

# PREA Facility Audit Report: Final

**Name of Facility:** Charles E Egeler Reception and Guidance Center

**Facility Type:** Prison / Jail

**Date Interim Report Submitted:** 07/02/2019

**Date Final Report Submitted:** 11/13/2019

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"/>
<b>Auditor Full Name as Signed:</b> Stephen V. Noll	<b>Date of Signature:</b> 11/13/2019

AUDITOR INFORMATION	
<b>Auditor name:</b>	Noll, Stephen
<b>Address:</b>	
<b>Email:</b>	stnoll@pa.gov
<b>Telephone number:</b>	
<b>Start Date of On-Site Audit:</b>	05/22/2019
<b>End Date of On-Site Audit:</b>	05/24/2019

<b>FACILITY INFORMATION</b>	
<b>Facility name:</b>	Charles E Egeler Reception and Guidance Center
<b>Facility physical address:</b>	3855 Cooper Street, Jackson, Michigan - 49201
<b>Facility Phone</b>	517-780-5600
<b>Facility mailing address:</b>	

<b>Primary Contact</b>	
<b>Name:</b>	Colleen Rudd
<b>Email Address:</b>	ruddc@michigan.gov
<b>Telephone Number:</b>	517-780-5812

<b>Warden/Jail Administrator/Sheriff/Director</b>	
<b>Name:</b>	Jeremy I. Bush
<b>Email Address:</b>	bushj2@michigan.gov
<b>Telephone Number:</b>	517-780-5810

<b>Facility PREA Compliance Manager</b>	
<b>Name:</b>	
<b>Email Address:</b>	
<b>Telephone Number:</b>	
<b>Name:</b>	Colleen Rudd
<b>Email Address:</b>	ruddc@michigan.gov
<b>Telephone Number:</b>	M: 517-780-5812

<b>Facility Health Service Administrator On-site</b>	
<b>Name:</b>	Carol Griffes
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<b>Telephone Number:</b>	517-780-5625

<b>Facility Characteristics</b>	
<b>Designed facility capacity:</b>	1295
<b>Current population of facility:</b>	1091
<b>Average daily population for the past 12 months:</b>	
<b>Has the facility been over capacity at any point in the past 12 months?</b>	No
<b>Which population(s) does the facility hold?</b>	
<b>Age range of population:</b>	
<b>Facility security levels/inmate custody levels:</b>	II and V
<b>Does the facility hold youthful inmates?</b>	No
<b>Number of staff currently employed at the facility who may have contact with inmates:</b>	546
<b>Number of individual contractors who have contact with inmates, currently authorized to enter the facility:</b>	
<b>Number of volunteers who have contact with inmates, currently authorized to enter the facility:</b>	

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

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

Agency-Wide PREA Coordinator Information			
<b>Name:</b>	CJ Carlson	<b>Email Address:</b>	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.

A Prison Rape Elimination Act audit of the Charles Egeler Reception and Guidance Center (RGC) was conducted from May 22, 2019 to May 24, 2019, pursuant to an audit consortium formed between the Maryland Department of Public Safety and Correctional Services, the Michigan Department of Corrections, the Pennsylvania Department of Corrections and Wisconsin Department of Corrections. The purpose of the audit was to determine compliance with the Prison Rape Elimination Act standards, which became effective August 20, 2012. I, Department of Justice certified PREA auditor Stephen Noll, was assisted during this audit by Department of Justice certified PREA auditor David Radziewicz and Administrative Officer (PA Department of Corrections) Jamie Wilson. We would like to extend appreciation to Warden Jeremy I. Bush and his staff for their professionalism throughout the audit and willingness to comply with all requests and recommendations made by the auditors both during the site visit and post audit. The auditors would also like to recognize PREA Compliance Manager Colleen Rudd and regional PREA Analyst Wendy Hart for their hard work and dedication in preparation for this audit.

The PREA Online Auditing System (OAS) was utilized by RGC. The PREA Compliance Manager provided relevant policy and audit documentation on a flash drive as well. These materials will be maintained by this auditor at the Pennsylvania Department of Corrections Central Office. This auditor created this OAS report post audit utilizing the pre-audit documents, onsite materials, interview notes and physical plant audit notes. A review of pre-audit documentation took place in advance of the audit and supplemental document requests were made onsite, these documents were graciously provided during the audit.

An entrance meeting was held on May 22, 2019 beginning at approximately 1330 hours. The auditors were greeted by the facility's administrative team and the agency's PREA staff to include Warden Jeremy I. Bush, PREA Compliance Manager Colleen, Rudd, Regional PREA analyst Wendy Hart, and other key members of the administration. Introductions were made and logistics for the audit were planned during this meeting. A site review of the facility commenced immediately thereafter by this auditor along with auditor David Radziewicz. Ms. Jamie Wilson began random prisoner interviews at this time.

A roster of all prisoners per housing unit was provided to the auditors for the selection of random prisoner interviews (prisoner count on first day was 1102). Prisoners were selected based upon geographic location within the facility, and those identified as fitting the available specialized categories of interviews required by the auditor handbook. Individual prisoners were selected at random within each geographic location and within each specialized category. Jamie Wilson was provided a private space to conduct interviews of randomly selected prisoners from each housing unit. Auditors Noll and Radziewicz were given a site review of all areas of the facility. These areas included the 152 bed, Duane Waters Health Center, C Unit (blocks 1, 2 and 3 intake blocks), Building 142 which is the intake processing building (holding cells) which also includes the intake medical area, library and education/programming building, chapel, kitchen/dining hall, recreation areas, control center, visitation area. During the site review, informal interviews were conducted with multiple prisoners and staff in each area throughout the facility.

These informal and spontaneous interviews proved useful in determining facility culture and were utilized to supplement the formal random interviews in determining compliance with the standards. During the site review, the auditors also informally interviewed the Regional PREA Analyst Wendy Hart and facility PREA Compliance manager Colleen Rudd to determine operational procedures and to gain an overall sense of how the institution implements the PREA standards. These informal interviews were utilized to supplement formal interviews in determining compliance with the standards.

During the site review, the auditors observed the control center's camera monitoring station to verify that cameras were located in such a way as to provide adequate coverage of the housing units, yet afford privacy in bathroom/shower areas of the facility (toilet and shower areas were digitized for privacy). On each of the housing units, a knock and announce notice was posted at the entryway to each housing unit and a privacy notice in the bathroom/shower areas, reminding prisoners of the potential for opposite gender staff to view them. Prisoners are required to be fully dressed when walking to and from the shower areas of the facility to limit the potential for opposite gender viewing. During the site review, it was observed that opposite gender announcements were consistently made. There are no gender specific posts at this facility (i.e. female officers are not permitted to work the unit). Following the knock and announce, opposite gender staff waited several seconds prior to entering the housing unit. Audit notice, Justice International and PREA Hotline signage was posted throughout the facility.

The site review concluded at approximately 1700 hours, Auditors Noll, Radziewicz and Ms. Wilson reconvened in the conference room with administrative staff. Ms. Wilson conducted several prisoner interviews to include random and specialized prisoners while auditors Noll and Radziewicz were performing the site review. The first day of the onsite audit concluded at approximately 1800 hours.

The second day of the onsite audit commenced at approximately 0800 hours and concluded by approximately 1800 hours. A formal interview of the Warden using the questionnaire interview template available from the National PREA Resource Center for the specialized staff Warden position was conducted at approximately 1330 hours on this day. The remainder of the day consisted of staff and prisoner interviews. Upon arrival, this auditor was given a copy of the institution's shift rosters in order to select staff for random interviews. A minimum of one officer from each housing area was selected, covering all three shifts, with a total sample size of 15 random custody staff interviews conducted over the next day and a half. (third shift custody staff were interviewed the following morning at 0500 hours). Prisoner count was 1,075 on this day.

The third day of the onsite audit commenced at approximately 0500 hours and concluded at approximately 1030 hours. Prisoner count on this day was 1,072. This day consisted of third shift custody staff and the remaining specialized staff interviews, collecting any needed documentation and an exit briefing. The facility provided copies of investigations that were reviewed by this auditor following the onsite portion of the audit. This auditor also chose 16 additional investigations to include abuse and harassment allegations for extensive review during the post audit review period.

Forty on-site staff were interviewed (including random, specialized staff and Volunteers/contractors). Random interviews also followed the format prescribed by the PREA Resource Center's interview templates for random staff and prisoners. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist this auditor with determining compliance with the provisions of applicable standards.

A total of 43 prisoners were interviewed with at least one prisoner interviewed from each interview

category prescribed by the PREA Resource Center's Interview Guide for Prisoner Interviews, with the exception of the interviews related to youthful prisoners and inmates in segregated housing. Youthful prisoners are not housed at this facility, nor does this facility utilize segregated housing. This auditor was provided a copy of the housing unit roster sheets on each day of the audit. This auditor randomly selected prisoners from each housing unit (by cell number), with a total sample size of 23 random prisoners.

A telephone interview was conducted by this auditor with a representative (Travis Ziebell RN) of Henry Ford Allegiance Health to verify the availability of SAFE/SANE practitioners and victim advocate services at the hospital. Victim advocate services are available upon request. This auditor also made a test call to the PREA Hotline number during the onsite audit on the first day..

Throughout the pre-audit, onsite audit, and post audit, open and positive communication was established between the auditors and both the agency and facility staff. During this time, this auditor discussed all concerns with PREA Regional PREA Analyst Wendy Hart who filtered requests to the appropriate staff. Through a coordinated effort by staff members within the PREA Analyst unit and key staff at the Charles Egeler Reception and Guidance Center, all informational requests of the auditors were accommodated prior to the completion of the onsite audit.

The auditors conducted an exit briefing on May 24, 2019 upon completion of the onsite PREA audit portion for the RGC. The auditors explained that documentation would need further review and any addition requests for information would be coordinated through the agency PREA Coordinator.

Thirty-nine onsite employees were interviewed. At a minimum, one officer from each housing area was selected (covering all shifts), one person from each area of responsibility/classification, and four volunteers randomly selected. The specialized staff interviews included but not limited to an intermediate/higher level facility staff, investigative staff, incident review team member, intake staff, medical staff, staff who perform screening for risk of victimization and abusiveness, Human Resource staff, mental health staff, staff charged with monitoring retaliation, first responders and intake staff. Staff Interviews conducted and broken down in the following manner:

#### Interviews Conducted

MDOC Staff/Volunteers/Contractors- total 39 Individuals- 14 areas of varying responsibilities

Designated Staff Member Charged with Monitoring Retaliation-2

Incident Review Team-1

Intermediate-or High-Level Facility Staff-1

Investigative Staff-2

PREA Compliance Manager/Coordinator-1

Random Staff Sample-15

Staff who perform Screening for Risk of Victimization and Abusiveness-3

Warden or Designee-1

Supervise Segregated Housing Staff-N/A

Medical and Mental Health staff-4

First Responders-1

Intake Staff-1

Human Resource staff-1

Volunteers and Contractors who have contact with Prisoners-7

Approximately 10 informal prisoner and staff interviews were conducted during the physical site review of the facility by this auditor and auditor David Radzewicz and were considered in determining compliance with the standards. Random interviews also followed the format laid out by the PREA Resource Center's interview templates for random staff and prisoners. Auditors addressed each question on the template tools with the subjects of the interviews. Responses were later compared against the standards to assist the auditor with determining compliance with the provisions of the applicable standards. The auditor notes that, due to some staff fulfilling multiple roles within the facility, certain staff members who were interviewed represented more than one category of interview (i.e. the Incident Review Team Member).

Prisoner Interviews conducted and broken down in the following manner:

Prisoner- total 43 Individuals to include interviews for specialized areas

Random Sample of prisoners-23

Disabled and Limited English Proficient Prisoners-10

Prisoners who disclosed Sexual Victimization during Risk Screening-2

Transgender and Intersex Prisoners; Gay, Lesbian, and Bisexual Prisoners-4

Prisoners who reported Sexual Abuse-4

\*There are no youthful prisoners housed a RGC.

This auditor was supplied with the following Policies, Contracts, and Formal Memorandums to review prior to, during, and post onsite site review:

Policy, Contract, and Formal Memorandum Review:

Michigan Department of Corrections

An End to Silence: Prisoners' Handbook on Identifying and Addressing Sexual Abuse 3rd Edition, PREA Resource Center September 2014

Annual PREA Statistics Reports

Annual Staffing Plan Review CAJ-1027 dated May 26, 2018

Memo of non-deviation of staffing plan

Collective Bargaining Agreement- Administrative Support Unit and Human Services Unit, UAW Local 6000

Collective Bargaining Agreement AFSME AFL-CIO

Collective Bargaining Agreement- Labor, Trades, Safety, and Regulatory Units- Michigan State Employees Association

Collective Bargaining Agreement- Scientific and Engineering Bargaining Unit- SEIU Local 517M

Collective Bargaining Agreement- Technical Bargaining Unit- SEIU Local 517M

Collective Bargaining Agreement- Security Unit Agreement SEIU 526M, CTW

Director's Office Memorandum 2017-23 PREA Grievance Process

Director's Office Memorandum 2016-21 Prisoner Mail

Director's Office Memorandum Victims' Advocates/SAFE SANE dated November 28, 2016.

Employee Handbook, Department of Corrections

Facility Schematic

Internal Affairs Section Memorandum Investigation of Contractual Employees dated December 27, 2016

Legislative Corrections Ombudsman and Department of Corrections MOU finalized December 2014

Michigan State Police and Department of Corrections MOU dated September 30, 2015

Organizational Chart

Policy Directive- 01.01.140 Internal Affairs

Policy Directive- 02.01.140 Human Resource Files

Policy Directive- 02.03.100 Employee Discipline and Attachment A



Policy Directive- 02.05.100 New Employee Training Program  
Policy Directive- 02.05.101 In-Service Training  
Policy Directive- 02.06.111 Employment Screening  
Policy Directive- 03.02.105 Volunteer Services and Programs  
Policy Directive- 03.03.105 Prisoner Discipline with Attachment A and D  
Policy Directive- 03.03.105B Class II Misconducts  
Policy Directive- 03.03.140 Prohibited Sexual Conduct Involving Prisoners  
Policy Directive- 03.04.100 Health Services  
Policy Directive- 03.04.125 Medical Emergencies  
Policy Directive- 04.01.105 Reception Facilities Services  
Policy Directive- 04.01.140 Prisoner Orientation  
Policy Directive- 04.04.100 Custody, Security and Safety Systems  
Policy Directive- 04.04.110 Search and Arrest in Correctional Facilities  
Policy Directive- 04.05.120 Segregation Standards- with Variance CAJ-296  
Policy Directive- 04.06.180 Mental Health Services  
Policy Directive- 04.06.184 Gender Identity Disorder (GID)/Gender Dysphoria  
Policy Directive- 05.01.140 Prisoner Placement and Transfer  
Policy Directive- 05.03.118 Prisoner Mail  
Policy Directive- 03.03.130 Prisoner Telephone Use and Attachment B  
Policy Directive- 06.03.104 Residential Reentry Program Facilities  
PREA Administrator Memorandum 115.71 (h) dated July 21, 2016  
PREA Coordinator List dated December 2018  
Physical Plant Division, Project Review and Approval CAH-135  
Prisoner Education Verification CAJ-1036  
Prisoner Guidebook CSJ-166 English and Spanish  
Prisoner Grievance Forms CAJ-1038 A and Appeal CAJ-1038 B  
Residential Reentry Program Eligibility Screening Form- Parolee Self Report CFJ-498  
Request for Proposal (RFP) for services section 3.8.B. outlines the requirement for bidders to comply with the Prison Elimination Act (PREA) of 2003 dated May 20, 2016.  
Risk Assessments Manual (PREA)  
Risk Assessment Worksheet (PREA) CAJ-1023  
Risk Assessment Review RGC (PREA) 30 day reviews  
Survey of Sexual Victimization, 2014 & 2015 State Prison System Summary Form SSV2  
The PREA Manual dated April 24, 2017  
Documentation of Hot-Line referral  
Email Henry Ford Allegiance Medical Center SAFE/SANE information  
RGC Victim Advocate memo  
Training report for Victim Advocates  
Project review and approval  
2018 Training memo  
2018 in-service training plan  
Basic Investigator training manual and training reports

The aforementioned documents were reviewed in conjunction with documents requested during the site review and sample documents provided on the OAS and flash drive to assist in determining compliance with the Standards.

## 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.

The Charles Egeler Reception and Guidance Center (RGC) is located in Jackson MI., and serves as a quarantine facility responsible for intake processing of all male offenders who are adjudicated adults sentenced to a term of incarceration with the Michigan Department of Corrections. Prisoners with new commitments, parole violators, and youthful offenders are received at RGC for assessments, screening and classification prior to their placement in general population prisons throughout the agency. RGC sits on 53 acres and houses the 152-bed, Duane L. Waters Health Center, a full service medical center. Services provided by the Duane L. Waters Health Center include but not limited too; wound care, telemedicine support services, inpatient care and outpatient treatment, pre/post hospital care, general nursing care, respiratory care, orthopedic monitoring, hospice and a compassionate care, service dog program. The center also has two surgical suites.

The Reception and Guidance Center contains four separate units: RGC Main Complex (units 1, 2 and 3) houses quarantine prisoners pending completion of their reception center (holding cells) processing. C Unit houses minimum-security prisoners primarily with medical issues, and Duane L. Waters Health Center.

A double chain link fence equipped with a non-lethal stun fence and concertina wire protects the perimeter of the facility. A perimeter security vehicle is utilized for security reasons when necessary. Camera coverage is extensive as well.

Prisoners receive a variety of psychological, medical, educational and security classification evaluations upon arrival at RGC. Professionally trained correctional health care staff medically screen all prisoners during the intake process. Prisoners are subjected to twelve days of intake processing prior to being classified for transfer to a general population facility capable of meeting their medical, program and security needs. The average length of stay at RGC is 30 to 45 days. Prisoners with significant medical needs or prisoners involved in parole revocation hearings are held at the facility until their medical or due process concerns are resolved.

There are no provisions for restrictive housing at the facility. Prisoners are housed based upon compatible PREA risk assessments. The facility does utilize temporary housing cells that are used for medical observation purposes or separation pending removal from the facility/completion of investigations/classification. Staffing of the housing units is not gender specific.

The administrative complex is located at the front of the facility where facility administrative staff are located. This area is not accessible to the general prisoner population unless under direct supervision for housekeeping details. When entering the facility, a sally port area goes past the facility control center before accessing the large compound of the facility. The six housing unit buildings surround a main open area where prisoners walk to the various buildings within the compound. The recreation area is in the center of the compound that contains exercise equipment and telephones for prisoner use. This area is monitored by roving security staff and cameras while in use.

Health care is provided at the Henry Ford Allegiance Health Center in the event of emergencies that cannot be addressed at the Duane L. Waters Health Center on-site.

The facility is designed to operate a maximum capacity of 1,295 prisoners. On day one of the audit, there were 1,102 prisoners present, on the second day of the audit, the population decreased to 1,075 prisoners and on the third day, the population decreased to 1,072 prisoners. This auditor observed that the prisoner population consisted predominately of Caucasian and African-American prisoners. Other ethnic groups were not widely observed throughout the tour. From this auditor's observations, the majority of the prisoner population appeared to trend towards an age range of 20 years or greater.

There are 546 staff at the facility who may have contact with prisoners, providing adequate supervision within the housing units. The command structure within the security ranks includes corrections officers, Sergeants, Lieutenants (shift supervisors), Captains, Inspectors, Assistant Deputy Warden, Deputy Warden and Warden. The layout of the quarantine housing units permits the officer to have view of the unit entrance, the entrance to the unit prisoner lavatory/shower rooms (within audible range) and down one side of the housing unit from their designated workstation. Another workstation is located on the other side of the unit; the officer is able to view this corridor without obstruction. There are also elevated observation turrets located on each unit. Supplemental "pipe" rounds (electronically documented rounds) take place throughout the units with random roving movement that cover periodic routine observation of all other areas.

During the audit site review and through informal interviews with staff and prisoners, the auditors were left with the general sense that staff and prisoners felt safe within 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.

<b>Number of standards exceeded:</b>	0
<b>Number of standards met:</b>	45
<b>Number of standards not met:</b>	0

This is a final report, which was preceded by an interim report issued to RGC on July 7, 2019. The interim report described areas of noncompliance and corrective action recommendations. It should be noted that RGC was found to be in substantial compliance with facility-level requirements with minor corrective action need for full compliance in reference to standards 115.11, 115.41, 115.42, 115.81 and 115.83. These standards were corrected and are reflected in this final report. This audit entered a corrective action period to address both the above mention standards and agency-level requirements relative to contract monitoring and annual reporting standards to include standards 115.12, 115.87 and 115.89. Due to the findings affecting several active MDOC audits at the agency-level, multiple conversations and email exchanges followed between DOC consortium DOJ-certified PREA Auditor David Radziewicz, the agency's PREA administrator and analysts, the National PREA Resource Center and a conference call including this auditor. This valuable communication made it possible to arrive at an agreed upon plan to demonstrate compliance with all provisions of each standard as applicable to the MDOC.

115.11, 115.12, 115.13, 115.14, 115.15, 115.16, 115.17, 115.18, 115.21, 115.22, 115.31, 115.32, 115.33, 115.34, 115.35, 115.41, 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

The above standards have met compliance.

### 115.11 (c)

#### Post interim report corrective action taken:

The Administrative Assistant (PREA Compliance Manager) has sufficient authority to coordinate the facility's efforts to comply with the PREA Standards, but does not have sufficient time. When interviewed, the PREA Compliance Manager stated; she does have the authority because she work in the Warden's office. She does not have enough time to manage the responsibilities due to the volume of activity occurring here. By the nature of this facility's mission, they have a large number of allegations. She also has the responsibility for litigation coordination and ADA coordinator. Because of the mission, these duties all consume a lot of time. She has too much when all of her responsibilities are combined, as each one of her individual responsibilities have grown. She also stated that a new Compliance Manager has been selected and will begin his

duties on Tuesday May 28 2019. A memo was disseminated of the change and retained for my records.

The new PREA Compliance Manager was interviewed to determine if he believes he has sufficient time and authority to perform the duties of the PREA Compliance Manager. His responses were favorable. He stated that he absolutely has all the time that he needs to perform his duties. He stated that he interacts with three fellow PREA Compliance Managers if he has any questions or issues. This auditor finds compliance with this provision of the standard.

## **115.12**

### **Post interim report corrective action taken:**

Based upon a review of the Pre-Audit Questionnaire (PAQ), the PREA Manual, the interviews of the PREA Manager and PREA Coordinator, it was initially determined that neither the agency nor the facility currently contract with other entities or agencies for the confinement of its inmates. The absence of any contracts for the confinement of its inmates and policy provisions with the PREA Manual demonstrate the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. Following the request for evidence of compliance, the audit teams were advised that the agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.12 and 115.87(e) as the contracts are not for the housing of what the agency considers to be its "inmates". Specifically, the agency states the individuals are parole violators who are pending decision for return to an MDOC facility; thus, not officially an MDOC "inmate." The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance. As of the date of this interim report, the audit team has not received such written direction provided to the agency.

The audit team researched the agency's description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contend that the individuals housed pursuant to the contract are detained in a jail, have no "non-residential time", and may be pending disposition for new criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial detention status pursuant to an arrest in the community and unable to post bail in a similar jail scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered "inmates" who are subject to both the provisions of 115.12 and 115.87(e). In furtherance, the auditor Radziewicz submitted an auditor help request through the auditor portal for standards interpretation guidance.

A response to the auditor helpline request was received June 4, 2019. The guidance was that "the fact that people confined in Community Confinement Facilities are referred to as 'residents' does not exempt a jail or prison from any responsibilities in 115.12 because the Prison & Jail Standards say 'inmate'." This information was communicated to the agency on June 4, 2019 and a request for a phone conference on how to resolve the issues was requested. As of the date of this interim report, the agency has not responded to this request for a phone conference to resolve the issue.

When evaluating compliance with the provisions enumerated within the standard. The audit teams find compliance with provision (a) of the standard. Specifically, the agency has included in its contracts that the facilities adopt and comply with the PREA standards. However, the agency has no established contract monitoring system to ensure the contracted agencies are compliant with the PREA standards as required under provision (b) of the standard.

Although the contract has language for the PREA standards as a requirement; neither contracted facility has any publicly posted evidence of PREA compliance (i.e. an audit report or policies pertaining to PREA), with one facility's website simply stating they will strive to be PREA compliant. Considering that said contracts were entered into as of October 1, 2017 and remain in effect through September 30, 2019; each contracted facility has had ample time to establish PREA policies pursuant to its contract obligations and to generate sufficient evidence of compliance through an audit, with MDOC oversight and contract monitoring as required by the standard.

Due to the absence of contract monitoring and an established documented procedure to ensure the contracted entities are adhering to the PREA standards; the audit team finds that the agency has not met its obligations under provision (b) of the standard to effectively monitor its contracted agencies nor compelled compliance with the PREA standards.

#### Corrective Action Recommendation:

The MDOC will be required to establish a formal and documented means of ensuring the agency's contracted entities comply with each of the PREA standards, including audit obligations established under 115.401. Should the contracted entities not comply with its obligations to demonstrate compliance through an audit each cycle pursuant to 115.401; the agency will need to demonstrate its compliance by not renewing such contracts consistent with provision (b) of the standard.

#### Post Interim Report Corrective Action:

Following the issuing of the interim report, a discussion was held in conjunction with a debriefing from the agency's Richard A. Handlon audit on June 27, 2019. During that discussion with one of the agency's PREA Analysts, it was suggested that a facilitated discussion between the PA DOC audit teams, the MDOC and the PREA Resource Center could be helpful in advancing the discussion. The audit team sent a request to the PREA Resource Center (PRC), requesting the phone conference and potential dates of availability. On July 18, 2019, a request for a phone conference and potential dates of availability was sent to the MDOC PREA Coordinator and Analysts and the discussion was ultimately scheduled for August 8, 2019.

During the phone conference, the audit team, MDOC PREA staff, and a representative of the PRC discussed the viewpoints of the audit team and the agency. Due to continued disagreement between the agency and the audit team over the applicability of the standard to MDOC prison audits; the PRC representative agreed to draft a summary of the conversation for review by the agency PREA Coordinator and the audit teams for submission to the PREA Management Office (PMO) for interpretive guidance. Between August 9, 2019 and August 13, 2019, the drafts circulated between the audit team and MDOC, before submission to the PMO.

On August 23, 2019, the PRC provided the PMO's interpretive guidance on the applicability of 115.12 to the two identified agency contracts. The following guidance was issued:

Based on the information provided and in light of current guidance, it appears that the FAQ that MIDOC relies on for its argument does not apply to this situation. The FAQ envisions temporary transfer/housing situations that arise with facilities that are not already contracted and based on reasons outside the control of the agency. The circumstances described seem to indicate that the IDRPs are detention facilities used by the MIDOC to hold inmates who have been adjudicated as parole violators until they are released or transferred to a DOC facility. In other words, it appears that this involves a standard contract to hold MIDOC inmates and therefore MIDOC needs to ensure that the IDRPs comply with the standards. It doesn't matter that they are there temporarily—the vast majority of inmates are only held temporarily, but they are still entitled to the protections offered by the Standards, and so the requirements of 115.12 apply.

On August 26, 2019, the MDOC again asserted its reservations with the interpretive guidance and requested the original direction from the DOJ staff for their use and support moving forward within the agency.

On September 3, 2019, the audit team requested a phone conference to discuss potential resolution to 115.12. The audit team advised the agency of approximate dates when corrective action periods could be anticipated to expire and stressed the urgency of formulating a plan, even if the MDOC continued to pursue its objection to the applicability of the standard. A phone conference was ultimately scheduled for September 23, 2019.

During the phone conference, the audit team, the MDOC PREA staff, and MDOC contract monitoring staff discussed the steps necessary to demonstrate evidence of contract monitoring. Through the discussion, the audit team learned that the contracts are legislatively earmarked and would be renewing automatically October 1, 2019. The audit team discussed the August 2, 2019 FAQ, which updated the previous February 19, 2014 FAQ, to require that any entity under contract for 3 years or more must be audited as PREA compliant by August 20, 2022. Within the FAQs, even though the contracted entity need not be required to be immediately compliant, the contracting agency is required to document its monitoring of the contracted entity's progress towards compliance.

The audit team learned that the contracted entities have no infrastructure to comply with PREA at this time, and have yet to develop so much as policy provisions to govern how they will implement the standards. Given the starting point of the contracted entities, the audit team and the MDOC mutually agreed upon a monitoring tactic that would begin with the issuance of a formal contractual corrective action plan issued to the contracted entities, citing their failure to adhere to their contractual obligation to comply with the PREA standards. The corrective action plan must outline achievable and measurable milestones for the contracted entity to meet during various intervals throughout the one-year period of the October 1, 2019 contract. The audit team suggested that the corrective action plan include that the contracted entities be held accountable to implement the most critical components of developing compliance within that initial year, such as development of a policy within three months, completion of staff, contractor, volunteer, and inmate training and education requirements within six months, and implementation of risk screening procedures prior to the end of the contractual year so that the contracted entities would be on target to achieve full compliance and be prepared for audit by the August 20, 2022 date established within the FAQ. To fulfill their portion of contract monitoring required by the standards, the MDOC would be responsible to gather tangible evidence of compliance through documentation exchanges, hold the contracted facility accountable to the deadlines imposed within the corrective action plan, and to enforce

compliance with the plan through its available contractual remedies. The MDOC's PREA staff would be consulted by the agency's contract monitors to assess whether the contracted entity's evidence of compliance was consistent with the PREA standards.

The audit team and the MDOC mutually agreed that the provision of the corrective action plan to the contracted entities, and an acknowledgement of the obligations of the corrective action plan requirement by the contracted entities would suffice as evidence that the MDOC has engaged in contract monitoring as required by provision (b) of the standard. The MDOC's enforcement of the contractual corrective action plan is deemed to be most appropriately assessed during future third cycle audits to ensure the MDOC has continued with those obligations initiated through the second cycle audits where the issue was first identified.

On September 24, 2019, the MDOC provided the audit team with the contractual corrective action plans developed for each of the contracted entities and provided email correspondence verifying that each had been formally sent to each of the contracted facilities. The corrective action plans included the following milestones:

1. No later than 12/26/2019, your organization must have PREA policies in place, and provide to Contract Monitor, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
  - a. 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
  - b. 115.13 Supervision and monitoring.
  - c. 115.15 Limits to cross-gender viewing and searches.
  - d. 115.22 Policies to ensure referrals of allegations for investigations.
  - e. 115.61 Staff and agency reporting duties.
  - f. 115.67 Agency protection against retaliation.
  
2. No later than 3/24/2020, your organization must develop, and provide to Contract Monitor, PREA training for employees, volunteers, contractors, and offenders, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
  - a. 115.31 Employee training.
  - b. 115.32 Volunteer and contractor training.
  - c. 115.33 Inmate education.
  - d. 115.34 Specialized training: Investigations.
  - e. 115.35 Specialized training: Medical and mental health care
  
3. No later than 6/24/2020, your organization must develop, and provide to Contract Monitor, a risk screening process that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
  - a. 115.41 Screening for risk of victimization and abusiveness.
  - b. 115.42 Use of risk of victimization and abusiveness
  
4. You must have a certified PREA audit completed on your organization no later than 8/19/2022, and once within each three-year PREA cycle thereafter. Subsequent contract renewals will require continued PREA implementation.
  - a. 115.93 Audits of standards
  - b. 115.401-115.405 Auditing and Corrective Action

The contracted entities were given until October 8, 2019 to respond to the corrective action plan. The audit team was provided with the contracted entity response on October 8, 2019. Both



contracted entities agreed to abide by the corrective action plan and agreed to the deadlines the MDOC imposed via the contract corrective action plan. The audit team finds this formal demand for compliance by the MDOC and acknowledgement of the need for corrective action by the contracted entities to satisfy provision (b)'s requirements for the agency to monitor and enforce compliance with PREA provisions of its contracts.

#### **115.41 (d)**

##### **Post interim report corrective action taken:**

During an interview with staff who perform the facility's intake risk screening with newly received inmates; the audit team learned that the facility was only affirmatively addressing three of the agency's assessment tool questions with newly committed inmates. Specifically, the facility was asking those questions which addressed 115.41(d)-1, 7, and 9. The facility was not affirmatively inquiring whether the inmate has previously experienced sexual victimization and was relying on historical information gathered as part of the pre-sentence process or other agency records. The audit team concedes that, while the majority of the 10 elements of 115.41(d) can be gleaned from official source documentation which contains more reliable information; failure to ask whether the inmate has experienced sexual victimization as required by 115.41(d)-8 does not comport to the requirements or intent of the standard. Specifically, failure to affirmatively address this question during intake risk screening does not allow an opportunity to capture victimization that may have occurred at the preceding prison prior to transfer and subsequent to the pre-sentence report.

As a result, risk designations cannot be considered fully accurate, as there is significant opportunity for information required by the standard to go undetected. When researching supporting documentation supplied pre-audit, the facility was utilizing the agency's 2015 version of the PREA Risk Assessment Manual, which did not require the affirmative address of element 9 of provision (d). The agency developed a draft manual in 2017 as part of corrective actions for previous audits within the agency; however, it was learned that this manual update from 2017 was never formally published.

Therefore, some facilities were utilizing outdated resources corrected at other locations within the agency. RGC is not in compliance with this provision.

RGC has since rectified the assessment process and provided supporting documentation that now captures the victimization piece of the standard however, this auditor is requesting that there be either in person interviews or telecom interviews with a selection of random prisoners that have been processed into the facility since the process has been updated. This auditor will remain in contact with the RGC PREA Compliance Manager to set up these interviews during the corrective action portion of this audit.

Telephone interviews were conducted with 6 random prisoners during the corrective action period. This auditor is satisfied with the responses made by the prisoners that the assessment process now includes questions in reference to previous sexual victimization and is now in compliance with this standard. RGC is now in compliance with standard 115.41 (d).

## **115.42 (a)**

### **Post interim report corrective action taken:**

As stated in the corrective action portion of 115.141 (d) RGC has since rectified the assessment process and provided supporting documentation that now captures the victimization piece of the standard however, RGC will need to provide completed documentation that this corrected practice is in use for a period of time during the corrective action portion of this audit. With the corrective action completed and satisfied for standard 115.41 (d), standard 115.42 (a) is also now in compliance.

## **115.81**

### **Post interim report corrective action taken:**

Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Prisoners that require a follow-up meeting with a medical or mental health practitioner are seen on the second day of the twelve-day intake process at RGC. Interviews with staff that perform risk screening confirm that this is practiced if prior victimization is reported by the prisoner. An interview with a staff member that performs risk screening stated that if the prisoner needs to see mental health, a referral is made immediately to be seen the following day. If there is an immediate need to be seen, they would be seen right away.

However, Due to the issues identified with compliance for 115.41(d), the facility is held in non-compliance with 115.81(a), as the information gathered under 115.41 is incomplete. Specifically, the facility is not asking whether the inmates being screened have experienced prior sexual victimization in any setting and are relying on information gathered through pre-sentence reports to make such determinations as to who experienced prior victimization. Although practice of referring those inmates who were identified as previous victims for medical or mental health evaluations has been established under current practices, the facility cannot be fully compliant until it develops procedures to ensure the information pertaining to identification of prior victims is accurate and potential victims are consistently identified.

Through interviews with the PREA Compliance Manager, staff that conduct the PREA Risk Assessments and Mental Health staff, it was determined that if an offender's screening indicated previous perpetrated sexual abuse, medical and mental health services were being offered to the offenders.

This auditor finds sufficient evidence that the facility has established practice to demonstrate compliance with provision (b) of the standard. Following an agency-wide policy change to implement intake risk screening procedures under 115.41 and through random sampling of prisoner records, the auditor finds that the Charles Egeler Reception and Guidance Center has fulfilled its obligations in each randomly sampled case applicable to provision (b) and (c) of the standard.

## **115.83**

### **Post interim report corrective action taken:**

Due to the issues identified with compliance for 115.41(d), the facility is held in non-compliance with 115.83 (a), as the information gathered under 115.41 is incomplete. Specifically, the facility is not asking whether the inmates being screened have experienced prior sexual victimization in any setting and are relying on information gathered through pre-sentence reports to make such determinations as to who experienced prior victimization. Although practice of referring those inmates who were identified as previous victims for medical or mental health evaluations has been established under current practices; the facility cannot be fully compliant until it develops procedures to ensure the information pertaining to identification of prior victims is accurate and potential victims are consistently identified.

Procedures were developed to ensure the information pertaining to identification of prior victims is accurate and potential victims are consistently identified as per the corrective action above 115.41 (d). This auditor is satisfied with the corrective active action and finds compliance with this standard.

## **115.87 (e)**

### **Post interim report corrective action taken:**

During the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. These contracts were not reported under 115.12, nor were the facilities' incident based and aggregate data included in its 2017 annual report; despite the fact that the contracted entities were under contract in 2017.

During the evaluation of 115.12, it was determined that there is insufficient evidence that the agency completes contract monitoring required by 115.12. Without established contract monitoring, it also appears that the agency does not have documented evidence of collecting data required by 115.87(e); evidenced by the exclusion of such data in its 2017 annual report. Based upon the absence of evidence of data collection for each of its contracted entities; there is insufficient evidence to support compliance with provision (e) of the standard.

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

**115.89 (b)**

**Post interim report corrective action taken:**

As noted under 115.87(e), the agency contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. The facilities' aggregate data was not included in the agency's 2017 annual report; despite the fact that the contracted entities were under contract in 2017. Absent evidence that the agency collects and publishes aggregate data for its contracted facilities, the audit team does not find compliance with provision (b) of the standard.

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of 115.87, therefore, such information is not included in the MDOC's annual report consistent with provision (b) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident-based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting and inclusion in future annual reports. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data for publication within an annual report consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

## 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	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.11 (a) The agency shall have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment and outlining the agency's approach to preventing, detecting, and responding to such conduct.</p> <p>115.11 (a) 1 through 5</p> <p>Agency policy 03.03.140 Prohibited Sexual Conduct Involving Prisoners and the PREA Manual outline the agency approach to implementing the zero tolerance policy. Local operating procedures RGC/OP 03.03.140 outlines the facility's approach to implementing agency policy covered by the agency policy and the agency PREA Manual. The auditor reviewed these documents in their entirety to determine compliance with provision. RGC supplied multiple documents including: Zero Tolerance PREA Policy/Procedure, Michigan Department of Corrections (MDOC) Prohibited Sexual Conduct Involving Female Offenders , and MDOC Policy Directive Prohibited Sexual Conduct involving Prisoners 03.03.140. Each policy provides clear and concise directions to staff regarding Zero-Tolerance.</p> <p>The agency PREA Manual is a document that serves to unify the agency's approach to implementing the PREA standards that were previously covered by network policies relative to such areas as segregation, employee training, prisoner placement, health care, etc. The agency PREA Manual supersedes all policies that were issued prior to its issue in April 24, 2017. The agency PREA Manual addresses relevant topics such as definitions, prevention, planning, training, placement screening, medical and mental health screenings, cross-gender viewing, searches of prisoners, protective custody, protection from retaliation, disabled and limited English proficiency inmates, human resource decision making processes, staffing plans, management rounds, facility and technological upgrades, contracting for the confinement of inmates, collective bargaining, reporting sexual abuse and sexual harassment, prisoner grievances, response procedures to reports of sexual abuse and harassment, medical and mental health services following an allegation of sexual abuse, victim advocates, confidential support services, sexual abuse and sexual harassment investigations, disciplinary sanctions and corrective action, sexual abuse incident reviews, data collection, data review and data storage, auditing and compliance.</p> <p>Interviews with fifteen random staff and seven contractors that may have contact with prisoners at the Charles Egeler Reception and Guidance Center (RGC) re-affirmed that the facility policy on zero tolerance was in place. All persons interviewed were well aware of the policy and had more than sufficient knowledge of the policy and have been trained and received refresher training recently or the refresher training was scheduled in the near future. Training records were reviewed to show compliance with this standard.</p> <p>115.11 (b) The agency shall employ or designate an upper-level, agency-wide PREA coordinator with sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities.</p>

According to the PREA Manual, the position of agency-wide PREA Coordinator oversees the duties of the regional PREA Analysts who oversee the facility PREA Compliance Managers at each facility. Through an interview with the PREA Coordinator, the position provides adequate time and authority to coordinate the Agencies efforts to comply with PREA standards. The Central region PREA Analyst is Wendy Hart and the PREA Compliance Manager at the RGC is Colleen Rudd.

115.11 (c) Where an agency operates more than one facility, each facility shall designate a PREA compliance manager with sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards.

The Administrative Assistant (PREA Compliance Manager) has sufficient authority to coordinate the facility's efforts to comply with the PREA Standards, but does not have sufficient time. When interviewed, the PREA Compliance Manager stated; she does have the authority because she work in the Warden's office. she does not have enough time to manage the responsibilities due to the volume of activity occurring here. By the nature of this facility's mission, they have a large number of allegations. She also has the responsibility for litigation coordination and ADA coordinator. Because of the mission; these duties all consume a lot of time. She has too much when all of her responsibilities are combined, as each one of her individual responsibilities have grown. She also stated that a new Compliance Manager has been selected and will begin his duties on Tuesday May, 28th. A memo was disseminated of the change and retained for my records. This auditor does not find compliance with provision (c) of this standard.

Corrective Action:

The new Compliance Manager will be interviewed by telephone during the corrective action portion of this audit to access if he believes that he has sufficient authority and time to perform the duties of the PREA Compliance Manger. His responses will be reflected on the final report.

The new PREA Compliance manager was interviewed by telephone during the corrective action portion of this audit. He was asked a series of questions pertaining to provision (c) of this standard. This auditor is satisfied that the PREA Compliance Manger does have sufficient time and authority to perform his duties. The questions asked during the interview are attached to this report. This auditor finds RGC in compliance with this standard.

115.12	<b>Contracting with other entities for the confinement of inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a) A public agency that contracts for the confinement of its inmates with private agencies or other entities, including other government agencies, shall include in any new contract or contract renewal the entity’s obligation to adopt and comply with the PREA standards.</p> <p>(b) Any new contract or contract renewal shall provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards.</p> <p>Through a review of the PAQ, the PREA Manual and interviews with the PREA Administrator and PREA Coordinator, this auditor determined that neither the agency nor the RGC contract with any outside entities for the confinement of its inmate population at the time of this audit. The facility provided documentation for a Request for Proposal (RFP) for reentry services that the agency was considering. This RFP contained language to ensure that any successful bidder for an awarded contract would be required to be compliant with the PREA Standards. As of the date of the audit, no contracts have been awarded. The absence of any contracts for the confinement of its inmates, policy provisions within the PREA Manual and the language within its RFP demonstrates the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates in the future.</p> <p>Based upon a review of the Pre-Audit Questionnaire (PAQ), the PREA Manual, , the interviews of the PREA Manager and PREA Coordinator, it was initially determined that neither the agency nor the MTU currently contract with other entities or agencies for the confinement of its inmates. The absence of any contracts for the confinement of its inmates and policy provisions with the PREA Manual demonstrate the agency’s intended compliance with provisions (a ) and (b ) should it contract for confinement of its inmates. However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. Following the request for evidence of compliance, the audit teams were advised that the agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.12 and 115.87(e) as the contracts are not for the housing of what the agency considers to be its “inmates”. Specifically, the agency states the individuals are parole violators who are pending decision for return to an MDOC facility; thus, not officially an MDOC “inmate.” The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance.</p> <p>The audit team researched the agency’s description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contend that the individuals housed pursuant to the contract are detained in a jail, have no “non-residential time”, and may be pending disposition for new</p>



criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial detention status pursuant to an arrest in the community and unable to post bail in a similar jail scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered “inmates” who are subject to both the provisions of 115.12 and 115.87(e). In furtherance, the auditor, David Radziewicz submitted an auditor help request through the auditor portal for standards interpretation guidance.

A response to the auditor helpline request was received June 4, 2019. The guidance was that “the fact that people confined in Community Confinement Facilities are referred to as ‘residents’ does not exempt a jail or prison from any responsibilities in 115.12 because the Prison & Jail Standards say ‘inmate.’” This information was communicated to the agency on June 4, 2019 and a request for a phone conference on how to resolve the issues was requested. As of the date of this interim report, the agency has not responded to this request for a phone conference to resolve the issue.

When evaluating compliance with the provisions enumerated within the standard. The audit teams find compliance with provision (a) of the standard. Specifically, the agency has included in its contracts that the facilities adopt and comply with the PREA standards. However, the agency has no established contract monitoring system to ensure the contracted agencies are compliant with the PREA standards as required under provision (b) of the standard.

Although the contract has language for the PREA standards as a requirement; neither contracted facility has any publicly posted evidence of PREA compliance (i.e. an audit report or policies pertaining to PREA), with one facility’s website simply stating they will strive to be PREA compliant. Considering that said contracts were entered into as of October 1, 2017 and remain in effect through September 30, 2019; each contracted facility has had ample time to establish PREA policies pursuant to its contract obligations and to generate sufficient evidence of compliance through an audit, with MDOC oversight and contract monitoring as required by the standard.

Due to the absence of contract monitoring and an established documented procedure to ensure the contracted entities are adhering to the PREA standards; the audit team finds that the agency has not met its obligations under provision (b) of the standard to effectively monitor its contracted agencies nor compelled compliance with the PREA standards.

Corrective Action Recommendation:

The MDOC will be required to establish a formal and documented means of ensuring the agency’s contracted entities comply with each of the PREA standards, including audit obligations established under 115.401. Should the contracted entities not comply with its obligations to demonstrate compliance through an audit each cycle pursuant to 115.401; the agency will need to demonstrate its compliance by not renewing such contracts consistent with provision (b) of the standard.

The following is the corrective action response in reference to standard 115.12 b.

Based upon a review of the Pre-Audit Questionnaire (PAQ), the PREA Manual, the interviews of the PREA Manager and PREA Coordinator, it was initially determined that neither the

agency nor the facility currently contract with other entities or agencies for the confinement of its inmates. The absence of any contracts for the confinement of its inmates and policy provisions with the PREA Manual demonstrate the agency's intended compliance with provisions (a) and (b) should it contract for confinement of its inmates.

However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. Following the request for evidence of compliance, the audit teams were advised that the agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.12 and 115.87(e) as the contracts are not for the housing of what the agency considers to be its "inmates". Specifically, the agency states the individuals are parole violators who are pending decision for return to an MDOC facility; thus, not officially an MDOC "inmate." The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance. As of the date of this interim report, the audit team has not received such written direction provided to the agency.

The audit team researched the agency's description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contend that the individuals housed pursuant to the contract are detained in a jail, have no "non-residential time", and may be pending disposition for new criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial detention status pursuant to an arrest in the community and unable to post bail in a similar jail scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered "inmates" who are subject to both the provisions of 115.12 and 115.87(e). In furtherance, the auditor Radziewicz submitted an auditor help request through the auditor portal for standards interpretation guidance.

A response to the auditor helpline request was received June 4, 2019. The guidance was that "the fact that people confined in Community Confinement Facilities are referred to as 'residents' does not exempt a jail or prison from any responsibilities in 115.12 because the Prison & Jail Standards say 'inmate'." This information was communicated to the agency on June 4, 2019 and a request for a phone conference on how to resolve the issues was requested. As of the date of this interim report, the agency has not responded to this request for a phone conference to resolve the issue.

When evaluating compliance with the provisions enumerated within the standard. The audit teams find compliance with provision (a) of the standard. Specifically, the agency has included in its contracts that the facilities adopt and comply with the PREA standards. However, the agency has no established contract monitoring system to ensure the contracted agencies are compliant with the PREA standards as required under provision (b) of the standard.

Although the contract has language for the PREA standards as a requirement; neither contracted facility has any publicly posted evidence of PREA compliance (i.e. an audit report

or policies pertaining to PREA), with one facility's website simply stating they will strive to be PREA compliant. Considering that said contracts were entered into as of October 1, 2017 and remain in effect through September 30, 2019; each contracted facility has had ample time to establish PREA policies pursuant to its contract obligations and to generate sufficient evidence of compliance through an audit, with MDOC oversight and contract monitoring as required by the standard.

Due to the absence of contract monitoring and an established documented procedure to ensure the contracted entities are adhering to the PREA standards; the audit team finds that the agency has not met its obligations under provision (b) of the standard to effectively monitor its contracted agencies nor compelled compliance with the PREA standards.

#### Corrective Action Recommendation:

The MDOC will be required to establish a formal and documented means of ensuring the agency's contracted entities comply with each of the PREA standards, including audit obligations established under 115.401. Should the contracted entities not comply with its obligations to demonstrate compliance through an audit each cycle pursuant to 115.401; the agency will need to demonstrate its compliance by not renewing such contracts consistent with provision (b) of the standard.

#### Post Interim Report Corrective Action:

Following the issuing of the interim report, a discussion was held in conjunction with a debriefing from the agency's Richard A. Handlon audit on June 27, 2019. During that discussion with one of the agency's PREA Analysts, it was suggested that a facilitated discussion between the PA DOC audit teams, the MDOC and the PREA Resource Center could be helpful in advancing the discussion. The audit team sent a request to the PREA Resource Center (PRC), requesting the phone conference and potential dates of availability. On July 18, 2019, a request for a phone conference and potential dates of availability was sent to the MDOC PREA Coordinator and Analysts and the discussion was ultimately scheduled for August 8, 2019.

During the phone conference, the audit team, MDOC PREA staff, and a representative of the PRC discussed the viewpoints of the audit team and the agency. Due to continued disagreement between the agency and the audit team over the applicability of the standard to MDOC prison audits; the PRC representative agreed to draft a summary of the conversation for review by the agency PREA Coordinator and the audit teams for submission to the PREA Management Office (PMO) for interpretive guidance. Between August 9, 2019 and August 13, 2019, the drafts circulated between the audit team and MDOC, before submission to the PMO.

On August 23, 2019, the PRC provided the PMO's interpretive guidance on the applicability of 115.12 to the two identified agency contracts. The following guidance was issued:

Based on the information provided and in light of current guidance, it appears that the FAQ that MDOC relies on for its argument does not apply to this situation. The FAQ envisions temporary transfer/housing situations that arise with facilities that are not already contracted and based on reasons outside the control of the agency. The circumstances described seem

to indicate that the IDRP is a detention facility used by the MIDOC to hold inmates who have been adjudicated as parole violators until they are released or transferred to a DOC facility. In other words, it appears that this involves a standard contract to hold to MIDOC inmates and therefore MIDOC needs to ensure that the IDRP complies with the standards. It doesn't matter that they are there temporarily—the vast majority of inmates are only held temporarily, but they are still entitled to the protections offered by the Standards, and so the requirements of 115.12 apply.

On August 26, 2019, the MDOC again asserted its reservations with the interpretive guidance and requested the original direction from the DOJ staff for their use and support moving forward within the agency.

On September 3, 2019, the audit team requested a phone conference to discuss potential resolution to 115.12. The audit team advised the agency of approximate dates when corrective action periods could be anticipated to expire and stressed the urgency of formulating a plan, even if the MDOC continued to pursue its objection to the applicability of the standard. A phone conference was ultimately scheduled for September 23, 2019.

During the phone conference, the audit team, the MDOC PREA staff, and MDOC contract monitoring staff discussed the steps necessary to demonstrate evidence of contract monitoring. Through the discussion, the audit team learned that the contracts are legislatively earmarked and would be renewing automatically October 1, 2019. The audit team discussed the August 2, 2019 FAQ, which updated the previous February 19, 2014 FAQ, to require that any entity under contract for 3 years or more must be audited as PREA compliant by August 20, 2022. Within the FAQs, even though the contracted entity need not be required to be immediately compliant, the contracting agency is required to document its monitoring of the contracted entity's progress towards compliance.

The audit team learned that the contracted entities have no infrastructure to comply with PREA at this time, and have yet to develop so much as policy provisions to govern how they will implement the standards. Given the starting point of the contracted entities, the audit team and the MDOC mutually agreed upon a monitoring tactic that would begin with the issuance of a formal contractual corrective action plan issued to the contracted entities, citing their failure to adhere to their contractual obligation to comply with the PREA standards. The corrective action plan must outline achievable and measurable milestones for the contracted entity to meet during various intervals throughout the one-year period of the October 1, 2019 contract. The audit team suggested that the corrective action plan include that the contracted entities be held accountable to implement the most critical components of developing compliance within that initial year, such as development of a policy within three months, completion of staff, contractor, volunteer, and inmate training and education requirements within six months, and implementation of risk screening procedures prior to the end of the contractual year so that the contracted entities would be on target to achieve full compliance and be prepared for audit by the August 20, 2022 date established within the FAQ. To fulfill their portion of contract monitoring required by the standards, the MDOC would be responsible to gather tangible evidence of compliance through documentation exchanges, hold the contracted facility accountable to the deadlines imposed within the corrective action plan, and to enforce compliance with the plan through its available contractual remedies. The MDOC's PREA staff would be consulted by the agency's contract monitors to assess whether the contracted

entity's evidence of compliance was consistent with the PREA standards.

The audit team and the MDOC mutually agreed that the provision of the corrective action plan to the contracted entities, and an acknowledgement of the obligations of the corrective action plan requirement by the contracted entities would suffice as evidence that the MDOC has engaged in contract monitoring as required by provision (b) of the standard. The MDOC's enforcement of the contractual corrective action plan is deemed to be most appropriately assessed during future third cycle audits to ensure the MDOC has continued with those obligations initiated through the second cycle audits where the issue was first identified.

On September 24, 2019, the MDOC provided the audit team with the contractual corrective action plans developed for each of the contracted entities and provided email correspondence verifying that each had been formally sent to each of the contracted facilities. The corrective action plans included the following milestones:

1. No later than 12/26/2019, your organization must have PREA policies in place, and provide to Contract Monitor, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
  - a. 115.11 Zero tolerance of sexual abuse and sexual harassment; PREA coordinator.
  - b. 115.13 Supervision and monitoring.
  - c. 115.15 Limits to cross-gender viewing and searches.
  - d. 115.22 Policies to ensure referrals of allegations for investigations.
  - e. 115.61 Staff and agency reporting duties.
  - f. 115.67 Agency protection against retaliation.
  
2. No later than 3/24/2020, your organization must develop, and provide to Contract Monitor, PREA training for employees, volunteers, contractors, and offenders, that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
  - a. 115.31 Employee training.
  - b. 115.32 Volunteer and contractor training.
  - c. 115.33 Inmate education.
  - d. 115.34 Specialized training: Investigations.
  - e. 115.35 Specialized training: Medical and mental health care
  
3. No later than 6/24/2020, your organization must develop, and provide to Contract Monitor, a risk screening process that will bring your organization into compliance with the following sections of the Prison Rape Elimination Act, Prisons and Jail Standards:
  - a. 115.41 Screening for risk of victimization and abusiveness.
  - b. 115.42 Use of risk of victimization and abusiveness
  
4. You must have a certified PREA audit completed on your organization no later than 8/19/2022, and once within each three-year PREA cycle thereafter. Subsequent contract renewals will require continued PREA implementation.
  - a. 115.93 Audits of standards

115.13	<b>Supervision and monitoring</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.13 (a) The agency shall ensure that each facility it operates shall develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect inmates against sexual abuse. In calculating adequate staffing levels and determining the need for video monitoring, facilities shall take into consideration: (1) Generally accepted detention and correctional practices; (2) Any judicial findings of inadequacy; (3) Any findings of inadequacy from Federal investigative agencies; (4) Any findings of inadequacy from internal or external oversight bodies; (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated); (6) The composition of the inmate population; (7) The number and placement of supervisory staff; (8) Institution programs occurring on a particular shift; (9) Any applicable State or local laws, regulations, or standards; (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and (11) Any other relevant factors.</p> <p>(a) The PREA Manual outlines staffing plan criteria too include the minimum considerations 1-11 outlined in the PREA Standards.</p> <p>(1) Generally accepted detention and correctional practices;  (2) Any judicial findings of inadequacy;  (3) Any findings of inadequacy from Federal investigative agencies;  (4) Any findings of inadequacy from internal or external oversight bodies;  (5) All components of the facility’s physical plant (including “blind-spots” or areas where staff or inmates may be isolated);  (6) The composition of the inmate population;  (7) The number and placement of supervisory staff;  (8) Institution programs occurring on a particular shift;  (9) Any applicable State or local laws, regulations, or standards;  (10) The prevalence of substantiated and unsubstantiated incidents of sexual abuse; and  (11) Any other relevant factors.</p> <p>The PREA Manual specifies the eleven factors enumerated within provision (a) of the standard are taken into account when developing the staffing plan for MDOC prisons. The facility staffing plan review, dated, May 26, 2018 verifies that all eleven factors within provision (a) of the standard were used to formulate the facility staffing plan. Interviews with the Warden and PREA Compliance Manager reveal that no recent modifications were made to the staffing plan. This auditor was provided the latest staffing plan dated May 15, 2019 for review while on-site.</p> <p>The May 15, 2019 staffing plan was reviewed in its entirety by this auditor.</p> <p>115.13 (b) In circumstances where the staffing plan is not complied with, the facility documents and justifies all deviations from the plan.</p> <p>The PREA Manual indicates “In circumstances where the staffing plan is not complied with, the</p>

facility shall document and justify all deviations from the plan.”

The Warden stated that RGC never deviates from its staffing plan. All posts are filled with overtime to ensure compliance with the staffing plan. The Warden added that non-essential posts (i.e. recreation) could be closed if emergency conditions existed to maintain essential levels of staffing in areas of the facility where inmates have access. Daily shift rosters document facility absences and how posts are filled. During the audit, the auditor observed the use of overtime to ensure posts were filled. Informal conversations with security staff also confirmed that all posts are filled if need due to call offs etc. RGC has demonstrated that they are in compliance with this provision.

115.13 (c) Whenever necessary, but no less frequently than once each year, for each facility the agency operates, in consultation with the PREA coordinator required by § 115.11, the agency shall assess, determine, and document whether adjustments are needed to: (1) The staffing plan established pursuant to paragraph (a) of this section; (2) The facility's deployment of video monitoring systems and other monitoring technologies; and (3) The resources the facility has available to commit to ensure adherence to the staffing plan

The PREA Manual states that the Warden and PREA Coordinator are involved in the review of the facility staffing plan. This plan is subsequently forwarded to the agency PREA Administrator (Manager) for review. The PREA Administrator (Manager) reports involvement in the staffing plan process for each facility within the agency.

This auditor was provided a copy of the Annual Staffing Plan Review for the RGC Facility dated May 15, 2019. The review included a thorough review of the facility staffing plan based on internal agency operational audit reports to determine operational compliance with factors similar to a ACA standards.

Interviews with the Warden, PREA Coordinator and PREA Compliance Manager, as well as a review of the agency policy, confirm that the staffing plan is reviewed annually by the facility and the agency PREA Manager and the agency as a whole, has taken action to upgrade its camera technology at each facility to demonstrate compliance with provision (c).

115.13 (d) Each agency operating a facility shall implement 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. Such policy and practice shall be implemented for night shifts as well as day shifts. Each agency shall have a policy to prohibit 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.

(d) The PREA Manual directs Wardens, Deputy Wardens, Inspectors, Captains, Lieutenants to conduct and document rounds for PREA audit purposes, in addition to rounds conducted per PD 04.04.100 "Custody, Security, and Safety Systems." OP 04.04.100P also breaks down the areas of rounds, frequency, and by whom the rounds are to be completed by.

Through interviews with the Warden, Deputy Warden and the PREA Compliance Manager and review of log book activity, facility Lieutenants complete rounds on a daily basis on all shifts. Shift Commanders and the Deputy Wardens complete weekly rounds within the housing units, with those rounds covering all three shifts on a monthly basis. The facility Deputy Warden was

interviewed and reported that rounds are conducted regularly, staff are not permitted to notify others of occurring rounds and that he routinely changes his patterns to ensure rounds are not predictable. Radio traffic is not permitted to ensure rounds are not announced. Rounds are documented in the unit log books. During the tour, informal interviews with line staff reported that supervisory staff make regular rounds throughout the housing units and confirmed the daily presence of supervisors during each shift on the housing units. A review of agency policy, interviews with the facility administration, informal interviews with line staff and a review of log book entries allowed this auditor to find compliance with provision (d).



<b>115.14</b>	<b>Youthful inmates</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.14 (a) A youthful inmate shall not be placed in a housing unit in which the youthful inmate will have sight, sound, or physical contact with any adult inmate through use of a shared dayroom or other common space, shower area, or sleeping quarters.</p> <p>(a)– (c) The PREA Manual and Agency policy 05.01.140, Prisoner Placement and Transfer, restricts male and female prisoners under the age of 18 to two specific facilities within the MDOC system. Males to Thumb Correctional Facility and Females to Women’s Huron Valley Corrections Facility.</p> <p>Agency policy 05.01.140, Prisoner Placement and Transfer, outlines that agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). 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>During the audit tour, through interviews with the Facility Administration and the PREA Coordinator, it was observed that RGC does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard. This is also reported on the facilities PAQ.</p>

<b>115.15</b>	<b>Limits to cross-gender viewing and searches</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.15 (a) The facility shall not conduct cross-gender strip searches or cross-gender visual body cavity searches (meaning a search of the anal or genital opening) except in exigent circumstances or when performed by medical practitioners.</p> <p>RGC does not house female inmates, all staff trained in cross-gender pat searches for emergency purposes only. Random staff interviews confirmed that they do not perform these type of searches. Random prisoner interviews confirm that this practice is in place and have not been subject to cross-gender pat searchers. All searches of this type are performed by a medical professional.</p> <p>Policy 4.1.140 Search and Arrest in Correctional Facilities and the PREA Manual establish procedures to limit cross gender viewing and were reviewed in determining compliance with provision (a) of the standard. On the PAQ, the facility stated no cross gender strip searches or visual body cavity searches were conducted during this audit period. The facility PREA Coordinator confirms that no cross-gender strip searches or visual body cavity searches were conducted to demonstrate compliance with provision (a) of the standard.</p> <p>115.15 (b) As of August 20, 2015, or August 20, 2017 for a facility whose rated capacity does not exceed 50 inmates, the facility shall not permit cross-gender pat-down searches of female inmates, absent exigent circumstances. Facilities shall not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with this provision.</p> <p>Through the PAQ, a review of agency policy 05.01.140, Prisoner Placement and Transfer, the PREA Manual, the facility tour and interviews with the PREA Administrator (Manager), PREA Coordinator and Warden, the auditor observed that the facility does not house female inmates. Therefore, the facility demonstrates that it does not restrict female inmates' access to regularly available programming or other out-of-cell opportunities in order to comply with provision (b).</p> <p>115.15 (c) The facility shall document all cross-gender strip searches and cross-gender visual body cavity searches, and shall document all cross-gender pat-down searches of female inmates.</p> <p>Policy 04.04.110 and the PREA Manual establish policy for provision (c) of the standard and was reviewed in determining compliance. Agency policy 04.04.110 requires that a report be authored to the Warden of the facility by the end of shift when a strip search was conducted by or in the presence of an opposite gender employee. The PREA Manual directs that pat-searches of female inmates be conducted by female staff only. These policies require that visual body cavity searches be completed by licensed medical professionals. It is recommended within policy that an additional staff be present during the course of such a search and that staff person must be of the same gender as the person receiving the visual body cavity search.</p>

The facility PREA Coordinator confirmed there were no reported cross gender strip, visual body cavity or pat-searches conducted by the facility. Random staff interviews confirmed that line staff are well aware of the prohibition against cross-gender strip searches and the auditor notes that the facility does not house female inmates, allowing this auditor to determine compliance with provision (c) of the standard.

115.15 (d) The facility shall implement policies and procedures that enable inmates to shower, perform bodily functions, and change clothing without non-medical 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. Such policies and procedures shall require staff of the opposite gender to announce their presence when entering an inmate housing unit.

03.03.140 PRISON RAPE ELIMINATION ACT (PREA) AND PROHIBITED SEXUAL CONDUCT INVOLVING PRISONERS (updated effective 04/24/2017), the PREA Manual (updated effective 04/24/2017), Privacy Notice Signs, Knock and Announce and photographs of toileting/showering facilities signs were reviewed pre-audit in determining compliance with provision (d) of the standard.

During the audit tour, this auditor observed that the facility has numerous Privacy Notice Signs, Knock and Announce signs displayed at entrances to the housing units, officer desks and in the bathroom areas of the housing units. Opposite gender staff announcements were made on all housing unit tours and staff waited 10 seconds after making the announcement prior to entering the unit to afford time to ensure privacy.

With multiple informal interviews in each housing unit throughout the tour, along with random interviews, this auditor is satisfied that there is substantial compliance with provision (d)'s requirement of opposite gender announcements. Formal random interviews and numerous informal interviews during the audit tour with both staff and inmates confirm the auditor's observation that inmates were able to dress, shower or toilet without being viewed by staff of the opposite gender, consistent with provision (d) of the standard.

115.15 (e) The facility shall not search or physically examine a transgender or intersex inmate for the sole purpose of determining the inmate's genital status. If the inmate's genital status is unknown, it may be determined 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.

The PREA Manual and 04.06.184 GENDER IDENTITY DISORDER (GID)/GENDER DYSPHORIA establish policy prohibitions against searching transgender inmates for the sole purpose of determining genital status and were reviewed pre-audit when determining compliance with provision (e) of the standard. The auditor notes that during the interim audit period, this policy was amended at the agency level and, effective 06/26/2017, became known as GENDER DYSPHORIA and eliminated references to Gender Identity Disorder (GID). Random and informal interviews during the audit tour lead this auditor to the conclusion that staff are aware of the prohibition against searching transgender inmates for the sole purpose of determining genital status. Random staff interviews confirmed that they were aware of the

policy and described practices consistent with the knowledge that it is not part of their duties to search an inmate to determine genital status, furthering that such determinations are made prior to their interactions with the inmates. Multiple transgender inmates were formally interviewed, these individuals confirmed that they have not been searched for the sole purpose of determining their genital status. Through formal and informal interviews with multiple ranks of staff, the auditor is confident that transgender and intersex inmates are not examined or strip searched for the sole purpose of determining genital status to find compliance with provision (e) of the standard.

115.15 (f) The agency shall train security staff in how to conduct cross-gender pat-down searches, and searches of transgender and intersex inmates, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.

Custody and Security in Corrections Part 2, Personal Searches: The Application of Search Procedures for GID and TRANSGENDER Prisoners is the training curriculum for the MDOC reviewed in determining compliance with provision (f). Staff were able to articulate proper cross gender search techniques during random interviews and stated that they received this training through the MDOC training academy and as part of their annual training. Through past audits in the MDOC, this auditor is aware that it has been a long-standing practice for cross-gender search training to be delivered to staff through the training academy process. The facility reported that 100% of security staff have been provided training to conduct professional cross-gender and transgender pat searches. The facility provided adequate documentation, in the form of computer based training record receipts as part of its pre-audit sample training records relative to transgender/intersex searches. A review of the training materials, random interviews with staff and a review of training records demonstrates compliance with provision (f) of the standard.

115.16	<b>Inmates with disabilities and inmates who are limited English proficient</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.16 (a) The agency shall take appropriate steps to ensure that inmates with disabilities (including, for example, inmates who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech 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. Such steps shall include, when necessary to ensure effective communication with inmates who are deaf or hard of hearing, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary. In addition, the agency shall 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, limited reading skills, or who are blind or have low vision. An agency is not required to take actions that it can demonstrate would result in a fundamental alteration in the nature of a service, program, or activity, or in undue financial and administrative burdens, as those terms are used in regulations promulgated under title II of the Americans With Disabilities Act, 28 CFR 35.164.</p> <p>(a) 03.03.140 Prohibited Sexual Conduct Involving Prisoners, Additional Measures to Minimize Prohibited Conduct. The PREA Administrator shall ensure standardized educational material to educate prisoners regarding conduct prohibited by this policy, self-protection, how to report conduct or threats of conduct prohibited by this policy, and treatment and counseling is accessible to all prisoners. Educational materials shall be available to all prisoners, including any updates, in CFA and Reentry facilities and shall be incorporated into facility orientation programs. If needed, the Department will seek the assistance of interpreters for prisoners with disabilities or limited English proficiency.</p> <p>The PREA Manual- Prisoners with Disabilities or Limited English Proficiency- the Department will provide PREA prisoner education in formats understandable by the entire prisoner population. If needed, the Department will seek the assistance of interpreters.</p> <p>RGC provided documents to include: Prisoner Guidebook in Spanish, Tri-fold Spanish- Sexual Violence, Spanish Sexual Abuse Posters, Privacy Notice in English/Spanish, PREA Pamphlet in Brail, and flyer for Language Unlimited services that included Language, Deaf, and Hard of Hearing Services. Prisoners with disabilities expressed during their interviews that were provided means to understand the information provided.</p> <p>115.16 (b) The agency shall 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, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.</p> <p>(b) Random Interviews with Staff indicated that when an offender is identified as having an impairment that would limit their ability to access the information they would use multiple</p>

options to ensure the offender received and understood the materials. This included but not limited to: reading materials to the offender, reading materials to offenders via the Language Unlimited Service, providing them translated materials, or materials in Brail. Documentation was provided for the use of “Real time Translation” who provides mobile interpreters as needed.

During Interviews with Disabled and Limited English Proficient Inmates it was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the Deputies and Parole Agents. The interviewees indicated that staff would sit with them, read the materials, and answer questions if necessary to ensure that they could utilize the information. Offenders with sight issues, reading deficiencies, and cognitive issues were interviewed.

115.16 (c) The agency shall not rely on inmate interpreters, inmate readers, or other types of inmate assistants 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.

The Department will provide PREA prisoner education in formats understandable by the entire prisoner population. If needed, the Department will seek the assistance of interpreters.

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-response duties as outlined in this manual, or the investigation of the prisoner’s allegations.

Random Staff Interviews, Administration Interviews, Disabled and Limited English Proficient Inmate Interviews, and random inmate interviews produced evidence that staff and offenders alike knew that inmate interpreters were not to be used unless exigent circumstances existed. No one indicated that they had ever witnessed, conducted, or requested that an inmate interpret for any investigation. The facility has not had any PREA abuse or harassment allegations.

The facility demonstrates compliance with this standard.

115.17	<b>Hiring and promotion decisions</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>The PREA Manual- Promoting Current Employees- Contractors</p> <p>115.17 (a) The agency shall not hire or promote anyone who may have contact with inmates, and shall not enlist the services of any contractor who may have contact with inmates, who— (1) 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); (2) 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; or (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.</p> <p>Before enlisting the services of any contractor who may have contact with prisoners, the Department shall perform a criminal background records check.</p> <p>The Department shall not enlist the services of any contractor, who may have contact with prisoners, who:</p> <p>(1) 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);</p> <p>(2) Has been convicted of engaging in, attempting to engage in, or conspiracy 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; or</p> <p>(3) Has been civilly or administratively adjudicated to have engaged in the activity described in (2).</p> <p>Incidents of sexual harassment shall be considered in determining whether to enlist the services of anyone who may have contact with prisoners.</p> <p>RGC provided sample documentation showing the most current LEIN background checks for onsite RGC employees and Contractors. All corrections officers have yearly clearance checks prior to range qualification. This auditor reviewed all background and LEIN checks while on-site.</p> <p>Contractor/Volunteer LEIN checks are performed each year and are up to date. Validation of this process was provided to this auditor during the on-site portion of the audit.</p> <p>115.17 (b) The agency shall consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with inmates.</p> <p>The agency and individual facilities share the role of conducting background checks on contractors who may have contact with inmates. Some contractors are hired through Central Office and their background checks are completed at the agency level, while individual contractors may be screened locally at the facility. According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, 5-year LEIN checks are completed by the records supervisor in June of designated years for each individual facility</p>

where the contractor or employee is located. Documentation was received from two facilities to verify this practice. An interview with a human resource staff member verified the above process.

115.17 (c) Before hiring new employees who may have contact with inmates, the agency shall: (1) Perform a criminal background records check; and (2) 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.

The agency provided sample applications for hires of new corrections officers and a promotional application to demonstrate that the agency requires all applicants to provide such information when applying for employment or promotion and during any self-evaluations. In addition to application materials, the employee work rules, specified in the employee handbook, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. Agency policy affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. An interview with a human resource staff member verified the above process.

115.17 (d) The agency shall also perform a criminal background records check before enlisting the services of any contractor who may have contact with inmates.

The agency and individual facilities share the role of conducting background checks on contractors who may have contact with inmates. Some contractors are hired through Central Office and their background checks are completed at the agency level, while individual contractors may be screened locally at the facility. A binder containing all LEIN and background checks to include contractors was provided to this auditor for review. An interview with a human resource staff member verified the above process.

115.17 (e) The agency shall 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.

According to policy 02.06.111 EMPLOYMENT SCREENING, the PREA Manual and staff interviews, 5-year LEIN checks are completed by the records supervisor in June of designated years for each individual facility where the contractor or employee is located. Documentation was received from two facilities to verify this practice. Sample documentation was provided that shows the 5-year checks are being performed. Interview with human resource staff confirm that these checks are routinely performed.

115.17 (f) & (g) The agency shall 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 and in any interviews or written self-evaluations conducted as part of reviews of current employees. The agency shall also impose upon employees a continuing affirmative duty to disclose any such misconduct. (g) Material omissions regarding such misconduct, or the provision of materially false information, are grounds for termination.



In addition to application materials, the employee work rules, specified in the employee handbook, requires that employees have an ongoing obligation to disclose any sexual misconduct. There are no self-evaluation procedures in place. Agency policy affirmatively states that material omissions regarding such misconduct or the provision of materially false information are grounds for termination. Interview with human resource staff confirm this practice.

115.17 (h) Unless prohibited by law, the agency shall 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.

Through interviews with human resource staff and RGC administration, the facility shall provide this information upon request. Support documentation of such request was provided to assist in determining compliance with this provision.

<b>115.18</b>	<b>Upgrades to facilities and technologies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.18 (a) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, the agency shall consider the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p> <p>MDOC requires form CAH-135 Project Review and Approval to be utilized for all facility projects.</p> <p>All cameras have a retention schedule of 30 days. This auditor found no areas of concern during the facility tour. The placement of a specific camera resulted from an investigation of alleged sexual abuse by staff on prisoner in a blind spot (kitchen walk-in cooler) the additional camera will enhance the sexual safety of inmates and staff in the future. An interview with the Warden emphasized the consideration of the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse. The strategic deployment of video monitoring technology and round reading technology demonstrates the agency and facility dedication to compliance with provision (b) of the standard.</p> <p>115.18 (b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the agency shall consider how such technology may enhance the agency’s ability to protect inmates from sexual abuse.</p> <p>An interview with the Warden emphasized the consideration of the effect of the design, acquisition, expansion, or modification upon the agency’s ability to protect inmates from sexual abuse.</p>

115.21	<b>Evidence protocol and forensic medical examinations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.21 (a) To the extent the agency is responsible for investigating allegations of sexual abuse, the agency shall follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions.</p> <p>The agency's protocol, which is outlined in the PREA Manual and Crime Scene Management and Preservation Training Manual, demonstrates that the agency and facility have procedures in place for preserving evidence and maintaining the integrity of any crime scene. These procedures allow for the criminal investigative agency, Michigan State Police (MSP), to maximize the collection of available evidence within the crime scene. Forensic examinations are conducted at by SAFE/SANE examiners at Henry Ford Allegiance Health.</p> <p>During random staff interviews and informal interviews during the site tour, it was apparent to this auditor that security staff are aware of their responsibility to secure any potential crime scene and their duty to ensure those involved do not take actions that could destroy evidence. Basic Investigator training and Crime Scene Management and Preservation training materials cover the necessary technical detail to aid first responders in preserving available evidence to demonstrate compliance with provision (a) of this standard.</p> <p>115.21 (b) The protocol shall be developmentally appropriate for youth where applicable, and, as appropriate, shall be 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.</p> <p>RGC does not house youthful offenders. This provision of the standard is not applicable to RGC.</p> <p>115.21 (c) The agency shall offer all victims of sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiary or medically appropriate. Such examinations shall be performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible. If SAFEs or SANEs cannot be made available, the examination can be performed by other qualified medical practitioners. The agency shall document its efforts to provide SAFEs or SANEs.</p> <p>MDOC PREA Manual and Policy Directive 03.04.100 Health Services section UU. Both call for Forensic Examinations to be conduct by SAFE/SANE nurse examiners if abuse occurred in 96 hours or less, or where forensic evidence may be present. If SAFE/SANE nurse examiner is not available the examination can be performed by another qualified medical practitioner and documentation will be maintained of the Departments efforts to secure a SAFE/SANE examination. The manual and policy both require that the exam shall be without financial cost to the prisoner. This auditor contacted Henry Ford Allegiance Health and spoke with an RN who verified the availability of SAFE and SANE health care professionals at this location. RGC provided this auditor with a memo containing contact information at the health center.</p>

115.21 (d) The agency shall attempt to make available to the victim a victim advocate from a rape crisis center. If a rape crisis center is not available to provide victim advocate services, the agency makes available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member. Agencies shall document efforts to secure services from rape crisis centers. For the purpose of this standard, a rape crisis center refers to an entity that provides intervention and related assistance, such as the services specified in 42 U.S.C. 14043g(b)(2)(C), to victims of sexual assault of all ages. The agency may utilize a rape crisis center that is part of a governmental unit as long as the center is not part of the criminal justice system (such as a law enforcement agency) and offers a comparable level of confidentiality as a nongovernmental entity that provides similar victim services.

RGC administration has made attempts to obtain local victim advocacy through AWARE Shelter, who refused to work with prisoners, per the PREA Compliance Manager. RGC has trained medical, mental health and other staff in victim advocacy (training records have been reviewed and verified by this auditor) if an advocate is not available at the Henry Ford Allegiance Health System. RGC has trained well over 100 staff in victim advocacy.

115.21 (e) As requested by the victim, the victim advocate, qualified agency staff member, or qualified community-based organization staff member shall accompany and support the victim through the forensic medical examination process and investigatory interviews and shall provide emotional support, crisis intervention, information, and referrals.

(e) MDOC PREA manual provides that as requested by the victims a qualified medical or mental health staff member can accompany and support the victim through the forensic medical exam and investigatory interviews when a Rape-crisis/Community-based advocate is not available. Memo stating that no prisoners have requested this service during this audit cycle.

115.21 (f) To the extent the agency itself is not responsible for investigating allegations of sexual abuse, the agency shall request that the investigating agency follow the requirements of paragraphs (a) through (e) of this section.

(f) Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a)-(e) of this section.

115.21 (g) The requirements of paragraphs (a) through (f) of this section shall also apply to: (1) Any State entity outside of the agency that is responsible for investigating allegations of sexual abuse in prisons or jails; and (2) Any Department of Justice component that is responsible for investigating allegations of sexual abuse in prisons or jails.

(g) This provision is not required to be audited by this auditor.

115.21 (h) For the purposes of this section, a qualified agency staff member or a qualified community-based staff member shall be an individual who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues in general.

The facility attempts to make a rape crisis advocate available; however, has yet to enter into a formal agreement. This auditor called Henry Ford Allegiance Health System and confirmed with the Emergency Services Coordinator that the hospital may receive inmates from the RGC for the purposes of conducting forensic examinations and the hospital provides an on call community advocate during said examinations. The advocate will make applicable referrals for follow-up care. In the event, such services are necessary, the facility uses qualified mental health staff. During the onsite portion of the audit, the Regional PREA Compliance Manager for the facility and mental health staff confirmed that the agency has trained and continues to train facility staff to serve as qualified staff members for the purpose of affording advocacy services.

Training rosters and materials were provided and reviewed to the auditor's satisfaction. Completion of the training delivers an awareness of the specialized knowledge required to provide support to a victim of sexual abuse consistent with provision (h) of this standard. In addition, Henry Ford Allegiance Health System has the ability to call in a SAFE/SANE nurse as needed during the hours of non-on-site coverage and is in the process of training four more staff for SAFE/SANE certification to be able to provide 24/7 on-site coverage. The facility demonstrates compliance with this standard.

115.22	<b>Policies to ensure referrals of allegations for investigations</b>
	<p data-bbox="248 168 898 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="248 248 523 284"><b>Auditor Discussion</b></p> <p data-bbox="248 329 1374 405">115.22 (a) The agency shall ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.</p> <p data-bbox="248 456 1485 658">(a) MDOC Policy Directive 01.01.140 Internal Affairs- directs that all allegations of abuse and harassment be referred to the Internal Affairs Division Manager to be assigned for investigation. Additionally, the a Internal Affairs Manager shall also coordinate the investigation of all cases under the jurisdiction of Internal Affairs Division which are referred to the Michigan State Police or local law enforcement agency for criminal investigation.</p> <p data-bbox="248 710 1394 831">Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.</p> <p data-bbox="248 882 1473 1003">Review of the PAQ reports 64 allegations of Sexual Abuse and Sexual Harassment during the past 12 months, 29 of which were referred for criminal investigation. All administrative and/or criminal investigations were completed.</p> <p data-bbox="248 1055 1453 1256">An interview with the agency head confirms that all allegations of sexual abuse and sexual harassment are investigated. A review of agency policy and interviews with the agency head and agency PREA Compliance Manager confirm that a referral process is in place to both notify and receive allegations of sexual abuse reported at or from other facilities. Investigations were reviewed by this auditor to verify this process.</p> <p data-bbox="248 1308 1485 1509">115.22 (b) The agency shall have in place a policy 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. The agency publishes such policy on its website or, if it does not have one, makes the policy available through other means. The agency documents all such referrals.</p> <p data-bbox="248 1561 1481 1682">(b) MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.</p> <p data-bbox="248 1733 1414 1935">MDOC PREA Manual states that "...staff shall ensure all allegations are referred to the appropriate law enforcement agency...for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented..." "...the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution."</p> <p data-bbox="248 1986 1437 2107">PREA Policy and Directives are published at <a href="http://www.michigan.gov/corrections/0,4551,7-119-1409---,00.html">http://www.michigan.gov/corrections/0,4551,7-119-1409---,00.html</a> under hyperlink Policy Directives <a href="http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html">http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html</a></p>

Interviews with investigative staff confirm this process is in place and followed for all investigations. An Inspector at the facility acts as a liaison with the Michigan State Police.

115.22 (c) If a separate entity is responsible for conducting criminal investigations, such publication shall describe the responsibilities of both the agency and the investigating entity.

(c) PREA Policy and Directives are published at <http://www.michigan.gov/corrections/0,4551,7-119-1409---,00.html> under hyperlink Policy Directives  
[http://www.michigan.gov/corrections/0,1607,7-119-1441\\_44369---,00.html](http://www.michigan.gov/corrections/0,1607,7-119-1441_44369---,00.html)

03.03.140 Prohibited Sexual Conduct Involving Prisoner is published and outlines MDOC and Law Enforcement requirements.

01.01.140 Internal Affairs is published and outlines MDOC and Law Enforcement requirements.

Michigan State Police letter dated September 30, 2015 acknowledging compliance with section (a-e) of 115.21.

Michigan State Police letter dated September 30, 2015 acknowledging sections a-f of 115.21 that apply to their agency was reviewed by this auditor.

115.22 (d) 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.

This auditor is not required to audit this provision.

115.22 (e) Any Department of Justice component 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.

This auditor is not required to audit this provision.

The facility demonstrates compliance with this standard.

115.31	<b>Employee training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.31 (a) The agency shall train all employees who may have contact with inmates on: (1) Its zero-tolerance policy for sexual abuse and sexual harassment; (2) How to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures; (3) Inmates' rights to be free from sexual abuse and sexual harassment; (4) The right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment; (5) The dynamics of sexual abuse and sexual harassment in confinement; (6) The common reactions of sexual abuse and sexual harassment victims; (7) How to detect and respond to signs of threatened and actual sexual abuse; (8) How to avoid inappropriate relationships with inmates; (9) How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates; and (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.</p> <p>(a) The agency's PREA Manual, PREA training curriculum "PREA: Sexual Abuse and Sexual Harassment in Confinement", computer based training modules for PREA and training reports were reviewed in determining compliance with provision (a) of the standard. A review of these materials provides a robust explanation of all 10 points required by the standards. The training curriculum is provided as part of an employee's initial 320 Hour Corrections Training Program, which is completed prior to an employee assuming duty. Computer based training is provided for existing employees and contractors through two detailed training modules. This training is also repeated annually as part of the facility's in-service training requirements. Facility training record samples from the six-months prior to the audit demonstrate that all custody staff have completed the annually required training modules to that point. Informal interviews with staff during the audit tour confirm that individuals are well informed of all ten factors required by the employee training standard. All staff who were randomly interviewed were able to clearly describe elements from the training to demonstrate knowledge of the factors required by the standards in compliance with provision (a).</p> <p>115.31 (b) Such training shall be tailored to the gender of the inmates at the employee's facility. The employee shall receive additional training if the employee is reassigned from a facility that houses only female inmates, or vice versa.</p> <p>(b) RGC does not house female inmates. The agency training materials that were provided to and reviewed by this auditor adequately cover the dynamics of sexual abuse for male and female inmates as required by provision (b) of the standard. From a previous audit at another MDOC facility that does house female inmates, the auditor is aware that the agency offers a specific module of training on collaborative case management for women that is not just specific to PREA, but an overall gender inclusive training. This training supplements those working with female offenders on a regular basis; however, it is again noted that female inmates are not housed at RGC. Based on a review of PREA training materials, random staff interviews and a sampling of training records; the facility demonstrates compliance with provision (b).</p>



115.31 (c) All current employees who have not received such training shall be trained within one year of the effective date of the PREA standards, and the agency shall 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. In years in which an employee does not receive refresher training, the agency shall provide refresher information on current sexual abuse and sexual harassment policies.

(c) RGC provided ample documentation that was reviewed by this auditor to verify that staff at the facility have completed the agency's computer based training on sexual abuse and sexual harassment in confinement settings. Employees are required to complete this training at a minimum of every two years as noted within the agency PREA Manual; however, the training is available annually to aid in fulfillment of annual training requirements. As part of the facility's pre-audit documentation, it provided records of 546 staff completing this training as part of its annual in-service training requirements. Training records and the agency training plans demonstrate compliance with provision (c) of the standard along with random staff interviews confirming their training is current.

115.31 (d) The agency shall document, through employee signature or electronic verification, that employees understand the training they have received.

(d) Employees are required to complete a comprehension test relative to the training materials to verify their understanding of the materials at the end of the agency's computer based training modules. This comprehension test comes with electronic verification by employee ID number to signify individual comprehension of the training, demonstrating compliance with provision (d) of the standard. This documentation has been reviewed by this auditor for verification.

<b>115.32</b>	<b>Volunteer and contractor training</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.32 (a) The agency shall ensure 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.</p> <p>(a) Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. The agency’s training curriculum for contractors and volunteers sufficiently addresses the concepts of sexual abuse, sexual harassment, reporting and response procedures. In addition to the auditor’s review of the training materials, the auditor requested and reviewed a sampling of training records across multiple contractor and volunteer disciplines to determine compliance with provision (a) of the standard. Interviews were conducted with 4 volunteers and 2 contractors that verified the training they received.</p> <p>115.32 (b) 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, but all volunteers and contractors who have contact with inmates shall be notified of the agency’s zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents.</p> <p>(b) Policy 03.02.105 addresses the need for service providers to be trained according to their level of contact with prisoners. According to policy 03.03.140 and the PREA Manual, the MDOC treats all contractors and volunteers as an employee and therefore trains these individuals with the same computer based training materials available to directly hired employees. Just as employees, contractors and volunteers receive a PREA reference guide and are required to sign a form to acknowledge they could be a first responder. Informal interviews during the audit tour with contractors demonstrated that they were aware of their responsibilities to both report incidences of sexual abuse and sexual harassment, as well as how to act as a first responder to preserve potential evidence. The review of policy, training materials, training records and both formal (6) and informal interviews demonstrate compliance with provision (b) of the standard.</p> <p>115.32 (c) The agency shall maintain documentation confirming that volunteers and contractors understand the training they have received.</p> <p>(c) The agency PREA Manual requires that the Department maintain documentation confirming that volunteers and contractors receive and understand the agency’s PREA training. The facility provided training rosters, at this auditor’s request post-audit, to confirm training of volunteers to demonstrate compliance with provision (c) of the standard.</p> <p>A total of seven (7) contractors/volunteers were interviewed and all confirmed that they were properly trained and understood the training that was provided. Training records were</p>

reviewed to verify the training has been conducted.

<b>115.33</b>	<b>Inmate education</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.33 (a) During the intake process, inmates shall receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and how to report incidents or suspicions of sexual abuse or sexual harassment.</p> <p>Policies 03.03.140, 04.01.105, 04.01.140 and the PREA Manual, which were reviewed by this auditors, 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. Through interviews with facility intake staff the PREA Coordinator and random inmates, this education is completed through a video based presentation that is accompanied by a brochure that specifically covers the zero- tolerance policy, the definitions of sexual abuse, sexual harassment, retaliation, how to report sexual abuse, the process following a report, available services to victims and how to avoid sexual abuse.</p> <p>RGC provided additional sample documentation demonstrating that inmates received training and it was documented on form CAJ 1036.</p> <p>115.33 (b) Within 30 days of intake, the agency shall provide comprehensive education to inmates either in person or through video regarding their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding agency policies and procedures for responding to such incidents.</p> <p>The prisoners are given this education throughout the 12 day intake/reception process. Random interviews with prisoners and staff conform that this education is provided during the intake process.</p> <p>115.33 (c) Current inmates who have not received such education shall be educated within one year of the effective date of the PREA standards, and shall 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.</p> <p>Random prisoner and Staff interviews indicated that prisoners were provided PREA materials and trained regularly within 24hrs of reception, or the next day at the latest.</p> <p>115.33 (d) The agency shall provide inmate education in formats accessible to all inmates, including those who are limited English proficient, deaf, visually impaired, otherwise disabled, as well as to inmates who have limited reading skills.</p> <p>Random Interviews with Staff indicated that when an offender is identified as having an impairment that would limit their ability to access the information they would use multiple options to ensure the offender received and understood the materials. This included but not limited to: reading materials to the offender, reading materials to offenders via the Language Interpreter Services, providing them translated materials, or materials in Brail.</p>

During Interviews with Disabled and Limited English Proficient prisoners it was determined that inmates felt comfortable identifying limited reading skills, physical disabilities, and cognitive disabilities to the staff. All limited English proficient prisoners interviewed stated that they were provided the information and able to understand it.

115.33 (e) The agency shall maintain documentation of inmate participation in these education sessions.

RGC provided sample documentation demonstrating that inmates received training and it was documented on form CAJ 1036.

115.33 (f) In addition to providing such education, the agency shall ensure that key information is continuously and readily available or visible to inmates through posters, inmate handbooks, or other written formats.

RGC provided examples of posters, brochures and the "End to Silence" for review. Additionally, during the tour this Auditor observed PREA Posters with Sexual abuse hotline numbers for prisoners and non-prisoners. These posters were in both English and Spanish throughout the facility and housing units.

<b>115.34</b>	<b>Specialized training: Investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.34 (a) In addition to the general training provided to all employees pursuant to § 115.31, the agency shall ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings.</p> <p>(a) The agency 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. Training records were provided to confirm that active investigative staff at the RGC completed the agency's training. In addition to the agency's Basic Investigator Training, training records confirm that all active investigative staff completed the NIC specialized investigator's training in satisfaction of provision (a) of the standard. Interviews with two (2) investigative staff also confirm that this training has been provided and completed. Training records were also reviewed by this auditor to confirm completion.</p> <p>115.34 (b) 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.</p> <p>(b) An 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.</p> <p>Interviews with DDC Inspectors indicated that they were trained and that the investigation training was limited to Administrative investigations. The Michigan State Police will conduct any criminal investigation if criminal findings are discovered. The MDOC Inspectors are trained using curriculum Crime Scene Management and Preservation.</p> <p>Zero Tolerance/ PREA requires specialized training be provided for employees who may respond, to reported incidents of sexual assaults. This policy requires Crime Scene Management and Evidence collection protocol.</p> <p>The training informs participants on the requirements and procedures for referring potentially criminal acts for criminal investigation/prosecution. In addition to the agency's Basic Investigator training, Investigative staff interviewed have participated in the NIC specialized investigator's training to provide additional information on the required standard topics. A review of training materials and training records for facility investigators demonstrates compliance with provision (b) of this standard.</p> <p>115.34 (c) The agency shall maintain documentation that agency investigators have</p>

completed the required specialized training in conducting sexual abuse investigations.

The agency maintains documentation of investigator training in the employee's training file. The facility provided documentation that was reviewed by the auditor to verify that the active investigators have completed the Basic Investigator Training. Training records were provided to confirm that all investigators also completed the NIC specialized investigator training in satisfaction of provision (c) of the standard.

115.35	<b>Specialized training: Medical and mental health care</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.35 (a) The agency ensures that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: (1) How to detect and assess signs of sexual abuse and sexual harassment; (2) How to preserve physical evidence of sexual abuse; (3) How to respond effectively and professionally to victims of sexual abuse and sexual harassment; and (4) How and to whom to report allegations or suspicions of sexual abuse and sexual harassment.</p> <p>The agency has developed a training curricula specific to medical and mental health staff: PREA Health Care Staff Module and PREA Qualified Mental Health Training Module. 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 harassment and facility reporting responsibilities for allegations of sexual abuse and harassment. These materials expand upon the Basic Training Module 2 to cover the four points required by the standards.</p> <p>The facility provided documentation of medical and mental health practitioners having completed the training modules related to their specific disciplines that were reviewed by the auditor. Through formal and informal interviews during the audit tour, both medical and mental health staff confirmed that they have received computer based training that covers the standard requirements in satisfaction of provision (a).</p> <p>115.35 (b) If medical staff employed by the agency conduct forensic examinations, such medical staff shall receive the appropriate training to conduct such examinations.</p> <p>The Charles E. Egeler Reception and Guidance Center does not conduct sexual assault and forensic examinations. All victims requiring such an examination are immediately transported to Henry Ford Allegiance (HFA) Emergency Care located at 205 N. East Ave, Jackson, Mi. 49201 (517-205-4811). The HFA Emergency Care is contacted prior to transport and will meet staff and the victim where the examination is conducted by a SANE/SAFE staff. HFA will provide a victim advocate if there is one available. Medical staff were interviewed and verified that they do not perform or conduct forensic examinations and reported that all such examinations are performed at an outside hospital.</p> <p>115.35 (c) The agency shall maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere.</p> <p>(c) The facility provided documentation of medical and mental health practitioners' completion of the specialized training modules, this documentation was reviewed by this auditor. These training records are kept in the computerized training records for employees and demonstrate compliance with provision (c) of this standard.</p>



115.35 (d) Medical and mental health care practitioners shall also receive the training mandated for employees under § 115.31 or for contractors and volunteers under § 115.32, depending upon the practitioner's status at the agency.

(d) The agency has developed a training curricula specific to medical and mental health staff that includes and expands upon the basic training module 2 to cover the key points required by the standards. Contractors must complete the traditional module 1 and 2 training required of all employees as part of accessing this expanded training specific to each discipline. The auditor's review of these training materials and corresponding completion records demonstrates compliance with provision (d) of the standard.

115.41	<b>Screening for risk of victimization and abusiveness</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.41 (a) All inmates shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other inmates or sexually abusive toward other inmates.</p> <p>PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: In addition to the PREA assessment at intake, Staff shall complete a PREA-Aggressor Risk Assessment-Prison review and PREA-Victim Risk Assessment-Prison review whenever warranted. This includes any time a prisoner is referred for an assessment, at the request of the prisoner or staff, an incident of sexual abuse has occurred or alleged to have occurred, or upon receipt of additional information that bears on the prisoner’s risk of being sexually abused or being sexually abusive toward others. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment(s) is completed prior to the transfer.</p> <p>The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- All prisoners shall be assessed during an intake screening and upon transfer to another facility for their risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. The OMNI-based risk assessment tools will be used to determine a prisoner’s risk. The results of the Risk Assessment shall be considered when making housing, bed, work, education, and program assignments with the goal of keeping separate those prisoners at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>RGC provided records that indicated the prisoner assessments are being completed at the time of reception into the facility during the 12 day intake process, most performed on the first day. Staff that perform intake processing and interviews with random prisoners relayed that this assessment was being conducted on the first day of commitment unless the prisoner was processed in over the weekend.</p> <p>115.41 (b) Intake screening shall ordinarily take place within 72 hours of arrival at the facility.</p> <p>See provision (a).</p> <p>115.41 (c) Such assessments shall be conducted using an objective screening instrument.</p> <p>The PREA Risk Assessment Worksheet that was reviewed by the auditor meets objective criteria as required by provision (c) of 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 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. However, the question is not asked during the risk screening process to determine if the prisoner was sexually victimized in the past.</p> <p>115.41 (d) The intake screening shall consider, at a minimum, the following criteria to assess inmates for risk of sexual victimization: (1) Whether the inmate has a mental, physical, or</p>

developmental disability; (2) The age of the inmate; (3) The physical build of the inmate; (4) Whether the inmate has previously been incarcerated; (5) Whether the inmate's criminal history is exclusively nonviolent; (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 nonconforming; (8) Whether the inmate has previously experienced sexual victimization; (9) The inmate's own perception of vulnerability; and (10) Whether the inmate is detained solely for civil immigration purposes.

During an interview with staff who perform the facility's intake risk screening with newly received inmates; the audit team learned that the facility was only affirmatively addressing three of the agency's assessment tool questions with newly committed inmates. Specifically, the facility was asking those questions which addressed 115.41(d)-1, 7, and 9. The facility was not affirmatively inquiring whether the inmate has previously experienced sexual victimization and was relying on historical information gathered as part of the pre-sentence process or other agency records. The audit team concedes that, while the majority of the 10 elements of 115.41(d) can be gleaned from official source documentation which contains more reliable information; failure to ask whether the inmate has experienced sexual victimization as required by 115.41(d)-8 does not comport to the requirements or intent of the standard. Specifically, failure to affirmatively address this question during intake risk screening does not allow an opportunity to capture victimization that may have occurred at the preceding prison prior to transfer and subsequent to the pre-sentence report. As a result, risk designations cannot be considered fully accurate, as there is significant opportunity for information required by the standard to go undetected. When researching supporting documentation supplied pre-audit, the facility was utilizing the agency's 2015 version of the PREA Risk Assessment Manual, which did not require the affirmative address of element 9 of provision (d). The agency developed a draft manual in 2017 as part of corrective actions for previous audits within the agency; however, it was learned that this manual update from 2017 was never formally published. Therefore, some facilities were utilizing outdated resources corrected at other locations within the agency. RGC is not in compliance with this provision.

Corrective Action;

RGC has since rectified the assessment process and provided supporting documentation that now captures the victimization piece of the standard however, this auditor is requesting that there be either in person interviews or telecom interviews with a selection of random prisoners that have been processed into the facility since the process has been updated. This auditor will remain in contact with the RGC PREA Compliance Manager to set up these interviews during the corrective action portion of this audit.

Telephone interviews were conducted with 6 random prisoners during the corrective action period. This auditor is satisfied with the responses made by the prisoners that the assessment process is now in compliance with this standard. Interview files are attached to this report. RGC is now in compliance with standard 115.41 (d)

115.41 (e) The initial screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing inmates for risk of being sexually abusive.

Based on a review of the PREA Manual and the PREA Risk Assessment Manual, as well as through a discussion with the agency PREA Administrator (Manager), the auditor is satisfied that the intake screening instrument meets the requirements of provision (e) of the standard. The PREA Risk Assessment Manual's reference to documented history of sexual abuse, violent convictions and a history of institutional violence (including sexual).

Interviews with staff that perform risk screenings relayed that this information is obtained through booking/receiving paper work and is utilized in assessing inmates for risk of being sexually abusive.

115.41 (f) Within a set time period, not to exceed 30 days from the inmate's arrival at the facility, the facility will reassess the inmate's risk of victimization or abusiveness based upon any additional, relevant information received by the facility since the intake screening.

The PREA Manual and the PREA Risk Assessment Manual, which were reviewed by the auditor, clearly specify applicable time frames for assessment completion.

During the site review, inmate files for recent receptions were randomly sampled on the housing units to ensure that reviews of risk screening were conducted within 30-days. All randomly sampled files indicated that the review had taken place well before the 30 day time frame. This is common due to the short stay as this is a classification facility. A formal interview with a staff member responsible for risk screenings confirms that reviews of the required risk assessments are completed usually within 2 weeks of the initial screening process for all new receptions under the revised agency policy. Supporting documentation was provided to this auditor to confirm the review was performed within the allowable time frame.

115.41 (g) An inmate's risk level shall be reassessed when warranted 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.

PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions: O. In addition to the PREA assessment at intake, Staff shall complete a PREA-Aggressor Risk Assessment-Prison review and PREA-Victim Risk Assessment-Prison review whenever warranted. This includes any time a prisoner is referred for an assessment, at the request of the prisoner or staff, an incident of sexual abuse has occurred or alleged to have occurred, or upon receipt of additional information that bears on the prisoner's risk of being sexually abused or being sexually abusive toward others. If any incident requires the transfer of a prisoner, the sending facility shall ensure the risk assessment(s) is completed prior to the transfer

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews- Facilities: Staff shall complete a new PREA-Aggressor Risk Assessment-Prison and PREA-Victim Risk Assessment-Prison form when warranted due to a referral, request, incident of sexual abuse or receipt of additional information that bears on the prisoner's risk of being sexually abused by other prisoners or being sexually abusive toward other prisoners. If any such incident requires that the prisoner be transferred, the sending facility shall ensure that the risk reassessments are completed prior to the transfer.

Policy Directive 03.03.140 was reviewed and reads in part; 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.

115.41 (h) Inmates may not be 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.

The 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." Facility Administration, PREA Compliance Manager and staff responsible for conducting assessments confirm during interviews that the assessment is voluntary and that there are no disciplinary consequences for failing to participate, consistent with provision (h) of the standard.

115.41 (i) The agency shall implement 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.

The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: 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.

PREA Risk Assessments, and Reviews are being stored electronically and only retroactively accessible to the Facility Supervisor. Screenshots of the electronic system were provided as well as the scanned Risk Assessments that are being stored.

Risk assessment information shall not be shared with prisoners. During the audit tour and through interviews with the Administration and PREA Compliance Manager, only those staff with a role in the risk screening process within the facility have access to the electronic screening system. Access to this system is governed by the individual user's log-on information to demonstrate compliance with provision (i) of the standard.

<b>115.42</b>	<b>Use of screening information</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.42 (a) The agency shall use information from the risk screening required by § 115.41 to inform housing, bed, work, education, and program assignments with the goal of keeping separate those inmates at high risk of being sexually victimized from those at high risk of being sexually abusive.</p> <p>Due to the issues identified with compliance for 115.41(d), the facility is held in non-compliance with 115.42(a), as the information gathered under 115.41 is incomplete. Therefore, although practice of the use of the results of the risk screening score have been established in accordance with the standard; the facility cannot be fully compliant until it develops procedures to ensure the information is accurate and potential victims are consistently identified. RGC is not in compliance with provision (a) of the standard.</p> <p>Corrective Action;</p> <p>As stated in the corrective action portion of 115.141 (d) RGC has since rectified the assessment process and provided supporting documentation that now captures the victimization piece of the standard however, RGC will need to provide completed documentation that this corrected practice is in use for a period of time during the corrective action portion of this audit.</p> <p>With the corrective action completed and satisfied for standard 115.141 (d), standard 115.42 (a) is also now in compliance</p> <p>115.42 (b) The agency shall make individualized determinations about how to ensure the safety of each inmate.</p> <p>The PREA Manual- PREA Risk Assessments and Risk Assessments Reviews: Decisions Based on PREA Risk Assessment Results - In addition to other classification considerations, facility staff shall use information from the risk assessment to inform housing, bed, work, education and program assignments with the goal of keeping prisoners at high risk of being sexually victimized separate from prisoners at high risk of being sexually abusive.</p> <p>These decisions shall include individualized determinations addressing how to ensure the safety of each prisoner. Risk assessment scores will affect bed assignments as follows:</p> <ul style="list-style-type: none"> <li>• (V) or (PV) shall be placed in the same cell, pod or room with a (V), (PV) or (NS).</li> <li>• (A) or (PA) shall be placed in the same cell, pod or room with an (A), (PA) or (NS).</li> <li>• (NS) may be placed in the same cell, pod or room with any score.</li> </ul> <p>Through informal interviews during the audit tour, staff charged with risk screening and making housing decisions were well aware of the proper use of screening information for bed assignments. Moreover, the facility and the agency have a practice in place to review those individuals whose risk screening scores are not consistent with staff observations. The facility provided pre-audit sample documentation where such an individual was reviewed to ensure</p>

prisoners were appropriately managed. The facility demonstrates that it meets the requirements of provision (b) within its practices.

115.42 (c) In deciding whether to assign a transgender or intersex inmate to a facility for male or female inmates, and in making other housing and programming assignments, the agency shall consider on a case-by-case basis whether a placement would ensure the inmate's health and safety, and whether the placement would present management or security problems.

In deciding whether to assign a transgender, intersex or GD 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. This placement is determined pursuant to PD 04.06.184 "Gender Identity Disorders (GID)/Gender Dysphoria."

RGC provided many examples of individual management plans for Gender Dysphoria prisoners who requested separate shower accommodations.

115.42 (d) Placement and programming assignments for each transgender or intersex inmate shall be reassessed at least twice each year to review any threats to safety experienced by the inmate.

At MDOC prisons, placement and programming assignments for each identified transgender, intersex or GD prisoner shall be reassessed by health care or mental health care staff at least twice each year to review any threats to safety of the prisoner. Interviews with PREA Compliance Manager and staff that perform risk screenings relayed that reassessments do occur at least twice a year to monitor the prisoners safety.

115.42 (e) A transgender or intersex inmate's own views with respect to his or her own safety shall be given serious consideration.

Interviews with staff that perform risk screenings and LGBTI inmates indicate that the prisoners views concerning their safety is given serious consideration.

115.42 (f) Transgender and intersex inmates shall be given the opportunity to shower separately from other inmates.

See provision 115.42 (c)

115.42 (g) The agency shall not place lesbian, gay, bisexual, transgender, or intersex inmates in dedicated facilities, units, or wings solely on the basis of such identification or status, unless such 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 such inmates.

RGC is a reception facility and does not place LGBTI prisoners in dedicated units. This provision is not applicable to this facility.

<b>115.43</b>	<b>Protective Custody</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>(a-e). RGC does not have any form of segregation units or protective custody. RGC is a specialized reception facility therefore this standard is not applicable to facility. However, the agency PREA Manual and policy 04.05.120 were reviewed by this auditor in determining compliance with provisions (a-e) of the standard. The PREA Manual contains language that mirrors each provision of the standard.</p>



<b>115.51</b>	<b>Inmate reporting</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.51 (a) The agency shall provide multiple internal ways for inmates to privately report sexual abuse and sexual harassment, retaliation by other inmates or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents.</p> <p>(a) Policy 03.03.140, the PREA Manual, Prisoner Guidebook, Sexual Abuse Poster (advertising the sexual abuse hot-line) and the PREA brochure were reviewed by the auditor in determining compliance with provision. All provide information to advise inmates of reporting options. The agency permits PREA allegations to be reported verbally to staff, reported via message to the PREA hot-line, in writing via grievance, in writing to the Correctional Legislative Ombudsman, in writing via the kite system and directly to the Michigan State Police.</p> <p>During the facility tour, this auditor took note that there were adequate PREA Hotline and JustDetention postings in all common areas, housing units, near phone banks, and on bulletin boards throughout all areas. This auditor conducted a test call to the PREA Hotline number, a confirmation email was sent to the PREA Coordinator for confirmation of the phone call. Of the prisoners interviewed, most indicated that they had received the information in the form of brochures and video and noted receiving direction on where to find the information throughout the facility. Most interviewees indicated that they felt comfortable going to the staff directly and using the Kite system to report any unwanted behaviors toward them or others. Inmates were able to identify the hot-line, the Legislative Ombudsman, as well as the ability for third parties to make a report on their behalf.</p> <p>115.51 (b) The agency shall also provide at least one way for inmates to report abuse or harassment to a public or private entity or office that is not part of the agency, and that is able to receive and immediately forward inmate reports of sexual abuse and sexual harassment to agency officials, allowing the inmate to remain anonymous upon request. Inmates detained solely for civil immigration purposes shall be provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security.</p> <p>(b) Policy 03.03.140, the PREA manual and the Prisoner Guidebook, which were reviewed by the auditor, confirm that reports of sexual abuse and harassment may be reported outside the agency to the Legislative Corrections Ombudsman. Such reports can be made anonymously. The Memorandum of Understanding (MOU) between the two agencies specifies that reports must be forwarded immediately. Neither the facility nor the agency hold individuals for civil immigration purposes to require information with this section of provision (b) of the standard. The facility provided a memorandum prior to the audit to verify that no reports were received from the Legislative Corrections Ombudsman during the audit period. During an interview with the facility PREA Coordinator, she identified that the facility uses the Legislative Ombudsman to take and forward reports of sexual abuse and sexual harassment at the facility. Inmates were also aware of a phone number to make reports outside the facility. Inmates were aware of their ability to make anonymous reports. During the tour, inmates who were informally</p>

interviewed were well aware of the reporting hot-line and their ability to make anonymous written reports. However, it is published within the prisoner guidebook to sufficiently demonstrate compliance with provision (b) of the standard.

115.51 (c) Staff shall accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.

Interviews with staff and prisoners indicated that staff would accept complaints verbally, in writing, anonymously, and from third parties. Staff interviews indicated that staff would prefer identification and in writing. They were all aware that this was not required and they must still record, respond, and act for anonymous and verbal complaints. The Administration issued a memo to all staff reiterating PD 03.03.140 that indicates that the staff can/should accept a verbal report without mandating it be put in writing.

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 consistent with provision (c) of the standard.

115.51 (d) The agency shall provide a method for staff to privately report sexual abuse and sexual harassment of inmates.

Random interviews of staff confirmed they were aware of private means to report and identified the hot-line, direct reports to the PREA Coordinator and administrative staff at the facility as their methods to privately report sexual abuse and sexual harassment of inmates consistent with provision (d) of the standard.

<b>115.52</b>	<b>Exhaustion of administrative remedies</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.52 (a) An agency shall be exempt from this standard if it does not have administrative procedures to address inmate grievances regarding sexual abuse.</p> <p>(a) The agency utilizes administrative procedures to address sexual abuse and is not exempt as specified in provision (a) of the standard.</p> <p>Prisoner handbook was reviewed and contains the information in reference to sexual abuse grievances. Interviews with prisoners relayed that they are aware of the procedures for reporting sexual abuse.</p> <p>115.52 (b) (1) The agency shall not impose a time limit on when an inmate may submit a grievance regarding an allegation of sexual abuse. (2) The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse. (3) The agency shall not require an inmate to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse. (4) Nothing in this section shall restrict the agency's ability to defend against an inmate lawsuit on the ground that the applicable statute of limitations has expired.</p> <p>(b) Policy Directive 03.03.140 was reviewed and reads in part: A prisoner may file a PREA grievance at any time by submitting a completed CAJ-1038A to the appropriate staff, as identified by the warden, of the institution at which the prisoner is housed. Prisoners are not required to use any informal grievance process, or to otherwise attempt to resolve with staff an alleged incident of sexual abuse. Any PREA Grievance containing issues other than sexual abuse shall be denied and returned to the prisoner with instructions to submit the grievance in accordance with PD 03.02.130 "Prisoner/Parolee Grievances." Any PREA grievance containing multiple issues, which include sexual abuse and non-sexual abuse issues, shall be processed in accordance with this policy in order to address the allegations of sexual abuse only. The prisoner shall be notified in the PREA Grievance response that s/he must submit a new grievance in accordance with PD 03.02.130 to address any concerns not related to sexual abuse.</p> <p>115.52 (c) The agency shall ensure that— (1) An inmate who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint, and (2) Such grievance is not referred to a staff member who is the subject of the complaint.</p> <p>(c) Policy Directive 03.03.140 and the PREA manual were reviewed by the auditor in determining compliance with provision (c), allows for an inmate's grievance to be submitted to the facility PREA Coordinator or the facility Inspector. The Directive specifies that the grievances will not be referred to the staff member subject to the complaint within.</p> <p>Examples of completed Grievance forms were provided for review by RGC. Grievances may also be submitted in locked boxes throughout the facility. During the tour of the facility there were numerous Grievance lock boxes identified in housing units and common areas.</p>

Prisoners indicated that they are able to submit grievances and have the understanding that there is no time limit for submitting them.

115.52 (d) (1) The agency issues 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. (2) Computation of the 90-day time period does not include time consumed by inmates in preparing any administrative appeal. (3) The agency may claim an extension of time to respond, of up to 70 days, if the normal time period for response is insufficient to make an appropriate decision. The agency shall notify the inmate in writing of any such extension and provide a date by which a decision will be made. (4) 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, the inmate may consider the absence of a response to be a denial at that level.

(d) Policy Directive 03.03.140, PREA Manual, and a Memorandum dated 09/23/2017 were reviewed by the auditor in determining compliance with provision (d), states the PREA coordinator or inspector shall ensure a written response is provided to the prisoner within 60 calendar days of receipt of the Step I PREA grievance unless an extension has been approved by the Internal Affairs Division in order to conduct an appropriate investigation. An extension of up to 70 calendar days may be approved by Internal Affairs if 60 calendar days is insufficient to make an appropriate decision. The prisoner shall be informed in writing of any extension and provided a date by which a decision will be made. If no response was received, the prisoner shall submit the appeal within 10 calendar days after the date the response was due, including any extension. A final agency determination on the merits of a PREA grievance shall be provided by the PREA Administrator within 90 calendar days from the original filing of the grievance. Computation of the 90 days does not include the 10 days allowed for the prisoner to file an administrative appeal. RGC reported that In the last 12 months, the Facility has not had to file for an extension related to a PREA grievance response. Interviews with Administrative staff verified this process.

115.52 (e) (1) Third parties, including fellow inmates, staff members, family members, attorneys, and outside advocates, shall be permitted to assist inmates in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of inmates. (2) 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. (3) If the inmate declines to have the request processed on his or her behalf, the agency shall document the inmate's decision.

(e) Policy Directive 03.03.140, PREA Manual, and a Memorandum dated 09/23/2017 were reviewed by the auditor in determining compliance with provision (e) of the standard, permits that third parties, including fellow prisoners, staff members, family members, attorneys, and outside advocates, may file a PREA grievance on behalf of a prisoner. A third party may also assist a prisoner in filing the prisoner's PREA grievance in accordance with policy. If a third party files a PREA grievance on behalf of a prisoner, the prisoner must sign the PREA grievance in the area provided indicating the prisoner authorizes the grievance to be filed on his/her behalf for the grievance to be processed. If the prisoner refuses to sign, the PREA

grievance shall be immediately dismissed. All Department responses to a PREA grievance filed by a third party will be provided only to the prisoner on whose behalf the grievance was filed. PREA grievance form CAJ-1038A has a section to identify if the grievance is submitted via third party and if the victim consents to the filing of the grievance on their behalf. If consent is not given, the grievance is denied and documented. From April 1, 2018 to present the Charles Egeler Reception and Guidance Center has had zero (0) Third Party Grievances files for prisoners as per memorandum dated March 30, 2019.

115.52 (f) (1) The agency shall establish procedures for the filing of an emergency grievance alleging that an inmate is subject to a substantial risk of imminent sexual abuse. (2) After receiving an emergency grievance alleging an inmate is subject to a substantial risk of imminent sexual abuse, the agency shall 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, shall provide an initial response within 48 hours, and shall issue a final agency decision within 5 calendar days. The initial response and final agency decision documents the agency's determination whether the inmate is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

(f) On the PAQ, the facility affirms that no emergency grievances have been filed by an inmate during the audit review period. Policy Directive 03.03.140 and the PREA Manual were reviewed by the auditor to assist in determining compliance with provision (f), establishes procedure for the processing of any emergency grievance in accordance with the standards requirements. The DOM states a prisoner or a third party may file an emergency PREA grievance if s/he believes that the prisoner is subject to substantial risk of imminent sexual abuse. The Prison Rape Elimination Act (PREA) Prisoner Grievance Form (STEP I) (CAJ-1038A) must clearly indicate that the grievance is an emergency PREA grievance and the nature of the risk. Upon receipt of an emergency PREA grievance, the receiving staff member shall immediately forward the emergency PREA grievance, or any portion of the emergency PREA grievance that alleges the substantial risk of imminent sexual abuse, to the warden. The warden shall take immediate action to remove the prisoner from any identified real or potential harm and ensure an initial response is provided to the prisoner within 48 hours. A final agency decision from the PREA Administrator regarding whether the prisoner is in substantial risk of imminent sexual abuse shall be provided to the prisoner within five calendar days. The initial response and final agency decision shall document the agency's determination of whether the prisoner was in substantial risk of imminent sexual abuse and the action taken in response to the emergency PREA grievance.

Through the PAQ and interviews with the facility PREA Coordinator, the facility claims that no emergency grievances have been filed by an inmate during the audit review period. PD 03.03.140 establishes procedure for the processing of any emergency grievance in accordance with the requirements of provision (f) of the standard to satisfy this auditor's determination of compliance.

115.52 (g) The agency may discipline an inmate for filing a grievance related to alleged sexual abuse only where the agency demonstrates that the inmate filed the grievance in bad faith.

(g) Policy Directives 03.03.140, 03.03.105B, and a Misconduct report were reviewed by this

auditor in determining compliance with provision (g), directs that staff shall not retaliate against a prisoner for using the PREA grievance process. If a prisoner intentionally files a PREA grievance which is investigated and determined to be unfounded and which, if proven true, may have caused an employee or a prisoner to be disciplined or an employee to receive corrective action, the prisoner may be issued a misconduct report if approved by the warden.

Random Staff, Random prisoner, and PREA Coordinator interviews did disclose that there were PREA related grievances filed at RGC. Inmates indicated that they felt comfortable filing grievances in general at the facility absent retaliation.

This auditor is satisfied that the Statewide PREA Policy and Procedures are being adhered to at RGC and are in compliance with this standard.

115.53	<b>Inmate access to outside confidential support services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.53 (a) The facility shall 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, and, for persons detained solely for civil immigration purposes, immigrant services agencies. The facility shall enable reasonable communication between inmates and these organizations and agencies, in as confidential a manner as possible.</p> <p>(a) RGC provided examples of postings, memo's, brochures, and the "An End to Silence Inmates Handbook 3rd Edition." This handbook provides the address for Michigan Coalition to End Domestic and Sexual Violence. Inmate Hotline and JustDetention posters were observed while touring the facility, these posters were in both English and Spanish throughout the facility and housing units.</p> <p>Through interviews with the facility PREA Compliance Manager, it was determined by the auditor that the agency and facility work collaboratively to establish relationships with outside support services, AWARE Shelter, who were not willing to work with prisoners. The Henry Ford Allegiance Health System offers victim advocates upon request when abused prisoners are transported to the hospital. Additionally, the agency was also in negotiations with the Rape, Abuse &amp; Incest National Network (RAINN) to provide telephone sexual abuse counseling/advocacy services. The facility has not been able to provide proof that it secured an agreement with victim advocacy services from an outside agency; however, has documented its attempts to do so, consistent with provision (a) of the standard. RGC has trained numerous on-site staff in providing victim advocacy if the Henry Ford Allegiance Health System cannot provide one.</p> <p>115.53 (b) The facility shall 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.</p> <p>PD 05.03.130 Prisoner Telephone Use outlines the extent to which telephone calls are monitored.</p> <p>A prisoner who wants to use the prisoner designated telephones must first complete and sign a Telephone Agreement and Number List - Monitor and Record form (CAJ-370) identifying the names and telephone numbers of people and/or organizations s/he wants to be able to call.</p> <p>Michigan Department of Corrections Prisoner Guidebook- Telephone Use: Prisoner telephone call may be listened to and recorded in accordance with the requirements of Policy Directive 05.03.130 "Prisoner Telephone Use."</p> <p>115.53 (c) The agency shall maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide inmates with</p>

confidential emotional support services related to sexual abuse. The agency shall maintain copies of agreements or documentation showing attempts to enter into such agreements.

The Agency has entered into an agreement with JustDentention that provides prisoners, family and friends with a toll free telephone number to report abuse and request assistance in reference to the abuse. Signage is posted throughout the facility. All attempts to enter into agreements with community service providers has been documented and reviewed.

115.54	Third-party reporting
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.54 (a) The agency shall establish a method to receive third-party reports of sexual abuse and sexual harassment and shall distribute publicly information on how to report sexual abuse and sexual harassment on behalf of an inmate.</p> <p>Through a review of the Memorandum of Understanding between the Michigan Department of Corrections and The Legislative Corrections Ombudsman (regarding prisoner PREA related grievances), the Sexual Abuse reporting poster, the online reporting form; the auditor is satisfied that the agency and the facility permit third party reports of sexual abuse and sexual harassment via all methods that are accessible to an inmate directly reporting sexual abuse and sexual harassment, with the additional option of utilizing the agency's website to make a report. Third parties may use the internal kite system, call the reporting hot-line, contact the Legislative Ombudsman, access the agency's on-line reporting form, contact facility staff directly and file PREA grievances. Based on a review of the aforementioned, compliance with provision (a) of the standard was determined.</p>



115.61	<b>Staff and agency reporting duties</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1474 528">115.61 (a) The agency shall 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; retaliation against inmates or staff who reported such an incident; and any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.</p> <p data-bbox="252 584 1474 913">(a) Policy 03.03.140, the PREA Manual and work rules published within the Employee Handbook, which were reviewed by the auditor, confirm that staff are required to report all elements denoted within provision (a) of the standard. The facility provided pre-audit samples and this auditor choose 16 random investigations for review to confirm that staff took reports of sexual abuse from inmates used to initiate investigations. Formal and informal interviews during the audit tour indicate that staff are aware of their need to take immediate action with any reports of sexual abuse, sexual harassment or retaliation that comes to their attention, complaint with provision (a) of the standard.</p> <p data-bbox="252 969 1474 1126">115.61 (b) Apart from reporting to designated supervisors or officials, staff shall not reveal 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.</p> <p data-bbox="252 1182 1474 1512">(b) Policy 03.03.140, local procedures 03.03.140 and the PREA Manual, which were reviewed by the auditor, contain distinct prohibitions against sharing any information received from a sexual abuse report, consistent with provision (b) of the standard. 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 to demonstrate compliance with provision (b) of the standard.</p> <p data-bbox="252 1568 1474 1769">Random interviews with Staff and Administration indicated that all were aware of the sensitivity of sexual abuse/harassment information and requirements to maintain confidentiality regarding reports/information received. Staff also indicated that they were aware that the information was not to be shared amongst other staff members unless there was a specific need to know that was approved by a supervisor.</p> <p data-bbox="252 1825 1474 1982">115.61 (c) Unless otherwise precluded by Federal, State, or local law, medical and mental health practitioners shall be required to report sexual abuse pursuant to paragraph (a) of this section and to inform inmates of the practitioner's duty to report, and the limitations of confidentiality, at the initiation of services.</p> <p data-bbox="252 2038 1474 2157">(c) Policy 03.03.140, local policy 03.03.140 and the PREA Manual, which were reviewed by the 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</p>

report. Through formal and informal interviews with medical and mental health care staff, both classes of staff affirmed their obligation to disclose their limits of confidentiality before each encounter and both articulated their obligations to convey any reports of facility based sexual abuse to the PREA Coordinator at the facility consistent with provision (c) of standard to demonstrate compliance.

115.61 (d) If the alleged victim is under the age of 18 or considered a vulnerable adult under a State or local vulnerable persons statute, the agency shall report the allegation to the designated State or local services agency under applicable mandatory reporting laws.

(d) Agency policy 05.01.140, Prisoner Placement and Transfer was reviewed and outlines the agency's approach to housing youthful inmates and were reviewed in determining compliance. Agency policy dictates that male youthful inmates are housed at the Thumb Correctional Facility (TCF) and female youthful inmates are housed at Women's Huron Valley Correctional Facility (WHV). 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.

Through the PAQ information, during the audit tour, and through interviews with the Facility Head, and PREA Compliance Manager, it was observed RGC does not house youthful offenders and is therefore compliant with provisions (a) (b) and (c) of the standard.

115.61 (e) The facility shall report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators.

(e) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (e), 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. A review of investigation files by this auditor confirms that this practice is carried out within the facility and the facility provided an example of a 3rd party allegations made to the Legislative Ombudsman. Investigative reviews provided adequate examples of written, verbal, staff suspicion, grievance and 3rd party allegations that were immediately forwarded to the attention of investigatory staff. An interview with the Warden confirms that investigations are conducted for all reports of sexual abuse and sexual harassment, regardless of how they were reported. Based on the foregoing, the auditor determined compliance with provision (e).

<b>115.62</b>	<b>Agency protection duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.62 (a) When an agency learns that an inmate is subject to a substantial risk of imminent sexual abuse, it shall take immediate action to protect the inmate.</p> <p>(a) The agency head confirms that action is taken immediately by the facility to protect inmates. The Warden is required to review the actions within 48 hours to ensure appropriate measures have been taken to protect potential victims. An interview with the Warden confirms that the facility takes immediate action on a case-by-case basis to determine what measures are required to ensure the safety of each inmate. All random staff interviewed recognized their need to take immediate action to protect inmates from victimization.</p> <p>Random Interviews with Staff, Inmates, and Administration indicated that immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Inmates indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas. Sample documents to show immediate action taken were provided to this auditor. Examples were provided of reports of imminent sexual abuse and reviewed by this auditor. The facility demonstrates compliance with this standard.</p>

<b>115.63</b>	<b>Reporting to other confinement facilities</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.63 (a) Upon receiving an allegation that an inmate was sexually abused while confined at another facility, the head of the facility that received the allegation shall notify the head of the facility or appropriate office of the agency where the alleged abuse occurred.</p> <p>(a) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution. The recently updated 03.03.140 corrected a previous policy deficit and now specifies that allegations must be forwarded by the facility head to facilities outside of the Department, making the agency policy compliant with provision (a) of the standard.</p> <p>The Warden expressed in his interview that a "Warden to Warden" email is exchanged in the event of a prisoner report of abuse from another facility. If the allegation has not been investigated, an investigation will commence immediately at the facility where the abuse was reported to have occurred. RGC provided examples of reports of abuse forwarded to RGC for review and action.</p> <p>115.63 (b) Such notification shall be provided as soon as possible, but no later than 72 hours after receiving the allegation.</p> <p>(b) Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, establish procedures for notifying other facilities of allegations of sexual abuse that did not occur in the receiving institution within 72 hours. The example reports provided pre-audit and reviewed by the auditor were sufficient to determine compliance with provision (b) of the standard.</p> <p>115.63 (c) The agency shall document that it has provided such notification.</p> <p>Example reports confirm that such incidents are reported and documented .</p> <p>115.63 (d) The facility head or agency office that receives such notification shall ensure that the allegation is investigated in accordance with these standards.</p> <p>The Warden expressed in his interview that a "Warden to Warden" email is exchanged in the event of a prisoner report of abuse from another facility. If the allegation has not been investigated, an investigation will commence immediately at the facility where the abuse was reported to have occurred. RGC provided examples of reports of abuse forwarded to RGC for review and action.</p>

<b>115.64</b>	<b>Staff first responder duties</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.64 (a) Upon learning of an allegation that an inmate was sexually abused, the first security staff member to respond to the report shall be required to: (1) Separate the alleged victim and abuser; (2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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; and (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, 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.</p> <p>115.64 (b) If the first staff responder is not a security staff member, the responder shall be required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff.</p> <p>(a)&amp; (b) The PREA Manual- Response to Reported/Detected Sexual Abuse- First Responder Duties was reviewed and reads in part: Upon learning of an allegation that a prisoner was sexually abused, the first staff member to respond shall be required to take action as follows: Non-custody staff shall immediately notify his/her chain of command for a referral to the Inspector. The non-custody staff member shall also request that the prisoner victim not take any action that could destroy potential physical and/or forensic evidence. Custody staff shall:</p> <ol style="list-style-type: none"> <li>(1) Separate the alleged victim and abuser;</li> <li>(2) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence, if applicable;</li> <li>(3) If the abuse is alleged to have occurred within the past 96 hours, request that the victim and ensure that the abuser not take any action that could destroy potential physical and/or forensic evidence including but not limited to washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking or eating.</li> </ol> <p>A first responder (security staff) was interviewed and relayed that he was approached by a prisoner in the kitchen area. The prisoner alleged that he was assaulted by a staff member in the walk-in cooler. The prisoner already had his underclothes in a plastic bag. The first responder had the prisoner escorted to the medical area and ensured that the cooler was secured for further evidence collection. The alleged abuser was also escorted to the medical area for any evidence collection.</p> <p>Based on a formal interview with a first responder, a review of policies and informal interviews with staff during the audit tour, this auditor was satisfied that RGC staff are well aware of their first responder obligations under provision (a) of the standard and has executed these obligations when necessary.</p>

Random Staff interviews indicated that staff were aware of their responsibility regarding their response.

Michigan Department of Corrections Sexual Violence Response and Investigation Guide was provided to this auditor for review.

115.65	Coordinated response
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.65 (a) The facility shall develop a written institutional plan to coordinate actions taken in response to an incident of sexual abuse, among staff first responders, medical and mental health practitioners, investigators, and facility leadership.</p> <p>(a) The document titled OP 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. The interview with the Warden outlined the facility's preparation to employ first responder procedures involving key facility staff in a coordinated manner to find compliance with provision (a) of the standard.</p> <p>Interviews with Random Staff, Inmates, and Administration indicated that the facility is abiding by the policies and procedure outlined in the aforementioned paragraph. A comprehensive check list was provided for review to assist in determining compliance.</p>

115.66	<b>Preservation of ability to protect inmates from contact with abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.66 (a) Neither the agency nor any other governmental entity responsible for collective bargaining on the agency's behalf shall enter into or renew any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any inmates pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.</p> <p>The MDOC's PREA Manual's language mirrors the language of the standard. A review 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. All agreements preserve the ability of the employer to remove alleged staff abusers from contact with inmates. 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.</p> <p>An interview with the agency head confirms that the agency maintains the right to assign staff, even in the case of such employee winning a bid position. He further stated; Agreements to 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. There are no terms within the bargaining contracts that prevent the employer from removing staff for cause during an investigation to demonstrate compliance with provision (a) of the standard.</p>

<b>115.67</b>	<b>Agency protection against retaliation</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.67 (a) The agency shall establish 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, and shall designate which staff members or departments are charged with monitoring retaliation.</p> <p>(a) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- Definitions was reviewed and reads in part: All prisoners and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations are protected from retaliation for reporting the incident or participating in the investigation.</p> <p>Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a) of 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.</p> <p>Interviews with staff charged with monitoring retaliation conformed that they could separate individuals, file for permanent separations and housing unit changes if necessary to protect staff and prisoners from retaliation.</p> <p>The aforementioned allow the auditor to determine compliance with provision (a) of the standard.</p> <p>115.67 (b) The agency shall 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.</p> <p>(b) Michigan Department of Corrections Memorandum:  At IBC a variety of protective measures can be employed to protect inmate victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.</p> <ul style="list-style-type: none"> <li>- Abusers (staff/inmate) would be removed from the facility</li> <li>- Housing assignments can be changed to increase staff monitoring of inmate victims</li> </ul> <p>measures to protect inmates victims</p> <p>Through interviews with the agency head, the PREA Compliance Manager and the Warden of the facility, it was determined that both the agency and the facility employ multiple measures to ensure that inmates and staff who report sexual abuse and sexual harassment or</p>



cooperate with investigations into such actions are protected from retaliation consistent with provision (b) of the standard.

115.67 (c) For at least 90 days following a report of sexual abuse, the agency shall monitor the conduct and treatment of inmates or staff who reported the sexual abuse and 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, and shall act promptly to remedy any such retaliation. Items the agency should monitor include any inmate disciplinary reports, housing, or program changes, or negative performance reviews or reassignments of staff. The agency shall continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need.

(c) An interview with the agency head confirmed that retaliation is not tolerated and there are procedures to ensure that both staff and inmates are monitored at each facility. In an interview with the Warden, he expressed that the facility separates individuals involved in allegations, there is a 90 day mandatory time from for monitoring. He also stated that staff can be reassigned until investigations are complete and or any discipline is handed out. The PREA Compliance Manager at the facility indicates that the ARUS is generally charged with retaliation monitoring. She stated that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of factors enumerated under provision (c) of the standard and face-to-face meetings.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), 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 facility reported no instances of retaliation during the audit period on the PAQ. Investigatory files were reviewed for documentation of retaliation monitoring. After reviewing the investigative provided by RGC, this auditor concludes that when warranted, a 90 day monitor is assigned to each investigation. It is substantially evident that the facility monitors those who have alleged sexual abuse in compliance with provision (c) of the standards.

115.67 (d) In the case of inmates, such monitoring shall also include periodic status checks.

(d) The PREA Compliance Manager at the facility stated the ARUS is generally charged with retaliation monitoring. She stated in an interview that retaliation monitoring takes place for 90 days and considers a wide array of factors, such as work assignment changes and discipline. Monitoring is conducted by a review of these activities and face-to-face meetings, consistent with provision (d) of the standard.

Interviews with staff members who monitor retaliation confirm the face to face meetings, some prisoners/staff could have the monitoring go on for ever. Due to the short stay of the prisoners at RGC, the monitoring is transferred for completion to the next receiving facility.

115.67 (e) If any other individual who cooperates with an investigation expresses a fear of retaliation, the agency shall take appropriate measures to protect that individual against retaliation.

(e) The PREA Manual, which was reviewed by the auditor, specifies that if any other individual who cooperates with an investigation 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 PREA Compliance Manager and the Warden both confirm in interviews that allegations of retaliation are taken seriously and investigated when reported to determine compliance with provision (e) of the standard.

115.67 (f) An agency's obligation to monitor shall terminate if the agency determines that the allegation is unfounded.

(f) The PREA Manual, which was reviewed by the auditor, confirms that retaliation monitoring ceases when an allegation is unfounded.

115.68	Post-allegation protective custody
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.68 (a) Any use of segregated housing to protect an inmate who is alleged to have suffered sexual abuse shall be subject to the requirements of § 115.43.</p> <p>The PREA Manual: A prisoner at high risk for sexual victimization or who has been the victim of sexual abuse shall not be placed in temporary segregation unless a review of all available alternatives has been made and there are no less restrictive means of separation from likely abusers. 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.</p> <p>In the past 12 months, RGC has placed ZERO Prisoners into segregated housing due to being a victim of sexual abuse per their PAQ, interviews with RGC Administration confirmed the after mentioned.</p> <p>Sampled investigations did not reveal that individuals who reported sexual abuse were placed into temporary segregation. Based on a review of investigations, it appears that the facility used post-allegation protective custody consistent with the requirements of 115.68/115.43.</p>

115.71	<b>Criminal and administrative agency investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.71 (a) When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, it shall do so promptly, thoroughly, and objectively for all allegations, including third-party and anonymous reports.</p> <p>(a) Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners was reviewed and reads in part- DD. Investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual. All investigations shall be conducted promptly, thoroughly and objectively. All PREA investigations shall be conducted in accordance with the Sexual Abuse/Sexual Harassment Investigations portion of the PREA Manual.</p> <p>Michigan Department of Corrections Sexual Violence Response and Investigation Guide requires that “All investigations shall be conducted promptly, thoroughly and objectively.”</p> <p>An interview with facility investigators indicated that investigations are required to be initiated within 72 hours of report; however, facility practice is generally much sooner than 72-hours, and sometimes within the same day but usually within two business days. All reports of sexual abuse and sexual harassment, including anonymous or third party reports are investigated in the same manner as those allegations that have been directly reported by an alleged victim. A review of investigatory files demonstrates that the facility responds promptly to allegations and initiates investigations after an allegation is made. Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, requires that Department 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.</p> <p>115.71 (b) Where sexual abuse is alleged, the agency shall use investigators who have received special training in sexual abuse investigations pursuant to § 115.34.</p> <p>(b) Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- DD. Investigations of prohibited sexual conduct shall be completed by staff who have received specialized investigator training as outlined in the PREA Manual.</p> <p>Interviews were conducted with two investigators, both stated that they have completed the MDOC Basic Investigators Training (BIT) and National Institute of Corrections (NIC) specialized training courses. They articulated considerations for face to face interviewing sexual abuse victims and abusers, evidence collection techniques to preserve forensic evidence and knowledge of the preponderance of the evidence standard. Their knowledge was indicative that they understood the essentials of the training required under provision (b) of the standard. Training records were reviewed by this auditor to verify the training has occurred.</p>

115.71 (c) Investigators shall gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data; shall interview alleged victims, suspected perpetrators, and witnesses; and shall review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(c) MDOC curriculum is Crime Scene Management and Preservation. References include United State Army Criminal Investigation Command and Michigan State Police Training Materials. The Basic Investigator Training "Interview and Investigation Techniques and Fundamentals" manual was provided for review. A sampling of investigative files were also provided for review, the facility demonstrates that it makes its best efforts to preserve evidence, whether that be in the form of video, shift rosters, log books, etc. The facility routinely demonstrated that it reviewed video evidence to disprove those allegations that did not occur and to substantiate elements of allegations that it could. An interview with facility investigators confirmed that it is practice for all parties to be interviewed and that investigations are not completed solely by questionnaire. Coupled with a recent change in agency policy that prohibits the use of investigative questionnaires without an interview for PREA investigations, the auditor is satisfied that the Charles Egeler Reception and Guidance Center conducts interviews as required by provision (c) of the standard and is in substantial compliance with provision (c) of the standard.

Interviews with RGC Investigators indicated that their investigations were limited to Administrative investigations. Michigan State Police (MSP) will conduct any criminal investigation if criminal findings are discovered. The RGC Inspectors/investigators along with the MSP are trained using curriculum Crime Scene Management and Preservation. Review of investigative files reveals that the evidence collection process is being utilized to collect any and all available evidence associated with the investigation.

115.71 (d) When the quality of evidence appears to support criminal prosecution, the agency shall conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(d) MDOC Policy Directives 03.03.140 Prohibited Sexual Conduct Involving Prisoners- directs that allegations of sexual assault against staff shall be reported to the Michigan State Police or other appropriate law enforcement agencies for investigation.

MDOC PREA Manual states that "...staff shall ensure all allegations are referred to the appropriate law enforcement agency...for criminal investigation in conjunction with the Department's administrative investigation. Referrals to law enforcement shall be documented..." "...the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution."

Basic Investigator's training and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (d), 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 multiple investigations were investigated by the Michigan State Police (MSP) and referred for prosecution appropriately.

The auditor finds compliance with provision (d).

115.71 (e) The credibility of an alleged victim, suspect, or witness shall be assessed on an individual basis and shall not be determined by the person's status as inmate or staff. No agency shall require an inmate who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.

(e) The PREA Manual, which was reviewed by the auditor, states that an alleged victim's credibility will be assessed on a individual basis and not determined by the persons status as an inmate or staff member. An interview with a facility investigator confirmed that he bases credibility "Any creditability judgements are on a case by case basis. There is no difference in determining creditability between prisoners or staff." Both investigators indicated that truth-telling devices are not used in the investigatory process. A review of facility investigations revealed no use of truth-telling devices and individual credibility assessments were made consistent with the facts elicited, allowing this auditor to find compliance with provision (e).

115.71 (f) Administrative investigations: (1) Shall include an effort to determine whether staff actions or failures to act contributed to the abuse; and (2) Shall be documented in written reports that include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(f)The PREA Manual- Department investigative reports shall include:

- (1) An effort to determine whether staff actions or inaction contributed to the abuse;
- (2) A description of the physical, forensic and testimonial evidence;
- (3) The reasoning behind credibility assessments; and,
- (4) Investigative facts and findings.

The outcome of the investigation shall be documented in pertinent computerized database entry (ies), including administrative findings and information related to the criminal investigation, including charges and disposition. The investigation shall be processed in accordance with applicable manuals and Department policies.

Formal and informal Interviews with investigators confirmed that the above components are considered in every investigation. The auditor finds compliance with provision (f) based on a review of facility investigations and interviews with investigators. Investigations demonstrated the consideration of physical and testimonial evidence, described investigative findings and facts and rationalized credibility in arriving at its conclusion.

115.71 (g) Criminal investigations shall be documented in a written report that contains a thorough description of physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible.

(g) and (h) The PREA Manual: Criminal investigations shall be documented in a written report that contains a thorough description of physical, forensic, testimonial and documentary evidence and attaches copies of all documentary evidence where feasible.

The PREA Manual- Referral for Prosecution: Upon completion of the investigation and in

accordance with policy, the Department shall ensure that all Sufficient Evidence/Substantiated investigations that appear to be criminal are referred for prosecution. The assigned investigator shall remain informed about the progress of the criminal investigation and disposition. Documentation of such information shall be recorded in the Department investigative report, PREA investigation worksheet(s), pertinent computerized database entry(ies) and forwarded to the Office of Legal Affairs. Michigan Department of Corrections (MDOC) investigative files for allegations of sexual abuse and/or sexual harassment are available on-site for your review. Please be advised there is a very rigid protocol in regard to referring substantiated allegations of conduct that appear to be criminal as is required by PREA §115.71(h).

MDOC memo dated 07/21/2016 was reviewed and reads: The MDOC does not refer cases directly to a prosecutor's office for prosecution. Such responsibility lies solely with the law enforcement agency investigating the criminal aspects of a particular allegation. The MDOC can only provide documentation indicating a substantiated allegation has been referred to the law enforcement agency who then bares the responsibility to refer criminal behavior for prosecution.

According to interviews with Administration, the Michigan State Police conduct criminal investigations and there was a request that the agency comply with applicable PREA standards. 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. Supporting documentation is also referenced that either proves or disproves the investigative outcome, allowing the auditor to find compliance with provision (g).

115.71 (h) Substantiated allegations of conduct that appears to be criminal shall be referred for prosecution.

Through interviews with the PREA Compliance Manager, facility Inspectors/investigators and a review of investigations, this auditor confirms that, there were two substantiated allegations that appeared to be of a criminal nature and referred to the Michigan state Police, allegations that were investigated by MSP during the audit period were reviewed for prosecution as required by provision (h) of the standard. The auditor reviewed agency policies 03.03.140 and the PREA Manual. A review of policy, coupled with an interview with the PREA Compliance Manager and a facility investigator; the auditor is satisfied that RGC has sufficient procedures in place and has exercised those procedures to review allegations of criminal conduct for prosecution consistent with provision (h) of the standard.

115.71 (i) The agency shall retain all written reports referenced in paragraphs (f) and (g) of this section for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.

(i) The PREA Manual: All investigative reports relating to sexual abuse allegations shall be retained for as long as the alleged abuser is incarcerated or employed by the Department, plus five years.

All investigations are retained in a data base for this purpose.

115.71 (j) The departure of the alleged abuser or victim from the employment or control of the facility or agency shall not provide a basis for terminating an investigation.

(j) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- MM. The investigation shall not be closed simply due to the resignation, transfer, or termination of the accused staff person.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (j), 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. Interviews with investigators also confirm that the investigations continue if resignation, transfer, or termination of the accused staff person occurs.

115.71 (k) Any State entity or Department of Justice component that conducts such investigations shall do so pursuant to the above requirements.

(k) The auditor is not required to audit this provision. See (a) - (j)

115.71 (l) When outside agencies investigate sexual abuse, the facility shall cooperate with outside investigators and shall endeavor to remain informed about the progress of the investigation.

(l) Interviews with the Warden, PREA Compliance Manager and investigators support the fact that facility staff are required to comply with outside investigators. The facility Inspector is the responsible party (liaison) for ensuring coordination with the MSP. A review of investigatory documentation revealed email correspondence between the facility and MSP to demonstrate that the facility attempts to remain informed of all referred investigations, allowing this auditor to find compliance with provision (l).

<b>115.72</b>	<b>Evidentiary standard for administrative investigations</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.72 (a) The agency shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.</p> <p>The PREA Manual- Collective Bargaining: The Department, or another governmental entity on behalf of the Department, shall not enter into or renew any collective bargaining agreements that: (2) Imposes a standard higher than preponderance of evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated;</p> <p>The PREA Manual and the Basic Investigator Training Manual, which were reviewed by the auditor in determining compliance with provision (a), specify that the agency's standard of proof is to be the preponderance of the evidence. Through a review of investigations, there appears to be sufficient application of this standard to find compliance. Both interviews with investigators confirm that preponderance of the evidence is the highest imposed level used to determine substantiated or unsubstantiated dispositions of cases.</p>



115.73	<b>Reporting to inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1407 450">115.73 (a) Following an investigation into an inmate's allegation that he or she suffered sexual abuse in an agency facility, the agency shall inform the inmate as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded.</p> <p data-bbox="252 499 1474 701">(a) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners was reviewed and reads in part: The Warden or Administrator shall ensure the victim is notified in writing of the final disposition of an investigation involving allegations of sexual abuse. The PREA Prisoner Notification of Sexual Abuse Investigative Findings and Action Form (CAJ-1021) shall be used for this purpose. The CAJ-1021 shall be retained as part of the investigative packet.</p> <p data-bbox="252 752 1461 831">A sampling of CAJ-1021 reports were provide to this auditor for review and uploaded into the OAS.</p> <p data-bbox="252 882 1481 1218">Agency Policy 03.03.140 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. Both the Warden and facility investigators confirm that inmate victims are notified of the investigatory results. Prior to the audit, RGC Administration provided sample documentation of prisoner notifications to demonstrate compliance with provision (a) of the standard. During the onsite portion of the audit, the audit team collectively reviewed facility investigations and found evidence that victims of sexual abuse were notified of investigatory outcomes in each case.</p> <p data-bbox="252 1270 1385 1348">115.73 (b) If the agency did not conduct the investigation, it shall request the relevant information from the investigative agency in order to inform the inmate.</p> <p data-bbox="252 1400 1471 1646">Agency Policy 03.03.140 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 to determine there were multiple investigations completed by MSP during the review period and reports were provided to provide notifications consistent with provision (b) of the standard.</p> <p data-bbox="252 1697 1477 1989">115.73 (c) Following an inmate's allegation that a staff member has committed sexual abuse against the inmate, the agency shall subsequently inform the inmate (unless the agency has determined that the allegation is unfounded) whenever: (1) The staff member is no longer posted within the inmate's unit; (2) The staff member is no longer employed at the facility; (3) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or (4) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.</p> <p data-bbox="252 2040 1465 2163">(c) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- For Substantiated/Sufficient Evidence allegations that a staff member sexually abused a prisoner, the facility shall subsequently inform the prisoner whenever:</p>

- (1) Any disciplinary action is taken. However, details of the discipline including the specific charges and sanctions shall not be provided;
- (2) The staff member is no longer posted within the prisoner's unit;
- (3) The staff member is no longer employed at the facility;
- (4) The Department learns the staff member has been indicted on a charge related to sexual abuse within the facility; or
- (5) The Department learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

Agency Policy 03.03.140 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (c), indicate that both the complainant and victim in alleged incidents of sexual abuse will be notified of the investigatory outcome. As a result of previous audits within the agency; its policy was recently updated to become compliant with provision (c) of this standard. Specifically, agency policy was amended and now requires that notification of the factors enumerated in provision (c) of the standard are now provided for substantiated/sufficient Evidence and insufficient evidence/unsubstantiated allegations that a staff member sexually abused a prisoner.

115.73 (d) Following an inmate's allegation that he or she has been sexually abused by another inmate, the agency shall subsequently inform the alleged victim whenever: (1) The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or (2) The agency learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.

(d) PD 03.03.140 Prohibited Sexual Conduct Involving Prisoners- For allegations that a prisoner was sexually abused by another prisoner, the Department shall subsequently inform the alleged victim whenever:

- (1) The Department learns the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
- (2) The Department learns that the alleged abuser has been convicted on the charge related to sexual abuse within the facility.

The PREA Manual, which was reviewed by the auditor in determining compliance with provision (d), indicates that both the victim in alleged incidents of sexual abuse will be notified of criminal indictments and convictions in compliance with provision (d). Supporting documentation was reviewed and is in compliance with this standard. Prisoners that were interviewed were unsure if they were to be notified but stated that the abusers were moved/relocated.

115.73 (e) All such notifications or attempted notifications shall be documented.

(e) A review of facility investigations provided ample documentation of its notification of investigatory results. The facility exceeds provision (e) of the standard by also providing documented notification of sexual harassment investigatory results. Fourteen of sixteen sampled investigations contained a completed CAJ-1021 notification form as proof of inmate notification to demonstrate compliance with provision (e) of the standard.

115.73 (f) An agency's obligation to report under this standard shall terminate if the inmate is released from the agency's custody.

The Auditor is not required to audit this provision.

115.76	<b>Disciplinary sanctions for staff</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.76 (a) Staff shall be subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.</p> <p>Agency policies 02.03.100, 02.03.100A, 03.03.140, the PREA Manual and the employee handbook work rules were reviewed by the auditor in determining compliance with provision (a) of the standard. The agency clearly establishes through existing policies that staff are subject to disciplinary action, up to and including termination for violating agency sexual abuse and sexual harassment policies, in compliance with provision (a) of the standard. I was reported that two staff were terminated due to PREA violations during this audit cycle.</p> <p>115.76 (b) Termination shall be the presumptive disciplinary sanction for staff who have engaged in sexual abuse.</p> <p>The staff sanctioning matrix was provided and reviewed by the auditor in policy 02.03.100A verifies that termination is the presumptive disciplinary action for staff who engage in sexual abuse in compliance with provision (b) of the standard. There have been two substantiated instances of sexual abuse within the audit period to confirm agency practice. Based on policy provisions, interviews with Administrative staff and review of investigative files determining two substantiated instances of sexual abuse by staff, the facility demonstrates it is in compliance with provision (b) of the standard.</p> <p>115.76 (c) Disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be 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.</p> <p>The PREA Manual and staff sanctioning matrix was provided and reviewed by the auditor in policy 02.03.100A verifies that violations of sexual abuse and sexual harassment policies, other than engaging in sexual abuse, will be disciplined commensurate with the nature and circumstances of the acts, discipline history and comparable disciplinary actions consistent with provision (c). According to 02.03.100A, the Chief Deputy Director is responsible in determining the sanctions for these violations. There were two official acts of discipline issued by the facility during the course of the audit period for violations of sexual abuse and sexual harassment policies to confirm agency practice with respect to provision (c) of the standard.</p> <p>115.76 (d) 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, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.</p> <p>Through the auditor's review of the PREA Manual, policy provisions exist to ensure that all terminations for violations of agency sexual abuse or sexual harassment policies, or</p>

resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies, consistent with provision (d) of the standard. A review of the facility's investigations revealed two substantiated allegations of sexual abuse or sexual harassment against a staff member. There were no terminations or resignations in lieu of termination to demonstrate facility practice with respect to provision (d) standard. Based on policy provisions, interviews with administrative and review of HR records, the auditor determines compliance with provision (d). Based on policy provisions, interviews with administrative and review of HR records, the auditor determines compliance with provision (d).

<b>115.77</b>	<b>Corrective action for contractors and volunteers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.77 (a) Any contractor or volunteer who engages in sexual abuse is prohibited from contact with inmates and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.</p> <p>Under agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor and considered in determining compliance with provision (a) of the standard, both contractors and volunteers are held to the same standards as employees directly hired by the agency when it comes to disciplinary action for engaging in sexual abuse and sexual harassment. Therefore, any contractor or volunteer engaging in these behaviors would presumptively be terminated or barred from the facility. An investigation documenting substantiated sexual harassment involving a contracted registered nurse and a prisoner has been reviewed by this auditor to aid in finding compliance with this provision.</p> <p>115.77 (b) The facility takes appropriate remedial measures, and considers whether to prohibit further contact with inmates, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.</p> <p>The PREA Manual contains specific language to provide consideration for terminating contractors and prohibiting further contact with detainees in the case of any other violation of Department sexual abuse and sexual harassment policies, consistent with provision (b) of the standard. An interview with the Deputy Warden and the PREA Coordinator confirmed that any contractor or volunteer who violated sexual abuse or sexual harassment policies would be removed from the facility immediately. An investigation of sexual harassment by a contractor was reviewed and confirmed that the contractor was banned from the facility during the investigation and was subsequently found to have substantial evidence to be terminated from employ at the facility.</p> <p>Michigan Department of Corrections Memorandum- "Investigation of Contractual Employees" outlines additional checks and balances to manage Contractual employee investigations.</p> <p>The RGC has policy and procedures in place to insure compliance with this standard.</p>

115.78	<b>Disciplinary sanctions for inmates</b>
	<p data-bbox="252 170 896 203"><b>Auditor Overall Determination:</b> Meets Standard</p> <p data-bbox="252 248 523 282"><b>Auditor Discussion</b></p> <p data-bbox="252 327 1477 450">115.78 (a) Inmates shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the inmate engaged in inmate-on-inmate sexual abuse or following a criminal finding of guilt for inmate-on-inmate sexual abuse.</p> <p data-bbox="252 499 1437 663">(a) The auditor reviewed agency policy 03.03.105 and the PREA Manual when determining compliance with provision (a). These documents pair to confirm that inmates are only subjected to disciplinary sanctions pursuant to a formal disciplinary process following an administrative or criminal finding that sexual abuse occurred.</p> <p data-bbox="252 712 1398 790">PREA Analyst, PREA Compliance Manager and inspectors indicated knowledge that this requirement must be met if/when an allegation occurs.</p> <p data-bbox="252 840 1473 963">115.78 (b) Sanctions shall be 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.</p> <p data-bbox="252 1012 1457 1135">(b) The auditor reviewed agency policy 03.03.105A and 03.03.105D, which were determined to establish a consistent sanctioning matrix for all substantiated allegations of sexual abuse and sexual harassment consistent with provision (b) of the standard.</p> <p data-bbox="252 1184 1481 1308">Interview with the Facility Supervisor Indicated that that all of the above factors would be taken into consideration before imposing sanctions. Review of investigations led this auditor to believe that the facility adheres to this provision of the standard.</p> <p data-bbox="252 1357 1465 1480">115.78 (c) The disciplinary process shall consider whether an inmate's mental disabilities or mental illness contributed to his or her behavior when determining what type of sanction, if any, should be imposed.</p> <p data-bbox="252 1529 1481 1653">(c) The auditor reviewed agency policy 03.03.105, and the PREA Manual which established procedures for the consideration of mental disabilities and mental illness when considering the appropriate type of sanction to be imposed, consistent with provision (c) of the standard.</p> <p data-bbox="252 1702 1461 1825">A prisoner with a mental disability is not responsible for misconduct if s/he lacks substantial capacity to know the wrongfulness of his/her conduct or is unable to conform his/her conduct to Department rules as a result of the mental disability.</p> <p data-bbox="252 1874 1481 2029">115.78 (d) If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, the facility shall consider whether to require the offending inmate to participate in such interventions as a condition of access to programming or other benefits.</p> <p data-bbox="252 2078 1441 2157">(d) The auditor reviewed the agency PREA Manual, which directs that facilities offering relevant treatment modalities to address the underlying reasons or motivations for abuse in</p>

considering placing offending inmates into such programs. Prisoners at RGC receive a variety of psychological, medical, educational and security classifications upon arrival at RGC. Prisoners are subject to twelve days of intake processing prior to being classified for transfer to a general population facility capable of meeting their medical, program and security needs. Therapy and counseling programs are not normally offered due to the short length of stay of the prisoners as RGC is a classification facility.

115.78 (e) The agency may discipline an inmate for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(e) Agency policy 03.03.140, was reviewed by the auditor, which dictates that allegations of inmate sexual assaults against staff shall be reported to MSP for investigation. In accordance with MCL 750.520c prisoners are unable to consent to sexual contact with MDOC employees, volunteers, or contractors. Therefore, a prisoner 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.

PREA Analyst and PREA Compliance Manager indicated knowledge that this requirement must be met if/when an allegation occurs.

115.78 (f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based 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.

(f) The auditor reviewed the PREA Manual when determining compliance with provision (f). This document prohibits disciplinary action against an inmate for making a report in good faith based upon a reasonable belief that an alleged act occurred. A review of facility investigations demonstrate that inmates are not subjected to disciplinary action for making reports of sexual abuse that cannot be proven, allowing the auditor to find compliance with provision (f).

Informal interviews with Administration and random staff indicate that prisoners would not be subject to disciplinary action in this instance.

115.78 (g) An agency may, in its discretion, prohibit all sexual activity between inmates and may discipline inmates for such activity. An agency may not, however, deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

(g) Through a review of the PREA Manual, the Prisoner Guidebook and interviews with the PREA Administrator and PREA Compliance Manager, the auditor was informed that the agency prohibits sexual activity between all inmates. The PREA Manual indicates that inmates who engage in consensual sexual activity may be disciplined and sanctioned according to policy 03.03.105; however, the activity will not be considered sexual abuse unless it is determined that the sexual contact was the result of coerced consent or protective pairing. Based upon interviews and policy directives, the auditor determines compliance with provision (g).



115.81	<b>Medical and mental health screenings; history of sexual abuse</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.81 (a) If the screening pursuant to § 115.41 indicates that a prison/jail inmate has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, staff shall ensure that the inmate is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening.</p> <p>Agency policies 03.04.140, 04.01.105, 04.06.180 and the PREA Manual, which were reviewed by the auditor in determining compliance with provision (a), combine to form the agency's approach to providing the required medical and mental health services for victims of sexual abuse. Prisoners that require a follow-up meeting with a medical or mental health practitioner are seen on the second day of the twelve day intake process at RGC. Interviews with staff that perform risk screening confirm that this is practiced if prior victimization is reported by the prisoner. An interview with a staff member that performs risk screening stated that If the prisoner needs to see mental health, a referral is made immediately to be seen the following day. If there is an immediate need to be seen, they would be seen right away. However, Due to the issues identified with compliance for 115.41(d), the facility is held in non-compliance with 115.81(a), as the information gathered under 115.41 is incomplete. Specifically, the facility is not asking whether the inmates being screened have experienced prior sexual victimization in any setting and are relying on information gathered through pre-sentence reports to make such determinations as to who experienced prior victimization. Although practice of referring those inmates who were identified as previous victims for medical or mental health evaluations has been established under current practices; the facility cannot be fully compliant until it develops procedures to ensure the information pertaining to identification of prior victims is accurate and potential victims are consistently identified.</p> <p>Corrective Action;</p> <p>Develop procedures to ensure the information pertaining to identification of prior victims is accurate and potential victims are consistently identified as per 115.41 (d).</p> <p>115.81 (b) and (c) 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, staff shall ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening.</p> <p>Through interviews with the PREA Compliance Manager, staff that conduct the PREA Risk Assessments and Mental Health staff, it was determined that if an offender's screening indicated previous perpetrated sexual abuse, medical and mental health services were being offered to the offenders.</p> <p>This auditor finds sufficient evidence that the facility has established practice to demonstrate compliance with provision (b) of the standard. Following an agency-wide policy change to implement intake risk screening procedures under 115.41 and through random sampling of prisoner records, the auditor finds that the Charles Egeler Reception and Guidance Center</p>

has fulfilled its obligations in each randomly sampled case applicable to provision (b) and (c) of the standard.

115.81 (d) Any information related to sexual victimization or abusiveness that occurred in an institutional setting is strictly limited to medical and mental health practitioners and other 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.

Agency policy 03.03.140 and the PREA Manual, which were reviewed by the auditor, as well as interviews with random staff, confirm that information pertaining to sexual victimization occurring in an institutional setting is treated confidentially. All staff who were either formally or informally interviewed during the audit were aware that information pertaining to sexual abuse is only shared with those who are required to know to inform security and management decisions in compliance with provision (d) of the standard.

115.81 (e) Medical and mental health practitioners shall 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.

The auditor reviewed agency policy 03.03.140 and the PREA Manual when determining compliance with provision (e) of the standard. These policies require any victimization that did not occur in an institutional setting to be accompanied by an informed consent prior to disclosure. Interviews with facility medical and mental health providers affirmed that the provider must obtain consent prior to disclosure of this information, allowing this auditor to determine compliance with provision (e) of the standard. \* RGC does not house prisoners under the age of 18.

115.82	<b>Access to emergency medical and mental health services</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.82 (a) Inmate victims of sexual abuse shall 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.</p> <p>The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. The standard of care is required to be consistent with community standards and is determined by the judgement of the practitioner. Interviews with mental health staff confirm that a response occurs within 24 hours of an allegation of sexual abuse and that services are delivered according to the clinical judgment of the practitioner. Medical staff confirmed that responses are conducted immediately and that services are delivered according to the clinical judgment of the practitioner.</p> <p>Interviews with medical and mental staff confirm that if emergency treatment is needed, the prisoner is immediately transported to Henry Ford Allegiance Health for treatment. Victim advocate services are also available at the health center when requested. The Henry Ford Allegiance Health Center was contacted by this auditor to verify compliance. This auditor finds compliance with this provision of the standard.</p> <p>115.82 (b) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, security staff first responders shall take preliminary steps to protect the victim pursuant to § 115.62 and shall immediately notify the appropriate medical and mental health practitioners.</p> <p>Random Interviews with Staff, Prisoners, and Administration indicated that standard 115.62 would be adhered to, and immediate provisions would be taken if an imminent risk was suspected or reported regarding the safety of any offender. Prisoners indicated that they would feel comfortable reporting fear of sexual violence towards them or others to staff in the immediate areas.</p> <p>115.82 (c) Inmate victims of sexual abuse while incarcerated shall be 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.</p> <p>Inspectors, PREA Compliance Manager, Administration, and random security staff informal interviews indicated knowledge that this requirement must be met if/when an allegation occurs.</p> <p>Based on the review of investigations and evidence of access to prophylaxis where clinically appropriate, the auditor is satisfied that the Charles Egeler Reception and Guidance Center is</p>

in substantial compliance with provision (c) of the standard.

115.82 (d) Treatment services shall be 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.

The auditor reviewed agency policies 03.03.140, 03.04.100H, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's policy to ensure victims of sexual abuse are provided timely and unimpeded access to medical, mental health care and crisis intervention services at no expense. Based on policy provisions, the auditor determines compliance with provision (d) of the standard. Informal interviews with facility Administration confirmed this practice.

<b>115.83</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.83 (a) The facility shall 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.</p> <p>The auditor reviewed agency policies 03.04.140, 03.04.125, 04.06.180 and the PREA Manual, which combine to form the agency's approach to providing required medical and mental health services for victims of sexual abuse. Recent revisions to policy 03.04.140 and the PREA Manual have established intake risk screening procedures to assist in the identification of individuals qualifying for services under provision (a) of the standard.</p> <p>Due to the issues identified with compliance for 115.41(d), the facility is held in non-compliance with 115.83 (a), as the information gathered under 115.41 is incomplete. Specifically, the facility is not asking whether the inmates being screened have experienced prior sexual victimization in any setting and are relying on information gathered through pre-sentence reports to make such determinations as to who experienced prior victimization. Although practice of referring those inmates who were identified as previous victims for medical or mental health evaluations has been established under current practices; the facility cannot be fully compliant until it develops procedures to ensure the information pertaining to identification of prior victims is accurate and potential victims are consistently identified.</p> <p>Corrective Action;</p> <p>Develop procedures to ensure the information pertaining to identification of prior victims is accurate and potential victims are consistently identified as per 115.41 (d).</p> <p>115.83 (b) The evaluation and treatment of such victims shall 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.</p> <p>The auditor reviewed agency policies 03.04.100, 04.06.180 and the PREA Manual, which combine to adequately outline the agency's approach to providing appropriate medical and mental health services to victims of sexual abuse. An interview with a facility medical provider confirmed that a physician would examine an alleged victim and make appropriate decisions to treat injuries, infections, STIs, etc. An interview with facility mental health staff confirmed that she would assess the individual, potentially place them on a management plan where they are seen frequently for 3 weeks (every other day) and then services would taper based on the person's needs.</p> <p>115.83 (c) The facility shall provide such victims with medical and mental health services consistent with the community level of care.</p> <p>Through interviews with the PREA Compliance, and staff that conduct the PREA Risk Assessments, it was determined that if an offender's screening indicated previous victimization</p>

medical and mental health services were being offered to the offenders.

Interviews with mental health staff confirm that services are delivered according to the clinical judgment of the practitioner. Both, medical and mental health staff stated that their belief that services each specialty provided at the facility exceeds community levels of care. Each cited the immediate availability of services and a broad range of available services that are typically wait-listed in the community, allowing the auditor to determine compliance with provision (c) of the standard.

115.83 (d) Inmate victims of sexually abusive vaginal penetration while incarcerated shall be offered pregnancy tests.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. RGC does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (d) of the standard.

115.83 (e) If pregnancy results from the conduct described in paragraph (d) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.

The auditor reviewed the PREA Manual which specifies that victims of vaginal penetration are offered pregnancy tests. If the test is positive, the victim will receive timely and comprehensive information and access to all lawful pregnancy related services. RGC does not house female inmates. Based on policy provisions and the absence of evidence of non-compliance, the auditor determines compliance with provision (e) of the standard.

115.83 (f) Inmate victims of sexual abuse while incarcerated shall be offered tests for sexually transmitted infections as medically appropriate.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which state that victims of sexual abuse will be offered testing for sexually transmitted infections as medically appropriate with respect to provision (f) of this standard. Although noted under provision (a) that evidence does exist to demonstrate that some allegations involving sexual abuse without penetration (i.e. pat search related allegations) or sexual abuse without contact (sexual threats) eluded medical and mental health referrals; the auditor found no evidence that allegations involving penetration that were not appropriately referred for medical services.

A sampling of documentation verifying prisoner's testing for Sexually Transmitted Diseases was provided to this auditor for review.

115.83 (g) Treatment services shall be 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.

The auditor reviewed agency policy 03.04.100 and the PREA Manual, which specify that treatment is provided to victims of sexual abuse, free of charge, regardless of their

cooperation with any ensuing investigation. Based on policy provisions, the auditor determines compliance with provision (g) of the standard.

Prisoners stated that they were not charged for these services.

115.83 (h) All prisons 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.

The PREA Manual, which was reviewed by the auditor, states that within 60 days of learning of prisoner on prisoner abuser, the facility mental health staff will conduct a mental health evaluation of the abuser's history and offer treatment as deemed appropriate. Mental health staff reported during an interview that evaluative procedures are in place to address known inmate-on-inmate abusers for applicable treatment modalities. Based on policy provisions, the auditor determines compliance with provision (h) of the standard.

Informal interviews with facility Administration and medical and mental staff confirmed that this practice is followed.

<b>115.86</b>	<b>Sexual abuse incident reviews</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.86 (a) The facility shall 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.</p> <p>a) The auditor reviewed the PREA Manual, which establishes the requirement that form CAJ-1025 be completed to document the Sexual Abuse Incident Review for allegations of sexual abuse that are substantiated or unsubstantiated. Reviews of all investigations during this audit cycle at the RGC determined that a sexual abuse incident review was completed in all sampled investigative files to demonstrate substantial compliance with provision (a) of the standard.</p> <p>The facility PREA Compliance Manager shall coordinate a sexual abuse incident review at the conclusion of every sexual abuse investigation unless the allegation was determined to be no Evidence/unfounded. Such review shall generally occur within 30 calendar days after the conclusion of the investigation. The review team shall include upper-level custody and administrative staff, with input from relevant supervisory staff, investigators, and medical or mental health practitioners or others as appropriate. The PREA Compliance Manager stated that she involves many individuals in this process, not only upper-level staff. Medical and mental health staff and line officers involved in the investigations were also invited to these reviews. Investigations were reviewed and verified that the CAj-1025 forms were present.</p> <p>The above also covers provisions (b) and (c).</p> <p>115.86 (d) The review team shall: (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse; (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility; (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse; (4) Assess the adequacy of staffing levels in that area during different shifts; (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and (6) Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement and submit such report to the facility head and PREA compliance manager.</p> <p>Agency form CAJ-1025, which was reviewed by the auditor, mirrors the standard language to confirm that the facility must consider the six factors required by provision (d) of the standard in order to complete the agency review form. Informal Interviews with the Warden and facility PREA Compliance Manager confirms that RGC's review team considers the six factors enumerated under provision (d) of the standard in its review process. The Warden stated that any recommendation would be considered for implementation and cited examples such as lighting, cameras, training and safety issues. Based on interviews and policy, the auditor</p>



determines compliance with provision (d) of the standard. The PREA compliance Manager stated in her interview that We have a check box form that guides the review to consider the standard points. We have a discussion surrounding those checkbox items on the review form and identify needs for each of those items. We have the subject matter experts in each of those areas to determine if any of those factors played a role in the case and whether adjustments are necessary. We review whether there is adequate supervision and if that played a role. We have had a time where during the review, we identify blind spots and decided to add cambers in the coolers and the dental areas. We also look at the process that may need to be adjusted to address things that may have led to an allegation.

Based on interviews and policy, the auditor determines compliance with provision (d) of the standard.

115.86 (e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

The PREA compliance Manager stated that if there are changes necessary or there is any corrective action needed, the facility enacts them as soon a possible,

Based on policy provision, example documentation and an interview with the Warden, the auditor determines compliance with provision (e) of the standard.

<b>115.87</b>	<b>Data collection</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.87 (a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.</p> <p>The PREA Manual states that the Department PREA Administrator gathers data on each reported incident to aggregate an annual incident report. The report will include, at a minimum, the data necessary to complete the annual Department of Justice Survey on Sexual Violence. The Department shall provide all data to the U.S. Department of Justice from the previous calendar year upon request no later than June 30.</p> <p>115.87 (b) The agency shall aggregate the incident-based sexual abuse data at least annually.</p> <p>The agency prepares an annual statistical report that is published on the agency's public website. This report aggregates information collected through the investigatory database and provides comparative summaries to previous year's data. The agency began its commitment to PREA compliance in 2014. This report is published to the agency's website prior to June 30th each year and is available to the Department of Justice if needed.</p> <p>115.87 (c) The incident-based data collected shall 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.</p> <p>A review of the agency's annual PREA statistics and the Survey of Sexual Violence reports for 2014, 2015 and 2016 took place to confirm that the data collected is uniformly sufficient to complete the annual Survey of Sexual Violence. According to interviews with the agency PREA Administrator and a review of the PREA Manual, the agency collects and maintains data from a variety of sources.</p> <p>115.87 (d) The agency shall maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews.</p> <p>In addition to the agency investigation database, each sexual abuse incident review is sent to the agency PREA Administrator as a courtesy and means of data collection. According to interviews with the agency PREA Administrator and a review of the PREA Manual, the agency collects and maintains data from a variety of sources.</p> <p>115.87(e)</p> <p>The agency contracts with The Lake County Re-entry Program under the contract with the Michigan Department of Corrections. This facility is a collaborative effort between the MDOC and the Lake County Sheriff Department. The incident based data is compiled, aggregated,</p>

and maintained in the MDOC's investigation database; therefore, its data is collected within the agency's statistics in compliance under provision (e) of the standard. However, during the formation of the interim report, members of the auditing consortium who were conducting overlapping audits discovered that the agency has two active contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. The agency contends these contracts are applicable to the community confinement standards and thus not subject to audit under 115.87 as the contracts are not for the housing of what the agency considers to be its "inmates". Specifically, the agency states the individuals are parole violators who are pending decision for return to an MDOC facility; thus, not officially an MDOC "inmate." The agency claimed to have received verbal guidance from the PREA Resource Center; stating their position of defining the contracts as community confinement was appropriate and that as such, the auditing of the standards would not be applicable to its prison audits. The audit team requested written direction from the PRC to affirm this guidance.

The audit team researched the agency's description of the program, which states that the individuals are housed pursuant to the program are likely to be returned to the community and are placed for technical violations of parole and arrests for new misdemeanor and felony charges. Thus, the audit teams contends that the individuals housed pursuant to the contract are detained in a jail, have no "non-residential time", and may be pending disposition for new criminal offenses to differentiate them from an individual who would otherwise be in a pre-trial detention status pursuant to an arrest in the community and unable to post bail in a similar jail scenario. Therefore, the audit team contends the individuals housed pursuant to the contract would be considered "inmates" who are subject to both the provisions of 115.12 and 115.87(e). While reviewing the agency's annual reports, there is no data that is reported specific to its contracted facilities and with the agency's contention that it believes the contracted facilities may only be audited pursuant to 115.12 and 115.87(e); there is insufficient evidence of compliance with provision (e) of the standard.

#### Corrective Action Recommendation:

It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture incident based and aggregate data for its contracted facilities.

#### Post Interim Report Corrective Actions Taken:

As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be

held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

<b>115.88</b>	<b>Data review for corrective action</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.88 (a) (b) (c) (d)</p> <p>The above standards were audited at the agency level, I have reviewed the report in its entirety. Below is Auditor Discussion from the report that validated the standard is met at the Agency Level.</p> <p>The agency prepares an annual PREA statistical report to assess and improve its effectiveness of preventing and detecting sexual abuse. The agency's report identified its efforts to continue training Department investigators, the inmate population and expand reporting options for third parties. The agency also reported that it began conducting PREA audits of its facilities during 2015, with an intent to continue this activity until all agency facilities have been audited.</p> <p>The agency's 2015 annual PREA report compares data from 2014. It is important to note that the agency committed to PREA compliance in 2014, therefore, limited data is available for comparative purposes. The annual report summarizes the state of the agency's progress with achieving PREA compliance at its facilities, specifically, referring to its training and auditing progress.</p> <p>The agency head's designee confirmed during an interview that the Director approves the agency's annual PREA report prior to publication on the agency website and provided policy 01.01.101 relative to Director's approval. The agency does not redact information from its annual report.</p>

<b>115.89</b>	<b>Data storage, publication, and destruction</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.89 (a) (c) and (d)</p> <p>The PREA Manual specifies that data must be security retained. An interview with the agency PREA Administrator confirms that only he has access to the agency's overall data pool for PREA information. There are a limited number of upper agency administrators above the PREA Administrator who have access to the agency investigative database.</p> <p>MDOC posted to their website the PREA 2016 Annual Report. This nine-page report includes a Background of PREA; PREA Definitions; a MDOC Correctional Facilities Map; Review and Results of the four correctional facilities audited during 2016, with audit findings reviewed and the corrective actions implemented discussed; 2016 Allegations and Findings by Type; the 2016 Allegation Statistics reported to the Bureau of Justice Statistics; and comparison with the 2015 PREA Statistics; and Summary. Based upon the agency's compilation and agency website posting of the PREA 2016 Annual Report, <a href="http://www.michigan.gov/corrections">www.michigan.gov/corrections</a>, and this auditor's review, auditor has determined that the Charles Egeler Reception and Guidance Center is in compliance with the requirements of these data collection and posting standards. However, the RGC is not in compliance with provision (b), details below.</p> <p>115.89 (b)</p> <p>As noted under 115.87(e), the agency contracts with the Ingham and Clinton County Jails for the housing of parole violators under the auspice of the Intensive Detention Program. The facilities' aggregate data was not included in the agency's 2017 annual report; despite the fact that the contracted entities were under contract in 2017. Absent evidence that the agency collects and publishes aggregate data for its contracted facilities, the audit team does not find compliance with provision (b) of the standard.</p> <p>Corrective Action Recommendation:</p> <p>It is recommended that the agency establish procedures for contract monitoring, which includes data collection to capture aggregate data for its contracted facilities, which is subsequently published within its annual report.</p> <p>Post Interim Report Corrective Actions Taken:</p> <p>As described in 115.12, the agency's contracted entities have significant ground to cover in achieving PREA compliance. Therefore, the contracted entities did not have data collection procedures in place to capture the requisite data for the MDOC to aggregate in accordance with provision (e) of 115.87, therefore, such information is not included in the MDOC's annual report consistent with provision (b) of the standard. The MDOC issued a corrective action plan to its contracted entities to develop compliant policies and as part of its contract monitoring, the MDOC will be collecting incident based and aggregate data from the contracted entities once methods have been established by the contracted entities. Until then, the MDOC will</p>

track incident based data for its populations housed within the facility through its AIM system that it uses to track all allegations for inmates confined in the MDOC. Specifically, any allegations involving MDOC inmates will be entered into the AIM system for statistical reporting and inclusion in future annual reports. Consistent with the August 2, 2019 and February 19, 2014 contract monitoring FAQs, the contracting agency will not be held in non-compliance, so long as the contracting agency is documenting the contracted agency's progress towards achieving compliance, which would include the development of procedures to collect data for publication within an annual report consistent with the standard.

The agency issued a formal corrective action plan to its contracted facilities and received responses on October 8, 2019, that both will be implementing procedures to comply with the PREA standards, which will eventually bring the agency into compliance with this standard's obligation to collect incident based and aggregate data from its contracted facilities.

<b>115.401</b>	<b>Frequency and scope of audits</b>
	<b>Auditor Overall Determination: Meets Standard</b>
	<b>Auditor Discussion</b>
	<p>115.401 (a) During the three-year period starting on August 20, 2013, and during each three-year period thereafter, the agency shall ensure that each facility operated by the agency, or by a private organization on behalf of the agency, is audited at least once.</p> <p>115.401 (b) During each one-year period starting on August 20, 2013, the agency shall ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, is audited.</p> <p>The audit is performed under a consortium, where the auditing agency conducts all audits within the audited agency. Therefore, a third of its only type of facilities (prisons) have been audited.</p> <p>115.401 (h) The auditor shall have access to, and shall observe, all areas of the audited facilities.</p> <p>The auditor was able to tour all areas of the facility, correspond with inmate and interview inmates privately.</p> <p>115.401 (i) The auditor shall be permitted to request and receive copies of any relevant documents (including electronically stored information).</p> <p>The auditor was able to observe all computerized and paper records requested. Copies of requested documentation was provided as requested.</p> <p>115.401 (m) The auditor shall be permitted to conduct private interviews with inmates.</p> <p>Interviews were permitted to take place in a private setting.</p> <p>115.401 (n) Inmates shall be permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel.</p> <p>The audit notice containing this auditors mailing address for the purpose of sending correspondence was posted throughout the facility. Being an intake facility and the prisoners short length of stay, this auditor did not receive any prisoner correspondence as of the date of the on-site audit.</p>



<b>115.403</b>	<b>Audit contents and findings</b>
	<b>Auditor Overall Determination:</b> Meets Standard
	<b>Auditor Discussion</b>
	<p>115.403 (f) The agency shall ensure that the auditor’s final report is published on the agency’s website if it has one, or is otherwise made readily available to the public.</p> <p>All prior audits have been posted on the MDOC website for review.</p> <p>This auditor did access the public website and noted that reports are located at <a href="https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html">https://www.michigan.gov/corrections/0,4551,7-119-68854_70096---,00.html</a></p> <p>To date, the agency has demonstrated that it is willing to publish all audit reports on its public website. At the time of this audit, the agency had published all previous audit reports to its website.</p>

## Appendix: Provision Findings

115.11 (a)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Zero tolerance of sexual abuse and sexual harassment; PREA coordinator</b>	
	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)	<b>Contracting with other entities for the confinement of inmates</b>	
	If this agency is public and it contracts for the confinement of its inmates with private agencies or other entities including other government agencies, has the agency included the entity's obligation to comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

<b>115.12 (b)</b>	<b>Contracting with other entities for the confinement of inmates</b>	
	Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of inmates.)	yes

<b>115.13 (a)</b>	<b>Supervision and monitoring</b>	
	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

<b>115.13 (b)</b>	<b>Supervision and monitoring</b>	
	In circumstances where the staffing plan is not complied with, does the facility document and justify all deviations from the plan? (N/A if no deviations from staffing plan.)	na

<b>115.13 (c)</b>	<b>Supervision and monitoring</b>	
	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)?	no

115.15 (d)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Limits to cross-gender viewing and searches</b>	
	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)	<b>Inmates with disabilities and inmates who are limited English proficient</b>	
	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)	<b>Hiring and promotion decisions</b>	
	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)	<b>Hiring and promotion decisions</b>	
	Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with inmates?	yes

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

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

<b>115.17 (h)</b>	<b>Hiring and promotion decisions</b>	
	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

<b>115.18 (a)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

<b>115.18 (b)</b>	<b>Upgrades to facilities and technologies</b>	
	If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect inmates from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)	yes

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.)	na
	Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice’s Office on Violence Against Women publication, “A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents,” or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)	na

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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Evidence protocol and forensic medical examinations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior?	yes
	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)	<b>Policies to ensure referrals of allegations for investigations</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	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)	<b>Employee training</b>	
	Does the agency document, through employee signature or electronic verification, that employees understand the training they have received?	yes

115.32 (a)	<b>Volunteer and contractor training</b>	
	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)	<b>Volunteer and contractor training</b>	
	Have all volunteers and contractors who have contact with inmates been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with inmates)?	yes

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

<b>115.33 (a)</b>	<b>Inmate education</b>	
	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

<b>115.33 (b)</b>	<b>Inmate education</b>	
	Within 30 days of intake, does the agency provide comprehensive education to inmates either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment?	yes
	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

<b>115.33 (c)</b>	<b>Inmate education</b>	
	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

<b>115.33 (d)</b>	<b>Inmate education</b>	
	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

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

<b>115.33 (f)</b>	<b>Inmate education</b>	
	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

<b>115.34 (a)</b>	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Investigations</b>	
	Does this specialized training include techniques for interviewing sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.21(a).)	yes
	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)	<b>Specialized training: Investigations</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)	na

115.35 (c)	<b>Specialized training: Medical and mental health care</b>	
	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)	<b>Specialized training: Medical and mental health care</b>	
	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)	<b>Screening for risk of victimization and abusiveness</b>	
	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)	<b>Screening for risk of victimization and abusiveness</b>	
	Do intake screenings ordinarily take place within 72 hours of arrival at the facility?	yes

115.41 (c)	<b>Screening for risk of victimization and abusiveness</b>	
	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



<b>115.41 (i)</b>	<b>Screening for risk of victimization and abusiveness</b>	
	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

<b>115.42 (a)</b>	<b>Use of screening information</b>	
	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

<b>115.42 (b)</b>	<b>Use of screening information</b>	
	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.)	no

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)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Inmate access to outside confidential support services</b>	
	Does the facility inform inmates, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws?	yes

115.53 (c)	<b>Inmate access to outside confidential support services</b>	
	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)	<b>Third-party reporting</b>	
	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

<b>115.61 (e)</b>	<b>Staff and agency reporting duties</b>	
	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

<b>115.62 (a)</b>	<b>Agency protection duties</b>	
	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

<b>115.63 (a)</b>	<b>Reporting to other confinement facilities</b>	
	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

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

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

<b>115.63 (d)</b>	<b>Reporting to other confinement facilities</b>	
	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

<b>115.66 (a)</b>	<b>Preservation of ability to protect inmates from contact with abusers</b>	
	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

<b>115.67 (a)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.67 (b)</b>	<b>Agency protection against retaliation</b>	
	Does the agency employ multiple protection measures, such as housing changes or transfers for inmate victims or abusers, removal of alleged staff or inmate abusers from contact with victims, and emotional support services for inmates or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations?	yes

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

<b>115.67 (e)</b>	<b>Agency protection against retaliation</b>	
	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

<b>115.68 (a)</b>	<b>Post-allegation protective custody</b>	
	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

<b>115.71 (a)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (b)</b>	<b>Criminal and administrative agency investigations</b>	
	Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations as required by 115.34?	yes

<b>115.71 (c)</b>	<b>Criminal and administrative agency investigations</b>	
	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



<b>115.71 (d)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (e)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (f)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (g)</b>	<b>Criminal and administrative agency investigations</b>	
	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

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

<b>115.71 (i)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (j)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.71 (l)</b>	<b>Criminal and administrative agency investigations</b>	
	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

<b>115.72 (a)</b>	<b>Evidentiary standard for administrative investigations</b>	
	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

<b>115.73 (a)</b>	<b>Reporting to inmates</b>	
	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

<b>115.73 (b)</b>	<b>Reporting to inmates</b>	
	If the agency did not conduct the investigation into an inmate's allegation of sexual abuse in an agency facility, does the agency request the relevant information from the investigative agency in order to inform the inmate? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.)	yes

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

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

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

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

<b>115.76 (c)</b>	<b>Disciplinary sanctions for staff</b>	
	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

<b>115.76 (d)</b>	<b>Disciplinary sanctions for staff</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	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)	<b>Corrective action for contractors and volunteers</b>	
	In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with inmates?	yes

115.78 (a)	<b>Disciplinary sanctions for inmates</b>	
	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)	<b>Disciplinary sanctions for inmates</b>	
	Are sanctions commensurate with the nature and circumstances of the abuse committed, the inmate's disciplinary history, and the sanctions imposed for comparable offenses by other inmates with similar histories?	yes

115.78 (c)	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (d)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (e)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (f)</b>	<b>Disciplinary sanctions for inmates</b>	
	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

<b>115.78 (g)</b>	<b>Disciplinary sanctions for inmates</b>	
	If the agency prohibits all sexual activity between inmates, does the agency always refrain from considering non-coercive sexual activity between inmates to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between inmates.)	yes

<b>115.81 (a)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (b)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	If the screening pursuant to § 115.41 indicates that a prison inmate has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the inmate is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? (N/A if the facility is not a prison.)	yes

<b>115.81 (c)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (d)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.81 (e)</b>	<b>Medical and mental health screenings; history of sexual abuse</b>	
	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

<b>115.82 (a)</b>	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do security staff first responders take preliminary steps to protect the victim pursuant to § 115.62?	yes
	Do security staff first responders immediately notify the appropriate medical and mental health practitioners?	yes

115.82 (c)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Access to emergency medical and mental health services</b>	
	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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)	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody?	yes



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

<b>115.83 (d)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (e)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

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

<b>115.83 (g)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.83 (h)</b>	<b>Ongoing medical and mental health care for sexual abuse victims and abusers</b>	
	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

<b>115.86 (a)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

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

<b>115.86 (d)</b>	<b>Sexual abuse incident reviews</b>	
	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

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

<b>115.87 (a)</b>	<b>Data collection</b>	
	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

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

<b>115.87 (c)</b>	<b>Data collection</b>	
	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

<b>115.87 (d)</b>	<b>Data collection</b>	
	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

<b>115.87 (e)</b>	<b>Data collection</b>	
	Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its inmates? (N/A if agency does not contract for the confinement of its inmates.)	yes

<b>115.87 (f)</b>	<b>Data collection</b>	
	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

<b>115.88 (a)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (b)</b>	<b>Data review for corrective action</b>	
	Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse?	yes

<b>115.88 (c)</b>	<b>Data review for corrective action</b>	
	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

<b>115.88 (d)</b>	<b>Data review for corrective action</b>	
	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

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

<b>115.89 (b)</b>	<b>Data storage, publication, and destruction</b>	
	Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means?	no

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

<b>115.89 (d)</b>	<b>Data storage, publication, and destruction</b>	
	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

<b>115.401 (a)</b>	<b>Frequency and scope of audits</b>	
	During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.)	yes

<b>115.401 (b)</b>	<b>Frequency and scope of audits</b>	
	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

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

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

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

<b>115.401 (n)</b>	<b>Frequency and scope of audits</b>	
	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

<b>115.403 (f)</b>	<b>Audit contents and findings</b>	
	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