>115.401 (n) PREA Audit notifications were posted in all housing units and in the lobby area six weeks prior to the on-site audit. An address was provided on this notification for inmates to be able to send confidential correspondence to the auditor. Dated photographs were emailed to the auditor to confirm that they were posted in all housing units and the lobby area. Central Michigan Correctional Facility is compliant with provision n. of this standard.</p> <p>This auditor find Central Michigan Correctional Facility to be compliant with all provisions of 115.401.</p>

115.403	Audit contents and findings
	Auditor Overall Determination: Meets Standard
	Auditor Discussion
	<p>115.403 (f) Michigan Department of Corrections has published on its agency website all Final Audit Reports.</p> <p>This auditor finds that Central Michigan Correctional Facility is meets the standard 115.403.</p>

Appendix: Provision Findings

115.11 (a)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment?	yes
	Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment?	yes

115.11 (b)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	Has the agency employed or designated an agency-wide PREA Coordinator?	yes
	Is the PREA Coordinator position in the upper-level of the agency hierarchy?	yes
	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

115.11 (c)	Zero tolerance of sexual abuse and sexual harassment; PREA coordinator	
	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
	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

115.12 (a)	Contracting with other entities for the confinement of inmates	
	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.)	na

115.12 (b)	Contracting with other entities for the confinement of inmates	
	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.)	na

115.13 (a)	Supervision and monitoring	
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect inmates against sexual abuse?	yes
	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
	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
	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
	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
	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
	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
	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

	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
	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
	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
	In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors?	yes

115.13 (b)	Supervision and monitoring	
	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

115.13 (c)	Supervision and monitoring	
	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
	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
	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

115.13 (d)	Supervision and monitoring	
	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
	Is this policy and practice implemented for night shifts as well as day shifts?	yes
	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

115.14 (a)	Youthful inmates	
	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).)	na

115.14 (b)	Youthful inmates	
	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).)	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).)	na

115.14 (c)	Youthful inmates	
	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).)	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).)	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).)	na

115.15 (a)	Limits to cross-gender viewing and searches	
	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

115.15 (b)	Limits to cross-gender viewing and searches	
	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.)	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.)	na

115.15 (c)	Limits to cross-gender viewing and searches	
	Does the facility document all cross-gender strip searches and cross-gender visual body cavity searches?	yes
	Does the facility document all cross-gender pat-down searches of female inmates (N/A if the facility does not have female inmates)?	yes

115.15 (d)	Limits to cross-gender viewing and searches	
	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
	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

115.15 (e)	Limits to cross-gender viewing and searches	
	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
	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

115.15 (f)	Limits to cross-gender viewing and searches	
	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
	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

115.16 (a)	Inmates with disabilities and inmates who are limited English proficient	
	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

	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
	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
	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
	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
	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
	Do such steps include, when necessary, ensuring effective communication with inmates who are deaf or hard of hearing?	yes
	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
	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
	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
	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

115.16 (b)	Inmates with disabilities and inmates who are limited English proficient	
	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
	Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary?	yes

115.16 (c)	Inmates with disabilities and inmates who are limited English proficient	
	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

115.17 (a)	Hiring and promotion decisions	
	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
	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
	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 two bullets immediately above?	yes
	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
	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
	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 two bullets immediately above?	yes

115.17 (b)	Hiring and promotion decisions	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes

115.17 (c)	Hiring and promotion decisions	
	Before hiring new employees who may have contact with inmates, does the agency perform a criminal background records check?	yes
	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

115.17 (d)	Hiring and promotion decisions	
	Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates?	yes

115.17 (e)	Hiring and promotion decisions	
	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

115.17 (f)	Hiring and promotion decisions	
	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
	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
	Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct?	yes

115.17 (g)	Hiring and promotion decisions	
	Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination?	yes

115.17 (h)	Hiring and promotion decisions	
	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

115.18 (a)	Upgrades to facilities and technologies	
	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.)	na

115.18 (b)	Upgrades to facilities and technologies	
	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

115.21 (a)	Evidence protocol and forensic medical examinations	
	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

115.21 (b)	Evidence protocol and forensic medical examinations	
	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
	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

115.21 (c)	Evidence protocol and forensic medical examinations	
	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
	Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible?	yes
	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
	Has the agency documented its efforts to provide SAFEs or SANEs?	yes

115.21 (d)	Evidence protocol and forensic medical examinations	
	Does the agency attempt to make available to the victim a victim advocate from a rape crisis center?	yes
	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
	Has the agency documented its efforts to secure services from rape crisis centers?	yes

115.21 (e)	Evidence protocol and forensic medical examinations	
	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
	As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals?	yes

115.21 (f)	Evidence protocol and forensic medical examinations	
	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

115.21 (h)	Evidence protocol and forensic medical examinations	
	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

115.22 (a)	Policies to ensure referrals of allegations for investigations	
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse?	yes
	Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment?	yes

115.22 (b)	Policies to ensure referrals of allegations for investigations	
	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
	Has the agency published such policy on its website or, if it does not have one, made the policy available through other means?	yes
	Does the agency document all such referrals?	yes

115.22 (c)	Policies to ensure referrals of allegations for investigations	
	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

115.31 (a)	Employee training	
	Does the agency train all employees who may have contact with inmates on its zero-tolerance policy for sexual abuse and sexual harassment?	yes
	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
	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
	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
	Does the agency train all employees who may have contact with inmates on the dynamics of sexual abuse and sexual harassment in confinement?	yes
	Does the agency train all employees who may have contact with inmates on the common reactions of sexual abuse and sexual harassment victims?	yes
	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
	Does the agency train all employees who may have contact with inmates on how to avoid inappropriate relationships with inmates?	yes
	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
	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

115.31 (b)	Employee training	
	Is such training tailored to the gender of the inmates at the employee's facility?	yes
	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

115.31 (c)	Employee training	
	Have all current employees who may have contact with inmates received such training?	yes
	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
	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

115.31 (d)	Employee training	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	Volunteer and contractor training	
	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

115.32 (b)	Volunteer and contractor training	
	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

115.32 (c)	Volunteer and contractor training	
	Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received?	yes

115.33 (a)	Inmate education	
	During intake, do inmates receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment?	yes
	During intake, do inmates receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment?	yes

115.33 (b)	Inmate education	
	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
	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
	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

115.33 (c)	Inmate education	
	Have all inmates received the comprehensive education referenced in 115.33(b)?	yes
	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

115.33 (d)	Inmate education	
	Does the agency provide inmate education in formats accessible to all inmates including those who are limited English proficient?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are deaf?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are visually impaired?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who are otherwise disabled?	yes
	Does the agency provide inmate education in formats accessible to all inmates including those who have limited reading skills?	yes

115.33 (e)	Inmate education	
	Does the agency maintain documentation of inmate participation in these education sessions?	yes

115.33 (f)	Inmate education	
	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

115.34 (a)	Specialized training: Investigations	
	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

115.34 (b)	Specialized training: Investigations	
	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
	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
	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
	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

115.34 (c)	Specialized training: Investigations	
	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

115.35 (a)	Specialized training: Medical and mental health care	
	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
	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
	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
	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

115.35 (b)	Specialized training: Medical and mental health care	
	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.)	na

115.35 (c)	Specialized training: Medical and mental health care	
	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

115.35 (d)	Specialized training: Medical and mental health care	
	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
	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

115.41 (a)	Screening for risk of victimization and abusiveness	
	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
	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

115.41 (b)	Screening for risk of victimization and abusiveness	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	Screening for risk of victimization and abusiveness	
	Are all PREA screening assessments conducted using an objective screening instrument?	yes

115.41 (d)	Screening for risk of victimization and abusiveness	
	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
	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
	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
	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
	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
	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
	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
	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
	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
	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

115.41 (e)	Screening for risk of victimization and abusiveness	
	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
	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
	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

115.41 (f)	Screening for risk of victimization and abusiveness	
	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

115.41 (g)	Screening for risk of victimization and abusiveness	
	Does the facility reassess an inmate's risk level when warranted due to a referral?	yes
	Does the facility reassess an inmate's risk level when warranted due to a request?	yes
	Does the facility reassess an inmate's risk level when warranted due to an incident of sexual abuse?	yes
	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

115.41 (h)	Screening for risk of victimization and abusiveness	
	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

115.41 (i)	Screening for risk of victimization and abusiveness	
	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

115.42 (a)	Use of screening information	
	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
	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
	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
	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
	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

115.42 (b)	Use of screening information	
	Does the agency make individualized determinations about how to ensure the safety of each inmate?	yes

115.42 (c)	Use of screening information	
	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
	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

115.42 (d)	Use of screening information	
	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

115.42 (e)	Use of screening information	
	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

115.42 (f)	Use of screening information	
	Are transgender and intersex inmates given the opportunity to shower separately from other inmates?	yes

115.42 (g)	Use of screening information	
	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
	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
	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

115.43 (a)	Protective Custody	
	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
	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

115.43 (b)	Protective Custody	
	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
	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
	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
	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
	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
	If the facility restricts 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
	If the facility restricts 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

115.43 (c)	Protective Custody	
	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
	Does such an assignment not ordinarily exceed a period of 30 days?	yes

115.43 (d)	Protective Custody	
	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
	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

115.43 (e)	Protective Custody	
	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

115.51 (a)	Inmate reporting	
	Does the agency provide multiple internal ways for inmates to privately report: Sexual abuse and sexual harassment?	yes
	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
	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

115.51 (b)	Inmate reporting	
	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
	Is that private entity or office able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials?	yes
	Does that private entity or office allow the inmate to remain anonymous upon request?	yes
	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

115.51 (c)	Inmate reporting	
	Does staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties?	yes
	Does staff promptly document any verbal reports of sexual abuse and sexual harassment?	yes

115.51 (d)	Inmate reporting	
	Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of inmates?	yes

115.52 (a)	Exhaustion of administrative remedies	
	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.	no

115.52 (b)	Exhaustion of administrative remedies	
	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
	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

115.52 (c)	Exhaustion of administrative remedies	
	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
	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

115.52 (d)	Exhaustion of administrative remedies	
	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
	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
	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

115.52 (e)	Exhaustion of administrative remedies	
	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
	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
	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

115.52 (f)	Exhaustion of administrative remedies	
	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
	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
	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
	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
	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
	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
	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

115.52 (g)	Exhaustion of administrative remedies	
	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

115.53 (a)	Inmate access to outside confidential support services	
	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
	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
	Does the facility enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible?	yes

115.53 (b)	Inmate access to outside confidential support services	
	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

115.53 (c)	Inmate access to outside confidential support services	
	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
	Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements?	yes

115.54 (a)	Third-party reporting	
	Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment?	yes
	Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate?	yes

115.61 (a)	Staff and agency reporting duties	
	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
	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
	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

115.61 (b)	Staff and agency reporting duties	
	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

115.61 (c)	Staff and agency reporting duties	
	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
	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

115.61 (d)	Staff and agency reporting duties	
	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

115.61 (e)	Staff and agency reporting duties	
	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

115.62 (a)	Agency protection duties	
	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

115.63 (a)	Reporting to other confinement facilities	
	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

115.63 (b)	Reporting to other confinement facilities	
	Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation?	yes

115.63 (c)	Reporting to other confinement facilities	
	Does the agency document that it has provided such notification?	yes

115.63 (d)	Reporting to other confinement facilities	
	Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards?	yes

115.64 (a)	Staff first responder duties	
	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
	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
	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
	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

115.64 (b)	Staff first responder duties	
	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

115.65 (a)	Coordinated response	
	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

115.66 (a)	Preservation of ability to protect inmates from contact with abusers	
	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 limit 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

115.67 (a)	Agency protection against retaliation	
	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
	Has the agency designated which staff members or departments are charged with monitoring retaliation?	yes

115.67 (b)	Agency protection against retaliation	
	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

115.67 (c)	Agency protection against retaliation	
	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
	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
	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
	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
	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
	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
	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
	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
	Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need?	yes

115.67 (d)	Agency protection against retaliation	
	In the case of inmates, does such monitoring also include periodic status checks?	yes

115.67 (e)	Agency protection against retaliation	
	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

115.68 (a)	Post-allegation protective custody	
	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

115.71 (a)	Criminal and administrative agency investigations	
	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
	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

115.71 (b)	Criminal and administrative agency investigations	
	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

115.71 (c)	Criminal and administrative agency investigations	
	Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data?	yes
	Do investigators interview alleged victims, suspected perpetrators, and witnesses?	yes
	Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator?	yes

115.71 (d)	Criminal and administrative agency investigations	
	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

115.71 (e)	Criminal and administrative agency investigations	
	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
	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

115.71 (f)	Criminal and administrative agency investigations	
	Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse?	yes
	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

115.71 (g)	Criminal and administrative agency investigations	
	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

115.71 (h)	Criminal and administrative agency investigations	
	Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?	yes

115.71 (i)	Criminal and administrative agency investigations	
	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

115.71 (j)	Criminal and administrative agency investigations	
	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

115.71 (l)	Criminal and administrative agency investigations	
	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

115.72 (a)	Evidentiary standard for administrative investigations	
	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

115.73 (a)	Reporting to inmates	
	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

115.73 (b)	Reporting to inmates	
	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

115.73 (c)	Reporting to inmates	
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, 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 resident whenever: The staff member is no longer posted within the inmate's unit?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility?	yes
	Following an inmate's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility?	yes

115.73 (d)	Reporting to inmates	
	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
	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

115.73 (e)	Reporting to inmates	
	Does the agency document all such notifications or attempted notifications?	yes

115.76 (a)	Disciplinary sanctions for staff	
	Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies?	yes

115.76 (b)	Disciplinary sanctions for staff	
	Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse?	yes

115.76 (c)	Disciplinary sanctions for staff	
	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

115.76 (d)	Disciplinary sanctions for staff	
	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
	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

115.77 (a)	Corrective action for contractors and volunteers	
	Is any contractor or volunteer who engages in sexual abuse prohibited from contact with inmates?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)?	yes
	Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies?	yes

115.77 (b)	Corrective action for contractors and volunteers	
	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

115.78 (a)	Disciplinary sanctions for inmates	
	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

115.78 (b)	Disciplinary sanctions for inmates	
	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

115.78 (c)	Disciplinary sanctions for inmates	
	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

115.78 (d)	Disciplinary sanctions for inmates	
	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

115.78 (e)	Disciplinary sanctions for inmates	
	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

115.78 (f)	Disciplinary sanctions for inmates	
	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

115.78 (g)	Disciplinary sanctions for inmates	
	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.)	na

115.81 (a)	Medical and mental health screenings; history of sexual abuse	
	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?	yes

115.81 (b)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (c)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (d)	Medical and mental health screenings; history of sexual abuse	
	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

115.81 (e)	Medical and mental health screenings; history of sexual abuse	
	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

115.82 (a)	Access to emergency medical and mental health services	
	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

115.82 (b)	Access to emergency medical and mental health services	
	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
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	Access to emergency medical and mental health services	
	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

115.82 (d)	Access to emergency medical and mental health services	
	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

115.83 (a)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (b)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (c)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Does the facility provide such victims with medical and mental health services consistent with the community level of care?	yes

115.83 (d)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.83 (e)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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.)	na

115.83 (f)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	Are inmate victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate?	yes

115.83 (g)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.83 (h)	Ongoing medical and mental health care for sexual abuse victims and abusers	
	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

115.86 (a)	Sexual abuse incident reviews	
	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

115.86 (b)	Sexual abuse incident reviews	
	Does such review ordinarily occur within 30 days of the conclusion of the investigation?	yes

115.86 (c)	Sexual abuse incident reviews	
	Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners?	yes

115.86 (d)	Sexual abuse incident reviews	
	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
	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
	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
	Does the review team: Assess the adequacy of staffing levels in that area during different shifts?	yes
	Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff?	yes
	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

115.86 (e)	Sexual abuse incident reviews	
	Does the facility implement the recommendations for improvement, or document its reasons for not doing so?	yes

115.87 (a)	Data collection	
	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

115.87 (b)	Data collection	
	Does the agency aggregate the incident-based sexual abuse data at least annually?	yes

115.87 (c)	Data collection	
	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

115.87 (d)	Data collection	
	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

115.87 (e)	Data collection	
	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.)	na

115.87 (f)	Data collection	
	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

115.88 (a)	Data review for corrective action	
	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
	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
	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

115.88 (b)	Data review for corrective action	
	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

115.88 (c)	Data review for corrective action	
	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

115.88 (d)	Data review for corrective action	
	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

115.89 (a)	Data storage, publication, and destruction	
	Does the agency ensure that data collected pursuant to § 115.87 are securely retained?	yes

115.89 (b)	Data storage, publication, and destruction	
	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

115.89 (c)	Data storage, publication, and destruction	
	Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available?	yes

115.89 (d)	Data storage, publication, and destruction	
	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

115.401 (a)	Frequency and scope of audits	
	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.)	no

115.401 (b)	Frequency and scope of audits	
	Is this the first year of the current audit cycle? (Note: a "no" response does not impact overall compliance with this standard.)	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.)	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

115.401 (h)	Frequency and scope of audits	
	Did the auditor have access to, and the ability to observe, all areas of the audited facility?	yes

115.401 (i)	Frequency and scope of audits	
	Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)?	yes

115.401 (m)	Frequency and scope of audits	
	Was the auditor permitted to conduct private interviews with inmates, residents, and detainees?	yes

115.401 (n)	Frequency and scope of audits	
	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

115.403 (f)	Audit contents and findings	
	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. In the case of single facility agencies, the auditor shall ensure that the facility's last audit report was published. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.)	yes